

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2014, or tax year beginning 07/01, 2014, and ending 06/30, 20 15

**2014**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I Type of Return and Return Information (Whole Dollars Only)**

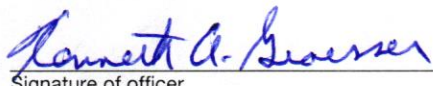
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> <u>79,510,427</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22). . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . .	<b>5b</b> _____

**Part II Declaration of Officer**


- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.




<b>Sign Here</b>		<u>2/8/2016</u>	<b>Kenneth Graesser, CFO</b>
	Signature of officer	Date	Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code _____	EIN _____			
	Phone no. _____				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
	Firm's name 	Firm's EIN 			
	Firm's address 	Phone no. _____			



**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15																																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>UNITED WAY OF GREATER ST LOUIS INC</b></td> <td><b>D</b> Employer identification number 43-0714167</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number 314-539-4042</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">910 North Eleventh Street</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Saint Louis, MO, 63101-1018</td> <td><b>G</b> Gross receipts \$ 81,216,454</td> </tr> <tr> <td colspan="3"> <b>F</b> Name and address of principal officer: <b>Kenneth A Graesser</b>            United Way of Greater St Louis Inc, 910 North, Saint Louis, MO 63101         </td> </tr> <tr> <td colspan="3"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶         </td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="3"> <b>J</b> Website: ▶ <a href="http://www.stl.unitedway.org">www.stl.unitedway.org</a> </td> </tr> <tr> <td colspan="3"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1922</td> <td><b>M</b> State of legal domicile: MO</td> </tr> </table>	<b>C</b> Name of organization <b>UNITED WAY OF GREATER ST LOUIS INC</b>		<b>D</b> Employer identification number 43-0714167	Doing business as		<b>E</b> Telephone number 314-539-4042	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	910 North Eleventh Street		City or town, state or province, country, and ZIP or foreign postal code Saint Louis, MO, 63101-1018		<b>G</b> Gross receipts \$ 81,216,454	<b>F</b> Name and address of principal officer: <b>Kenneth A Graesser</b> United Way of Greater St Louis Inc, 910 North, Saint Louis, MO 63101			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶			<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <a href="http://www.stl.unitedway.org">www.stl.unitedway.org</a>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1922		<b>M</b> State of legal domicile: MO
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: United Way of Greater St. Louis mobilizes the community with one goal in mind - helping people live their best possible lives.
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 172
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 172
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . . <b>5</b> 199
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 600
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . . 75,684,903
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . . 0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 765,013
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 355,749
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 76,805,665
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 60,135,485
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 9,088,806
<b>Expenses</b>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,974,029
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 3,929,135
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 73,153,426
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . . 3,652,239
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . . 88,616,512
	<b>21</b>	Total liabilities (Part X, line 26) . . . . . 35,128,215
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . . 53,488,297

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		2-8-2016
	Signature of officer	Date
	Kenneth Graesser, CFO	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2014)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:United Way of Greater St. Louis mobilizes the community with one goal in mind - helping people live their best possible lives.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 23,208,147 including grants of \$ 22,056,253 ) (Revenue \$ 0 )Foster Learning : Provides safe and nurturing environments that help children and youth reach their full potential by providing services such as early childhood education, child welfare, youth development, adoption, and after school programs. (See Schedule I for details by agency) [243 grants to agencies and 578,527 direct clients served]**4b** (Code: ) (Expenses \$ 18,177,400 including grants of \$ 17,271,294 ) (Revenue \$ 0 )Improve Health : Provides individuals including seniors and people with disabilities and health conditions live more independent, enriching lives by providing counseling, education, support, and advocacy services. (See Schedule I for details by agency) [213 grants to agencies and 255,382 direct clients served]**4c** (Code: ) (Expenses \$ 12,116,513 including grants of \$ 11,718,650 ) (Revenue \$ 0 )Provide Food & Shelter Provides immediate basic needs to individuals and families such as food, clothing, safe havens, violence prevention, homeless and legal services. (See Schedule I for details by agency) [103 grants to agencies and 188,254 direct clients served]**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 1(Expenses \$ 16,086,665 including grants of \$ 12,349,148 ) (Revenue \$ 0 )**4e** Total program service expenses **69,588,725**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 30		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 199		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		✓
<b>b</b> If "Yes," enter the name of the foreign country: ► . . . . . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 172		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b> 172		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	<b>2</b>	✓	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . .	<b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . .	<b>9</b>		✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .	<b>10a</b>		✓
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	<b>12a</b>	✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . .	<b>12c</b>	✓	
<b>13</b> Did the organization have a written whistleblower policy? . . .	<b>13</b>	✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . .	<b>14</b>	✓	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . .	<b>15a</b>	✓	
<b>b</b> Other officers or key employees of the organization . . .	<b>15b</b>	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	<b>16a</b>		✓
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► IL

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**Kenneth A Graesser CFO, (314)539-4042**

**910 North Eleventh Street, Saint Louis, MO 63101-1018**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>W Stephen Maritz</b> Chair	<b>5</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Mrs Stephen F Brauer</b> Vice Chair	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>David A Cook</b> Vice Chair	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Donald M Suggs DDS</b> Vice Chair	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Lawrence E Thomas</b> Vice Chair	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Michael R Hogan</b> Treasurer	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Valerie E Patton</b> Secretary	<b>2</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<b>0</b>	<b>0</b>	<b>0</b>
<b>Ann Beatty PhD</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Lynn Beckwith Jr EdD</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Jeffrey J Boehne</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Lynn Britton</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Steven J Brackney</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Robert J Ciapciak</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Veronica Coleman</b> Executive Cmte Member	<b>2</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy E Cross	2									
Executive Cmte Member		✓						0	0	0
Michael A DeCola	2									
Executive Cmte Member		✓						0	0	0
Kevin R Farrell	2									
Executive Cmte Member		✓						0	0	0
Jeffrey S Fothergill	2									
Executive Cmte Member		✓						0	0	0
Walter J Galvin	2									
Executive Cmte Member		✓						0	0	0
Bruce B Holland	2									
Executive Cmte Member		✓						0	0	0
Janet M Holloway	2									
Executive Cmte Member		✓						0	0	0
Francella D Jackson	2									
Executive Cmte Member		✓						0	0	0
Rodney W Kinzinger	2									
Executive Cmte Member		✓						0	0	0
Don G Lents	2									
Executive Cmte Member		✓						0	0	0
Daniel J Ludeman	2									
Executive Cmte Member		✓						0	0	0
Bret L Mayberry	2									
Executive Cmte Member		✓						0	0	0
Thomas J Minogue	2									
Executive Cmte Member		✓						0	0	0
Michael Moehn	2									
Executive Cmte Member		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Kathleen T Osborn</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Penny Pennington</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Cassandra Sanford</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Scott C Schnuck</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Reuben A Shelton</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Ellen Sherberg</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Suzanne Sitherwood</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Angela Sears Spittal</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>David L Steward</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Charles A Stewart Jr</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>James D Weddle</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Pat White</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Jeffrey P Aboussie</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>J Joe Adorjan</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Barry Albrecht</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Joseph T Ambrose</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Suzie K Andrews</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Jason Arnold</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>James A Auffenberg Jr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Joann M Barton</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mark J Bethell</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>G Carl Bisig III</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Brian J Bjorkman</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Cory Boss</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Karen L Branding</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mark O Branham</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Marilyn K Bush</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Gloria Carter-Hicks</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Michele R Cheatham</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Ronald Chesbrough PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Ralph W Clermont</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Elizabeth H Cohen</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Scott H Collins</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Robert M Cox Jr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mark C Darrell</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Ron Daugherty</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Clark S Davis</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kevin Demoff</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Jama L Dodson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Benjamin F Edwards IV</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Thomas C Erb</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Gregory G Evans</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Michele Fite</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Catherine A French</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Ronald A Fromm</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Johnny Furr Jr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Thomas F George PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael H Goebel</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Scott R Goodman</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lisa Gould</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Diann D Gross</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mahendra R Gupta PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lane Hamm</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Frank Hamsher</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Christopher W Hanaway</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Matthew K Harbaugh</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael F Hart Board Member	1	✓						0	0	0
Michael C Heim Board Member	1	✓						0	0	0
Robert J Henkel Board Member	1	✓						0	0	0
Wendy J Henry CPA Board Member	1	✓						0	0	0
Lauren M Herring Board Member	1	✓						0	0	0
Steven Hill Board Member	1	✓						0	0	0
Juanita H Hinshaw Board Member	1	✓						0	0	0
Joseph F Imbs III Board Member	1	✓						0	0	0
Jeff Insco Board Member	1	✓						0	0	0
Steven N Ippolito Board Member	1	✓						0	0	0
Andrea Jackson-Jennings Board Member	1	✓						0	0	0
Carmen Jacob Board Member	1	✓						0	0	0
Charlene Johnson Board Member	1	✓						0	0	0
Karen M Jordan Board Member	1	✓						0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Arindam Kar	1									
Board Member		✓						0	0	0
Joan A Kelly	1									
Board Member		✓						0	0	0
Whitney M Kenter CPA-PFS	1									
Board Member		✓						0	0	0
The Honorable Mark A Kern	1									
Board Member		✓						0	0	0
Donna Kinnaird	1									
Board Member		✓						0	0	0
Jeffrey B Klopfenstein	1									
Board Member		✓						0	0	0
Adam J Koishor	1									
Board Member		✓						0	0	0
Daniel G Korte	1									
Board Member		✓						0	0	0
Todd J Korte	1									
Board Member		✓						0	0	0
Ellen Krohne	1									
Board Member		✓						0	0	0
Melissa Lackey	1									
Board Member		✓						0	0	0
Patrick J Lamping	1									
Board Member		✓						0	0	0
Nancy E Laubenthal	1									
Board Member		✓						0	0	0
Keith Linderer	1									
Board Member		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Jason M Logsdon</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Linda M Martinez</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kathleen M Mazzarella</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Richard H McClure</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kevin McNatt</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael Mehringer</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Christopher X Moloney</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Dean P Mueller</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Patrick K Murphy</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael F Neidorff</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Robert L Newmark</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Jennifer L Nguyen PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lisa Nielsen</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>John O'Mara</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Kei Y Pang</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>David A Peacock</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>John A Pieper PharmD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>J Michael Pressimone EdD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Janet T Ramey CPA</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Karlos Ramirez</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Georgina Randazzo</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Joe Reagan</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lisa Richter</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mark A Rippeto</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Todd R Schnuck</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael J Scully</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Shelly J Seifert</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Richard M Sems</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Rachel Seward</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Thad W Simons</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kelly A Simpson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Van Simpson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>The Honorable Francis G Slay</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Patrick E Smith Sr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Pat Smith-Thurman</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>John R Sondag</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Frederic M Steinbach</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Susan A Stith</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Elizabeth Stroble PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>R Philip Stupp Jr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Victor P Svec</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>James L Tatum</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>James S Turley</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>John P Tvrdik</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Karen M Vangyia</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kimberly G Walker CFA</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Tim R Walsh</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Dwaun J Warmack EdD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>B Dean Webb</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Patricia Whitaker</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Richard B White MD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Joe E Wiley</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Don Willey</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lori O Willis</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Reverend Starsky D Wilson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Warren J Winer</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Mark S Woolbright</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mark S Wrighton PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael Zambrana</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lon Zimmerman</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>David C Zimmermann</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Robert A Soutier</u>	<u>2</u>									
<u>Vice Chair</u>		✓						0	0	0
<u>Michael R Holmes Sr</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Janine M Luehmann</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Mike C Marchal</u>	<u>2</u>									
<u>Executive Cmte Member</u>		✓						0	0	0
<u>Kelvin R Adams PhD</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Gregory H Boyce</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Ronald A Buerges</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Christine A Chadwick</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kent Christian</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Mark A Danahy</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Arnold W Donald</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Charlie A Dooley</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Cris O'Neal-Gavin</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Gary Gray</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Carolyn Kindle</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Mary Jo Kratschmer</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Thomas Kuhn</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Shelley K Lavender</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Lisa Lyle</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Thomas J Manenti</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Cheryl M Manley</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Kenneth L Miller</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Michael G Mueller</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>R Gordon Myers</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Christy Oldani</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>James J Qin</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>John W Sheehan</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>James E Shrader</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Sandra A Van Trease</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Charles L Whitehead Sr</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Donna Wilkinson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>James R Williamson</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Douglas H Yaeger</u>	<u>1</u>									
<u>Board Member</u>		✓						0	0	0
<u>Orvin T Kimbrough</u>	<u>55</u>									
<u>President-CEO</u>				✓				263,341	0	29,607
<u>Kenneth A Graesser</u>	<u>48</u>									
<u>Chief Financial Officer</u>				✓				180,528	0	95,246
<u>Kathy A Gardner</u>	<u>48</u>									
<u>SVP-Community Invst</u>					✓			170,334	0	142,602
<u>Adeyinka A Faleti</u>	<u>48</u>									
<u>SVP-Resource Development</u>						✓		124,006	0	18,240

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Roz Sherman Voellinger	48									
VP-Labor						✓		115,572	0	43,514
Angela B Marino	48									
SVP-Marketing						✓		115,237	0	21,682
Heather B Dawson	48									
Chief of Staff						✓		106,166	0	33,584
Vander H Corliss	48									
VP-Finance						✓		100,590	0	36,565
Cheryl D Polk	0									
Ex-EVP							✓	225,000	0	0
Gary C Dollar	0									
Ex-CEO							✓	193,251	0	0
<b>1b Sub-total</b>								<b>1,594,025</b>	<b>0</b>	<b>421,040</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>1,594,025</b>	<b>0</b>	<b>421,040</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . **3** ☒ **Yes** ☐ **No**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . . **4** ☒ **Yes** ☐ **No**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . **5** ☐ **Yes** ☒ **No**

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Upic Solutions, 334 Beechwood Road, Suite 403, Fort Mitchell, KY 41017	IT hosting/maint./training	325,611

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	451,503				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	372,854				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	77,671,077				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		3,191,369				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		78,495,434				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		758,030	0	0	758,030	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b>	(i) Real	(ii) Personal					
		Gross rents . . . . .						
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)	0	0				
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	(i) Securities	(ii) Other					
		Gross amount from sales of assets other than inventory						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .	152,558	0				
	<b>d</b>	Net gain or (loss) . . . . . ▶		152,558	0	0	152,558	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .		a	270,223			
		<b>b</b> Less: direct expenses . . . . .	b	184,449				
		<b>c</b> Net income or (loss) from fundraising events . . ▶		85,774		0	85,774	
		<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		a			
	<b>b</b> Less: direct expenses . . . . .		b					
	<b>c</b> Net income or (loss) from gaming activities . . ▶							
	<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .		a			
<b>b</b> Less: cost of goods sold . . . . .		b						
<b>c</b> Net income or (loss) from sales of inventory . . ▶								
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>	Campaign Processing Fees	900099	18,631	18,631	0	0		
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .			0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			18,631				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶			79,510,427	18,631	0	996,362	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	<b>58,947,360</b>	<b>58,947,360</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	<b>4,447,985</b>	<b>4,447,985</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	<b>929,679</b>	<b>527,093</b>	<b>193,187</b>	<b>209,399</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	<b>5,965,738</b>	<b>2,895,750</b>	<b>756,975</b>	<b>2,313,013</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	<b>136,831</b>	<b>36,674</b>	<b>1,898</b>	<b>98,259</b>
<b>9</b> Other employee benefits . . . . .	<b>1,180,777</b>	<b>591,048</b>	<b>133,716</b>	<b>456,013</b>
<b>10</b> Payroll taxes . . . . .	<b>481,391</b>	<b>242,188</b>	<b>55,745</b>	<b>183,458</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	<b>14,040</b>	<b>5,235</b>	<b>5,311</b>	<b>3,494</b>
<b>c</b> Accounting . . . . .	<b>55,200</b>	<b>19,982</b>	<b>19,652</b>	<b>15,566</b>
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	<b>273,567</b>	<b>123,182</b>	<b>10,247</b>	<b>140,138</b>
<b>12</b> Advertising and promotion . . . . .	<b>450,792</b>	<b>71,261</b>	<b>7,959</b>	<b>371,572</b>
<b>13</b> Office expenses . . . . .	<b>513,295</b>	<b>298,171</b>	<b>54,341</b>	<b>160,783</b>
<b>14</b> Information technology . . . . .	<b>1,085,368</b>	<b>479,990</b>	<b>272,127</b>	<b>333,251</b>
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	<b>365,492</b>	<b>148,451</b>	<b>67,181</b>	<b>149,860</b>
<b>17</b> Travel . . . . .	<b>193,226</b>	<b>91,227</b>	<b>28,560</b>	<b>73,439</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	<b>62,600</b>	<b>24,471</b>	<b>9,069</b>	<b>29,060</b>
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	<b>555,635</b>	<b>281,095</b>	<b>61,843</b>	<b>212,697</b>
<b>22</b> Depreciation, depletion, and amortization . . . . .	<b>378,008</b>	<b>213,567</b>	<b>43,982</b>	<b>120,459</b>
<b>23</b> Insurance . . . . .	<b>96,900</b>	<b>35,078</b>	<b>34,496</b>	<b>27,326</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----	<b>263,070</b>	<b>108,917</b>	<b>77,911</b>	<b>76,242</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>76,396,954</b>	<b>69,588,725</b>	<b>1,834,200</b>	<b>4,974,029</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>2,350</b>	<b>1</b>	<b>2,350</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>14,224,450</b>	<b>2</b>	<b>13,771,038</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>28,655,970</b>	<b>3</b>	<b>27,005,507</b>
	<b>4</b> Accounts receivable, net . . . . .	<b>33,379</b>	<b>4</b>	<b>37,102</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	<b>0</b>	<b>5</b>	<b>0</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	<b>0</b>	<b>6</b>	<b>0</b>
	<b>7</b> Notes and loans receivable, net . . . . .	<b>0</b>	<b>7</b>	<b>0</b>
	<b>8</b> Inventories for sale or use . . . . .	<b>0</b>	<b>8</b>	<b>0</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>208,519</b>	<b>9</b>	<b>52,528</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>7,426,785</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> <b>3,790,882</b>	<b>10c</b>	<b>3,635,903</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>41,912,324</b>	<b>11</b>	<b>45,819,722</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>0</b>	<b>12</b>	<b>0</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>0</b>	<b>13</b>	<b>0</b>
	<b>14</b> Intangible assets . . . . .	<b>0</b>	<b>14</b>	<b>0</b>
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>23,118</b>	<b>15</b>	<b>26,933</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>88,616,512</b>	<b>16</b>	<b>90,351,083</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>806,451</b>	<b>17</b>	<b>1,655,253</b>
	<b>18</b> Grants payable . . . . .	<b>28,951,989</b>	<b>18</b>	<b>28,994,184</b>
	<b>19</b> Deferred revenue . . . . .	<b>0</b>	<b>19</b>	<b>0</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>2,070,418</b>	<b>20</b>	<b>0</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>0</b>	<b>21</b>	<b>0</b>
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	<b>0</b>	<b>22</b>	<b>0</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>0</b>	<b>23</b>	<b>0</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>0</b>	<b>24</b>	<b>0</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	<b>3,299,357</b>	<b>25</b>	<b>3,245,383</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>35,128,215</b>	<b>26</b>	<b>33,894,820</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	<b>30,894,633</b>	<b>27</b>	<b>32,740,207</b>
	<b>28</b> Temporarily restricted net assets . . . . .	<b>13,948,215</b>	<b>28</b>	<b>13,307,784</b>
	<b>29</b> Permanently restricted net assets . . . . .	<b>8,645,449</b>	<b>29</b>	<b>10,408,272</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	<b>53,488,297</b>	<b>33</b>	<b>56,456,263</b>
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>88,616,512</b>	<b>34</b>	<b>90,351,083</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>79,510,427</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>76,396,954</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>3,113,473</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>53,488,297</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>189,470</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-334,977</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>56,456,263</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	77,951,171	73,636,491	75,037,710	75,684,903	78,495,434	380,805,709
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	77,951,171	73,636,491	75,037,710	75,684,903	78,495,434	380,805,709
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						7,857,884
<b>6 Public support.</b> Subtract line 5 from line 4.						372,947,825

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	77,951,171	73,636,491	75,037,710	75,684,903	78,495,434	380,805,709
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	414,520	569,140	634,006	688,404	758,030	3,064,100
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	210,596	369,295	375,654	270,223	1,225,768
<b>11 Total support.</b> Add lines 7 through 10						385,095,577
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	112,086
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.85 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.26 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).	
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
	<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	
	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	
	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2014 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013 . . . . .			
<b>e</b>	Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**Schedule A, Part II, Line 10 - Amounts represent realized investment gains and losses.**

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	11,834,049	10,841,544	9,514,304	8,992,624	5,199,929
<b>b</b> Contributions	2,000,000	0	704,254	659,701	2,746,248
<b>c</b> Net investment earnings, gains, and losses	-94,171	1,502,944	933,676	355,394	1,220,405
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	253,948	507,439	307,690	492,415	172,958
<b>f</b> Administrative expenses	6,500	3,000	3,000	1,000	1,000
<b>g</b> End of year balance	13,479,430	11,834,049	10,841,544	9,514,304	8,992,624

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☒ 0 %  
**b** Permanent endowment ☒ 77.22 %  
**c** Temporarily restricted endowment ☒ 22.78 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations  
**(ii)** related organizations

	Yes	No
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	964,100		964,100
<b>b</b> Buildings	0	3,771,872	1,399,756	2,372,116
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	2,690,813	2,391,126	299,687
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,635,903

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Pension & post-retirement liabilities	2,967,565	
(3) Dues payable to United Way Worldwide	277,818	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,245,383	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>71,003,324</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>189,470</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>52,510</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>-38,584</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>203,396</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>70,799,928</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>8,710,499</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>8,710,499</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>79,510,427</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>67,738,965</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	<b>52,510</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>52,510</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>67,686,455</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>8,710,499</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>8,710,499</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>76,396,954</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - Income from endowments is used to support operations and increase the amount available to fund agencies.Schedule D, Part X, Line 2 - The organization does not recognize any tax liability for uncertain tax positions under FIN48. Therefore the only information in the notes to the financial statements regarding income taxes is as follows: "The Organization is exempt from federal income taxes on its related, exempt activities under Section 501(c)(3) of the Internal Revenue Code. The federal tax returns for tax years 2011 and later remain subject to examination by taxing authorities."Schedule D, Part XI, Line 2d - The (\$38,584) includes losses of \$63,544 associated with the change in value of split interest agreements offset by gains of \$24,960 on an interest rate swap agreement held until November 2014 in connection with the purchase/financing of the United Way headquarters in St. Louis.Schedule D, Part XI, Line 4b - \$8,710,499 is associated with donor designations not included as revenue on the financial statements but included with revenue in the Form 990.Schedule D, Part XII, Line 4b - \$8,710,499 is associated with donor designations not included as expense on the financial statements but included with expense in the Form 990.



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>CCS Gala</b>	(b) Event #2 <b>IL Golf Scramble</b>	(c) Other events <b>7</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	<b>142,720</b>	<b>29,443</b>	<b>98,060</b>	<b>270,223</b>
	<b>2</b> Less: Contributions . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	<b>142,720</b>	<b>29,443</b>	<b>98,060</b>	<b>270,223</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>725</b>	<b>0</b>	<b>725</b>
	<b>5</b> Noncash prizes . . . . .	<b>2,785</b>	<b>3,006</b>	<b>5,196</b>	<b>10,987</b>
	<b>6</b> Rent/facility costs . . . . .	<b>94,054</b>	<b>4,450</b>	<b>3,322</b>	<b>101,826</b>
	<b>7</b> Food and beverages . . . . .	<b>0</b>	<b>1,475</b>	<b>4,999</b>	<b>6,474</b>
	<b>8</b> Entertainment . . . . .	<b>30,925</b>	<b>0</b>	<b>22,053</b>	<b>52,978</b>
	<b>9</b> Other direct expenses . . . . .	<b>7,761</b>	<b>377</b>	<b>3,321</b>	<b>11,459</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				<b>184,449</b>
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				<b>85,774</b>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:  |                              |                             |
| <b>a</b>  | The organization's facility   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name ► \_\_\_\_\_

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **224**
- 3** Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> See Schedule I, Part IV, Statement 2					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 1 - The organization completed Part IV as required listing organizations that received support. The purpose of the individual grants is included, when organizations received more than one grant the multiple purposes are divided by a semicolon in the response. Abbreviations are used through the "Purpose of Grant" section in the interest of space. Common abbreviations used are listed below: ACCB=Agency Consulting & Capacity Building; ALLOC=Allocation; CCS=Complete Charitable Solution; CE=Community Enhancement; DSGN=Designation; EDUC=Education; SVCS=Services; VIOL=Violence; STL=St. Louis Division; SWID=Southwest Illinois Division; TCA=Tri-Cities Illinois Division; TPP=3rd Party Processed;

Schedule I, Part I, Line 2 - Approximately 50 dedicated community volunteers familiar with community needs are members of the United Way Community Investment Committee (CIC). Leadership from this committee are members of the Board and report committee activities directly to the Board. Other CIC members serve as panel chairs and oversee approximately 350 other volunteers who visit each United Way member agency annually. Agencies adhere to Quality Standards developed by the volunteers and submit reports, at least annually, about their programs, governance, finance and administration to the volunteers. Program information includes description, goals, measurement tools, outcomes, and analysis of results. Panels review agencies based on all the core competencies from the Quality Standards. As a group using guidelines they developed, these volunteers allocate to member agencies. The CIC also oversees one-time funding reviewing grant requests and determining what to fund with dollars available. United Way employees provide appropriate staffing to support the entire process. Direct assistance is provided to individuals in a variety of ways. The vast majority of such assistance is provided through the 100 Neediest Cases program, through the United Way energy assistance program (including the Ameren Missouri Dollar More and Laclede Gas Dollar Help programs) and through the federal Individual Development Accounts program. In all cases above participating agencies (about 100 of them between all three programs) qualify their clients and submit requests for assistance to the United Way. For 100 Neediest Cases, United Way volunteers review the cases and make allocations. Anonymous cases are sent to individuals to adopt and to provide further assistance. For energy assistance, allocations are made to agencies who then allocate it to clients following their own internal guidelines that have been preapproved by United Way. United Way then pays utilities for all assistance granted on behalf of individuals in that program. IDAs participants are case managed by participating agencies. United Way pays various vendors who help individuals in this asset accumulation anti-poverty program. A smaller amount of direct assistance is provided by United Way staff members for individuals who request help. Assistance is generally limited to \$300 and most often paid to landlords, mortgage companies and utilities.

Schedule I, Part III - No individual received more than \$5,000 of assistance during the fiscal year.

## Schedule I, Part IV, Statement 1

Form: Schedule I

Page: 1

Line Number: Part II

UNITED WAY OF GREATER ST LOUIS INC

43-0714167

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	Alcoholic Rehabilitation Community Home 1313 21st Street Granite City, IL 62040	23-7043276	74,328	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	TCA Alloc-Behavioral Health;STL Community Response-Financial Stability; STL Area Alloc-Disabilities			
<b>Name and address</b>	Alliance for Childhood Education 22052 West 66th Street Ste 200 Shawnee, KS 66226	27-3553781	65,000	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	CCS Dsgn-Early Childhood Educ			
<b>Name and address</b>	Almost Home Inc 3200 St Vincent Avenue Saint Louis, MO 63104	43-1645686	95,890	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare;CCS Dsgn-Behavioral Health; STL Area Alloc- Behavioral Health			
<b>Name and address</b>	Alpha Kappa Alpha Sorority Inc PO Box 245 East Saint Louis, IL 62202	36-3201203	25,440	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	STL CE Grant-Youth Dvlpmnt			
<b>Name and address</b>	Alternative Opportunities Inc 7020 Chippewa Street Saint Louis, MO 63119	43-1179041	69,840	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	STL Area Bridge Grant-Disabilities; CCS Dsgn-Behavioral Health			
<b>Name and address</b>	Alton Day Care & Learning Center Inc PO Box 516 Alton, IL 62002	37-0920860	37,525	
<b>IRC code section</b>	Section 501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ;STL Area Alloc-Disabilities; STL Area Bridge Grant-Disabilities			

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Name and address</b>	Alzheimer's Disease and Related Disorders Association St Louis Chapter 9370 Olive Boulevard Saint Louis, MO 63132	43-1237069	233,465
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health;ADT Dsgn-Basic Needs; CCS Dsgn-Basic Needs		
<b>Name and address</b>	American Cancer Society 4207 Lindell Boulevard Saint Louis, MO 63108	74-1185665	1,390,400
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health;STL CE Grant-Youth Dvlpmnt; CCS Dsgn-Domestic Viol		
<b>Name and address</b>	American Chamber Chorale and Orchestra PO Box 4375 Saint Louis, MO 63123	60-0855622	10,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Arts & Culture		
<b>Name and address</b>	American Diabetes Association 425 South Woods Mill Road Ste 110 Town And Country, MO 63017	13-1623888	106,760
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; Torch Dsgn-Physical Health; CCS Dsgn-Youth Dvlpmnt; Contract Agency Funding-Physical Health; Torch Dsgn-Physical Health		
<b>Name and address</b>	American Heart Association - Greater St Louis Chapter 460 North Lindbergh Boulevard Creve Coeur, MO 63141	13-5613797	982,425
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health;STL Area Alloc-Physical Health; STL Area Bridge Grant-Physical Health		
<b>Name and address</b>	American Lung Association of the Upper Midwest Inc 1118 Hampton Avenue Saint Louis, MO 63139	43-0662525	456,892
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; CCS Dsgn-Physical Health		
<b>Name and address</b>	American Red Cross of Central and Southern Illinois Region Courthouse 201 West Pearl Street Jerseyville, IL 62052	37-0661176	158,445
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			



## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	TPP Dsgn-Disaster Response; SWID Alloc-Youth Dvlpmnt		
<b>Name and address</b>	American Red Cross St Louis Area Chapter 10195 Corporate Square Drive Saint Louis, MO 63132	43-0652612	3,746,769
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Disaster Response; CCS Dsgn-Child Welfare; STL Area Alloc-Child Welfare; TPP Dsgn-Child Welfare; CCS Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health		
<b>Name and address</b>	Amyotrophic Lateral Sclerosis Association St Louis Regional Chapter 2258 Weldon Parkway Saint Louis, MO 63146	43-1458163	206,179
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; STL Area Alloc-Basic Needs; STL Area Bridge Grant-Basic Needs		
<b>Name and address</b>	Annie Malone Children and Family Service Center 2612 Annie Malone Drive Saint Louis, MO 63113	43-0652652	339,708
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; CCS Dsgn-Physical Health; STL Area Alloc-Workforce Dvlpmnt; TPP Dsgn-Workforce Dvlpmnt		
<b>Name and address</b>	Arthritis Foundation Heartland Region Inc 9433 Olive Boulevard Ste 100 Saint Louis, MO 63132	58-1341679	99,749
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; CCS Dsgn-Arts & Culture; Torch Dsgn-Physical Health; CI Grant-Early Childhood Educ		
<b>Name and address</b>	Asthma and Allergy Foundation of America St Louis Chapter 1500 South Big Bend Boulevard Ste 1 South Saint Louis, MO 63117	43-1484316	110,766
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; STL Area Alloc-Behavioral Health; TPP Dsgn-Behavioral Health		
<b>Name and address</b>	Better Family Life Inc 5415 Page Boulevard Saint Louis, MO 63112	43-1346617	275,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Workforce Dvlpmnt		
<b>Name and address</b>	Beyond Housing	51-0179471	300,000

	4156 Manchester Avenue Saint Louis, MO 63110		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Seimer Fdtn Grant-Educ; CCS Dsgn-Physical Health		
<b>Name and address</b>	Big Brothers Big Sisters of Eastern Missouri 501 North Grand Avenue Saint Louis, MO 63103	43-0669085	425,263
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; CCS Dsgn-Youth Dvlpmnt; STL Area Alloc-Youth Dvlpmnt		
<b>Name and address</b>	Big Brothers Big Sisters of Southwestern Illinois 2726 Frank Scott Parkway West Belleville, IL 62223	37-1095468	83,728
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Youth Dvlpmnt; SWID Alloc-Senior Svcs; TPP Dsgn-Senior Svcs		
<b>Name and address</b>	Boy Scouts of America - Abraham Lincoln Council 5231 South Sixth Street Road Springfield, IL 62703	37-0661493	8,042
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; SWID Alloc-Basic Needs		
<b>Name and address</b>	Boy Scouts of America Inc Greater St Louis Area Council 4568 West Pine Boulevard Saint Louis, MO 63108	43-0652676	1,639,748
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; CCS Dsgn-Disabilities		
<b>Name and address</b>	Boys & Girls Club of Alton Inc 115 Jefferson Avenue Alton, IL 62002	36-4142577	122,308
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; SWID Alloc-Basic Needs; TPP Dsgn-Basic Needs		
<b>Name and address</b>	Boys & Girls Club of Bethalto Inc 324 East Central Street Bethalto, IL 62010	37-0911129	81,166
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; SWID Alloc-Early Childhood Educ; SWID Community Response-Early Childhood Educ		
<b>Name and address</b>	Boys & Girls Clubs of Greater St Louis Inc 2901 North Grand Avenue Saint Louis, MO 63107	43-6061693	632,080

## Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant UW Ferguson Grant-Youth Dvlpmnt; STL Area Alloc-Physical Health; STL Area Bridge Grant-Physical Health; TPP Dsgn-Physical Health

<b>Name and address</b>	Boys & Girls Clubs of St Charles County 1211 Lindenwood Avenue Saint Charles, MO 63301	43-0714369	195,842
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Youth Dvlpmnt; CCS Dsgn-Disabilities; STL Area Alloc-Disabilities; STL Area Bridge Grant-Disabilities

<b>Name and address</b>	Bridgeway Behavioral Health Inc 118 N Second Street Ste 200 Saint Charles, MO 63301	43-1150435	231,540
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health; TPP Dsgn-Behavioral Health

<b>Name and address</b>	Calhoun County Council for Senior Citizens 203 Main Street Hardin, IL 62047	68-0494806	6,500
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant SWID Alloc-Senior Svcs

<b>Name and address</b>	Call for Help Inc 9400 Lebanon Road East Saint Louis, IL 62203	37-1022829	199,724
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Neighborhood Svcs; CCS Dsgn-Disabilities; STL Area Alloc-Disabilities

<b>Name and address</b>	Cardinal Ritter Senior Services 7601 Watson Road Saint Louis, MO 63119	43-0811604	435,228
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Senior Svcs; STL Area Alloc-Legal Svcs; STL Area Bridge Grant-Legal Svcs; TPP Dsgn-Legal Svcs

<b>Name and address</b>	Caritas Family Solutions 8601 West Main Street Ste 201 Belleville, IL 62223	37-0661500	107,320
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Behavioral Health; TPP Dsgn-Youth Dvlpmnt

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Name and address</b>	CASA of Southwestern Illinois 1801 North Belt West Belleville, IL 62226	37-1233728	148,273
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; Torch Dsgn-Disabilities; SWID Alloc-Basic Needs; TCA Alloc-Basic Needs		
<b>Name and address</b>	Catholic Charities of Madison County 1625 West Washington Springfield, IL 62702	37-0661499	387,170
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Bridge Grant-Basic Needs; STL Area Alloc-Behavioral Health; TPP Dsgn-Behavioral Health; TPP Dsgn-Youth Dvlpmnt; TCA Alloc-Youth Dvlpmnt		
<b>Name and address</b>	Catholic Charities of St Louis 4532 Lindell Boulevard Saint Louis, MO 63108	43-0653270	390,688
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; CCS Dsgn-Child Welfare; STL Area Alloc-Child Welfare; STL Area Bridge Grant-Child Welfare		
<b>Name and address</b>	Catholic Family Services Inc 9200 Watson Road G 101 Saint Louis, MO 63126	43-1658498	540,465
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; STL Area Alloc-Domestic Viol; STL Area Bridge Grant-Domestic Viol; TPP Dsgn-Domestic Viol		
<b>Name and address</b>	Center for Hearing & Speech 9835 Manchester Road Saint Louis, MO 63119	43-0652678	394,255
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities; STL Area Alloc-Basic Needs; TPP Dsgn-Basic Needs		
<b>Name and address</b>	Center for Women in Transition 7525 South Broadway Saint Louis, MO 63111	43-1799627	56,323
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Financial Stability; CCS Dsgn-Workforce Dvlpmnt		
<b>Name and address</b>	Central Institute for the Deaf 825 South Taylor Avenue Saint Louis, MO 63110	43-0662456	224,303
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Purpose of grant</b>	TPP Dsgn-Disabilities;CCS Dsgn-Youth Dvlpmt; STL Area Alloc-Youth Dvlpmt		
<b>Name and address</b>	Central Presbyterian Church 7700 Davis Drive Saint Louis, MO 63105	43-0688864	10,200
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Basic Needs		
<b>Name and address</b>	Child Center Marygrove 2705 Mullanphy Lane Florissant, MO 63031	43-1024440	492,034
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare;STL Area Alloc-Legal Svcs; TPP Dsgn-Legal Svcs		
<b>Name and address</b>	Children's Home & Aid 2133 Johnson Road Ste 101 Granite City, IL 62040	36-2167743	423,264
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Child Welfare; STL Area Alloc-Child Welfare; STL Area Bridge Grant-Child Welfare; SWID Alloc-Child Welfare; TPP Dsgn-Child Welfare; Torch Dsgn-Physical Health ;TPP Dsgn-Behavioral Health		
<b>Name and address</b>	Children's Home Society of Missouri 1167 Corporate Lake Drive Saint Louis, MO 63132	43-0652622	161,100
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare;CCS Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health		
<b>Name and address</b>	Christian Activity Center Inc 540 North Sixth Street East Saint Louis, IL 62201	36-4182760	79,140
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Initiatives-Youth Dvlpmt; SWID Alloc-Senior Svcs		
<b>Name and address</b>	College Bound 110 North Jefferson Avenue Saint Louis, MO 63103	20-4768985	70,865
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Educ;STL CE Grant-Youth Dvlpmt; CCS Dsgn-Youth Dvlpmt		
<b>Name and address</b>	Collinsville Area Meals On Wheels 804 Claremont Court Collinsville, IL 62234	37-1031182	10,485
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Basic Needs; STL CE Grant-Senior Svcs

<b>Name and address</b>	Community Care Center Inc 1818 Cleveland Avenue Granite City, IL 62040	37-0752347	123,807
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TCA Community Response-Basic Needs;TCA Alloc-Disabilities; CCS Dsgn-Youth Dvlpmnt

<b>Name and address</b>	Community Council of St Charles County PO Box 219 Cottleville, MO 63338	43-6051722	113,088
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Neighborhood Svcs;STL ACCB; STL Area Alloc-Youth Dvlpmnt

<b>Name and address</b>	Community Lifeline 1919 State Street East Saint Louis, IL 62205	36-4552773	50,880
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL CE Grant-Youth Dvlpmnt

<b>Name and address</b>	Community Link 1665 North Fourth Street Breese, IL 62230	37-0955971	236,286
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Disabilities;STL Area Alloc-Legal Svcs; SWID Alloc-Legal Svcs

<b>Name and address</b>	Community Living Inc 1040 St Peters Howell Road Saint Peters, MO 63376	43-1129770	214,880
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Disabilities; STL Area Alloc-Early Childhood Educ

<b>Name and address</b>	Comtrea Inc 227 Main Street Festus, MO 63028	36-2800788	88,208
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Bridge Grant-Behavioral Health; STL CE Grant-Youth Dvlpmnt

<b>Name and address</b>	Coordinated Youth and Human Services 2016 Madison Avenue Granite City, IL 62040	37-0662520	197,322
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TCA Bridge Grant-Youth Dvlpmnt;STL Area Alloc-Neighborhood Svcs; STL

Area Bridge Grant-Neighborhood Svcs			
<b>Name and address</b>	Cornerstone Center for Early Learning Inc 3901 Russell Boulevard Saint Louis, MO 63110	43-0923158	363,489
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Bridge Grant-Early Childhood Educ; MHB Grant-Early Childhood Educ; STL Area Alloc-Early Childhood Educ; STL Area Bridge Grant-Early Childhood Educ		
<b>Name and address</b>	Crider Health Center Inc 1032 Crosswinds Court Wentzville, MO 63385	43-1160049	490,582
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; STL Area Alloc-Disabilities		
<b>Name and address</b>	Crime Victim Advocacy Center of St Louis 539 North Grand Boulevard Ste 400 Saint Louis, MO 63103	43-1025252	76,295
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Legal Svcs; STL Area Alloc-Senior Svcs		
<b>Name and address</b>	Crisis Food Center Inc 21 East 6th Street Alton, IL 62002	37-1054276	71,765
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs;CCS Dsgn-Youth Dvlpmt; STL Area Alloc-Youth Dvlpmt		
<b>Name and address</b>	Dellwood Recreation Center 10266 West Florissant Avenue Saint Louis, MO 63136	43-6012366	10,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Basic Needs		
<b>Name and address</b>	Delta Gamma Center for Children with Visual Impairments 1750 South Big Bend Boulevard Saint Louis, MO 63117	43-0725282	74,704
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities;STL Area Alloc-Senior Svcs; STL Area Bridge Grant-Senior Svcs		
<b>Name and address</b>	Dollywood Foundation 2700 Dollywood Parks Blvd Pigeon Forge, TN 37863	62-1348105	54,892
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			



## Desc. of Non-Cash Asst.

**Purpose of grant** SWID Community Response-Early Childhood Educ; SWID Alloc-Senior Svcs

<b>Name and address</b>	East St Louis Park District 2950 Caseyville Avenue East Saint Louis, IL 62202	11-3836078	40,000
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** UW Ferguson Grant-Youth Dvlpmnt

<b>Name and address</b>	Easter Seals Midwest 13545 Barrett Parkway Drive Ste 300 Ballwin, MO 63021	43-0827160	235,960
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Bridge Grant-Disabilities;CCS Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health

<b>Name and address</b>	Emmaus Homes Inc 3731 Mueller Road Saint Charles, MO 63301	43-0653309	196,199
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Disabilities; STL ACCB

<b>Name and address</b>	Employment Connection 2838 Market Street Saint Louis, MO 63103	43-1106386	494,003
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Workforce Dvlpmnt;CCS Dsgn-Domestic Viol; STL ACCB

<b>Name and address</b>	Empower Missouri 606 East Capitol Avenue Jefferson City, MO 65101	44-0547548	24,408
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Alloc-Neighborhood Svcs

<b>Name and address</b>	Epilepsy Foundation of Missouri and Kansas 4406 Saint Vincent Avenue Saint Louis, MO 63119	43-6048869	82,596
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Physical Health; STL Area Alloc-Neighborhood Svcs

<b>Name and address</b>	Epworth Children and Family Services Inc 110 North Elm Avenue Saint Louis, MO 63119	43-1069741	785,469
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Purpose of grant</b>	TPP Dsgn-Child Welfare;CCS Dsgn-Child Welfare; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Faith in Action Edwardsville - Glen Carbon PO Box 255 903 North 2nd Street Edwardsville, IL 62025	36-4535817	8,223
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Senior Svcs; STL CE Grant-Youth Dvlpmnt		
<b>Name and address</b>	Family Resource Center 3309 South Kingshighway Boulevard Saint Louis, MO 63139	43-1071300	298,992
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; CCS Dsgn-Domestic Viol; STL Area Alloc-Domestic Viol; TPP Dsgn-Domestic Viol		
<b>Name and address</b>	Fathers' Support Center St Louis 4411 North Newstead Avenue Saint Louis, MO 63115	43-1804267	146,886
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Workforce Dvlpmnt; STL Area Alloc-Child Welfare; STL Area Bridge Grant-Child Welfare; TPP Dsgn-Child Welfare		
<b>Name and address</b>	Ferguson Florissant School District Early Education 1005 Waterford Drive Florissant, MO 63033	00-0000000	137,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Youth Dvlpmnt		
<b>Name and address</b>	Foster and Adoptive Care Coalition 1750 South Brentwood Boulevard Ste 210 Brentwood, MO 63144	43-1570225	221,009
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Friends of CharacterPlus 1460 Craig Road Saint Louis, MO 63146	20-5696782	50,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Youth Dvlpmnt		
<b>Name and address</b>	Gateway EITC Community Coalition c/o United Way of Greater St Louis 910 North 11th Street Saint Louis, MO 63101	20-0323464	30,910
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

**Purpose of grant** UW Ferguson Grant-Financial Stability;CCS Dsgn-Youth Dvlpmnt; CCS Dsgn-Educ

**Name and address** Gene Slay's Boys' Club of St Louis Inc 43-0653261 278,974  
2524 South 11th Street  
Saint Louis, MO 63104

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Youth Dvlpmnt;CCS Dsgn-Youth Dvlpmnt; STL Area Alloc-Youth Dvlpmnt

**Name and address** Gephardt Institute for Public Service at Washington University 43-0653611 10,000  
One Brookings Drive  
Campus Box 1019  
Saint Louis, MO 63130

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Dsgn-Educ

**Name and address** Girl Scouts of Central Illinois 37-0681529 12,301  
3020 Baker Drive  
Springfield, IL 62703

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** SWID Bridge Grant-Youth Dvlpmnt; SWID Alloc-Early Childhood Educ

**Name and address** Girl Scouts of Eastern Missouri 43-0662471 512,645  
2300 Ball Drive  
Saint Louis, MO 63146

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Youth Dvlpmnt;Contract Agency Funding-Physical Health; TPP Dsgn-Physical Health

**Name and address** Girl Scouts of Southern Illinois 37-0811488 251,848  
Four Ginger Creek Parkway  
Glen Carbon, IL 62034

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TCA Alloc-Youth Dvlpmnt; TPP Dsgn-Physical Health; STL CE Grant-Basic Needs; CCS Dsgn-Youth Dvlpmnt; STL Area Alloc-Youth Dvlpmnt; STL Area Bridge Grant-Youth Dvlpmnt ;SWID Alloc-Youth Dvlpmnt

**Name and address** Girls Incorporated of St Louis 43-1321294 478,297  
3801 Nelson Drive  
Saint Louis, MO 63121

**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Youth Dvlpmnt; CCS Dsgn-Physical Health; STL Area Alloc-Physical Health; TPP Dsgn-Physical Health; CCS Dsgn-Workforce Dvlpmnt

**Name and address** Glen-Ed Pantry 37-1173814 38,477  
125 Fifth Avenue

	Edwardsville, IL 62025		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; ADT Dsgn-Physical Health		
<b>Name and address</b>	Good Samaritan House of Granite City Inc 1825 Delmar Avenue Rear Granite City, IL 62040	36-4177264	68,028
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Community Response-Basic Needs; STL CE Grant-Youth Dvlpmnt; STL Initiatives-Youth Dvlpmnt; SWID Alloc-Senior Svcs		
<b>Name and address</b>	Good Shepherd Children & Family Services 1340 Partridge Avenue Saint Louis, MO 63130	43-1297933	719,862
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; CCS Dsgn-Physical Health; CCS Dsgn-Youth Dvlpmnt; STL ACCB		
<b>Name and address</b>	Grace Hill Settlement House 2600 Hadley Street Saint Louis, MO 63106	23-7216273	984,530
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs; Torch Dsgn-Youth Dvlpmnt; CCS Dsgn-Educ; SWID Alloc-Place-Based Collaborations; TPP Dsgn-Place-Based Collaborations		
<b>Name and address</b>	Granite City Scholarship Foundation 3202 Colgate Place Granite City, IL 62040	37-6043442	6,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Torch Dsgn-Youth Dvlpmnt		
<b>Name and address</b>	Great Circle 330 North Gore Avenue Saint Louis, MO 63119	43-0653305	720,601
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities; STL ACCB		
<b>Name and address</b>	Greater Saint Louis Community Foundation 319 North 4th Street Ste 300 Saint Louis, MO 63102	43-1758789	35,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Jason Kander Ferguson Rebuild-Place-Based Collaborations;		

	CCS Dsgn-Arts & Culture		
<b>Name and address</b>	Guardian Angel Settlement Association 1127 North Vandeventer Avenue Saint Louis, MO 63113	43-0652636	375,712
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs; STL Area Alloc-Financial Stability; TPP Dsgn-Financial Stability; CCS Dsgn-Neighborhood Svcs		
<b>Name and address</b>	Harris House Foundation 8315 South Broadway Saint Louis, MO 63111	43-1235232	247,809
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; ADT Dsgn-Physical Health; Contract Agency Funding-Physical Health		
<b>Name and address</b>	Healthy Youth Partnership 910 North 11th Street Saint Louis, MO 63101	26-4590735	29,649
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CI Grant-Physical Health		
<b>Name and address</b>	Highland Area Christian Service Ministry 900 Chestnut Street Highland, IL 62249	36-4153849	40,266
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; TPP Dsgn-Basic Needs		
<b>Name and address</b>	Human Support Services 988 North Illinois Route 3 Waterloo, IL 62298	37-0968305	214,582
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities; STL Area Alloc-Senior Svcs; SWID Alloc-Senior Svcs		
<b>Name and address</b>	Humanitri 1447 E Grand Saint Louis, MO 63107	43-1470568	173,220
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Bridge Grant-Basic Needs; STL Area Alloc-Senior Svcs		
<b>Name and address</b>	Illinois Center for Autism 548 South Ruby Lane Fairview Heights, IL 62208	37-1023452	235,820
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Disabilities; SWID Alloc-Basic Needs; TCA Alloc-Basic Needs; TCA Bridge Grant-Basic Needs; SWID Alloc-Basic Needs; TPP Dsgn-Basic		

Needs ;STL CE Grant-Senior Svcs			
<b>Name and address</b>	Illinois Valley Senior Citizens 223 S Macoupin Gillespie, IL 62033	37-6059503	20,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SWID Community Response-Senior Svcs		
<b>Name and address</b>	IMPACT CIL 2735 East Broadway Alton, IL 62002	37-1183032	40,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SWID Alloc-Disabilities		
<b>Name and address</b>	Inspire STL 4449 Red Bud Saint Louis, MO 63115	45-0815402	45,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Youth Dvlpmt		
<b>Name and address</b>	International Institute of Metropolitan St Louis 3401 Arsenal Street Saint Louis, MO 63118	43-0652640	262,508
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Financial Stability; CCS Dsgn-Neighborhood Svcs		
<b>Name and address</b>	Jackie Joyner-Kersee Foundation 101 Jackie Joyner Kersee Circle East Saint Louis, IL 62204	37-1347709	50,440
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Youth Dvlpmt; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Jarvis Township Senior Citizens 410 Wickliffe Troy, IL 62294	37-1104420	8,089
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Senior Svcs; SWID Alloc-Basic Needs		
<b>Name and address</b>	Jazz St Louis 3547 Olive Street Ste 212 Saint Louis, MO 63103	43-1761629	142,857
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Arts & Culture		
<b>Name and address</b>	JDRF-Greater Missouri & Southern Illinois	23-1907729	84,825

	50 Crestwood Executive Center Ste 401 Saint Louis, MO 63126		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; SWID Alloc-Behavioral Health		
<b>Name and address</b>	Jewish Community Center Two Millstone Campus Drive Saint Louis, MO 63146	43-0681477	1,109,463
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; STL Area Alloc-Behavioral Health; STL Area Bridge Grant-Behavioral Health; TPP Dsgn-Behavioral Health		
<b>Name and address</b>	Jewish Family and Children's Service 10950 Schuetz Road Saint Louis, MO 63146	43-0790330	764,994
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; CCS Dsgn-Senior Svcs		
<b>Name and address</b>	Jewish Federation of St Louis 12 Millstone Campus Drive Saint Louis, MO 63146	43-0652643	184,439
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs; CCS Dsgn-Neighborhood Svcs; MHB Grant-Early Childhood Educ; STL Area Alloc-Neighborhood Svcs		
<b>Name and address</b>	Joe W Roberts Youth Club P O Box 196 Madison, IL 62060	37-1208098	45,909
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Bridge Grant-Youth Dvlpmnt; Torch Dsgn-Physical Health; STL Area Alloc-Domestic Viol; STL Area Bridge Grant-Domestic Viol		
<b>Name and address</b>	Kids In The Middle Inc 2650 South Hanley Road Ste 150 Saint Louis, MO 63144	43-1192510	252,450
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities; STL CE Grant-Workforce Dvlpmnt		
<b>Name and address</b>	Kingdom House 1321 South 11th Street Saint Louis, MO 63104	43-0652648	645,949
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			



## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs; MHB Grant-Early Childhood Educ; STL Area Alloc-Child Welfare; TPP Dsgn-Child Welfare; STL ACCB		
<b>Name and address</b>	KIPP St Louis 2647 Ohio Avenue Saint Louis, MO 63118	01-0916759	100,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Educ		
<b>Name and address</b>	KUTO Kids Under Twenty One 2718 South Brentwood Boulevard Saint Louis, MO 63144	43-1488186	46,019
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; CCS Dsgn-Arts & Culture		
<b>Name and address</b>	Land of Lincoln Legal Assistance Foundation Inc 8787 State Street Ste 201 East Saint Louis, IL 62203	37-0958448	389,601
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Legal Svcs; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities; STL Area Alloc-Disabilities		
<b>Name and address</b>	LaunchCode Foundation 4811 Delmar Boulevard Saint Louis, MO 63108	47-1718432	35,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-(blank)		
<b>Name and address</b>	Legal Services of Eastern Missouri Inc 4232 Forest Park Avenue Saint Louis, MO 63108	43-0816805	643,530
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Legal Svcs; CCS Dsgn-Disabilities; STL Area Alloc-Disabilities		
<b>Name and address</b>	Lemay Child and Family Center 9828 South Broadway Saint Louis, MO 63125	43-1061831	208,786
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ; CCS Dsgn-Child Welfare; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Lessie Bates Davis Neighborhood House Inc 1200 North 13th Street East Saint Louis, IL 62205	37-0662522	313,584
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs; Torch Dsgn-Physical Health; STL Area Alloc-Youth Dvlpmnt; STL Area Bridge Grant-Youth Dvlpmnt		
<b>Name and address</b>	Leu Civic Center Inc 213 North Market Street Mascoutah, IL 62258	37-1056779	162,075
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; STL Area Alloc-Youth Dvlpmnt; TPP Dsgn-Youth Dvlpmnt		
<b>Name and address</b>	Lewis & Clark Community College Foundation 5800 Godfrey Road Godfrey, IL 62035	37-1000402	9,500
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ADT Dsgn-Youth Dvlpmnt		
<b>Name and address</b>	Lewis & Clark Council Inc Boy Scouts of America 335 West Main Street Belleville, IL 62220	37-0863661	445,429
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Youth Dvlpmnt; STL Initiatives-Early Childhood Educ; STL CE Grant-Senior Svcs; STL CE Grant-Educ; SWID Alloc-Youth Dvlpmnt; SWID Community Response-Youth Dvlpmnt		
<b>Name and address</b>	LifeBridge Partnership 1187 Corporate Lake Drive Ste 100 Saint Louis, MO 63132	43-0692190	163,155
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities; AFI IDA-Financial Stability; STL ACCB; STL ACCB		
<b>Name and address</b>	Lincoln County Council on Aging 1380 Boone Street Troy, MO 63379	43-1136188	164,463
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Senior Svcs; STL Area Alloc-Behavioral Health		
<b>Name and address</b>	Lupus Foundation of America Heartland Chapter Inc 4640 Shenandoah Avenue Saint Louis, MO 63110	51-0192362	56,224
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; STL CE Grant-Physical Health; STL Area Alloc-Disabilities		
<b>Name and address</b>	Lutheran Child and Family Services of Illinois 317 West Main Street Belleville, IL 62220	36-2167778	114,539
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Child Welfare; Torch Dsgn-Physical Health; TPP Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health

<b>Name and address</b>	Lutheran Family and Children's Services of Missouri	43-0652650	748,759
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9666 Olive Boulevard

Ste 400

Saint Louis, MO 63132

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Child Welfare; STL ACCB; STL Area Alloc-Child Welfare

<b>Name and address</b>	Lutheran Senior Services	43-0654862	240,259
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1150 Hanley Industrial Court

Saint Louis, MO 63144

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Senior Svcs; CCS Dsgn-Disabilities

<b>Name and address</b>	Lydia's House Inc	43-1699278	20,000
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PO Box 2722

Saint Louis, MO 63116

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL CE Grant-Domestic Viol

<b>Name and address</b>	Macoupin Center for the Developmentally Disabled	37-6052282	55,834
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700 East Elm Street

Carlinville, IL 62626

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** SWID Alloc-Disabilities

<b>Name and address</b>	Madison County Urban League Inc	37-1028276	235,230
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408 East Broadway

Alton, IL 62002

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TCA Bridge Grant-Basic Needs; SWID Alloc-Basic Needs; TPP Dsgn-Basic Needs

<b>Name and address</b>	Main Street Community Center Inc	37-0989006	17,363
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1003 North Main Street

Edwardsville, IL 62025

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Senior Svcs; ADT Dsgn-Youth Dvlpmnt

<b>Name and address</b>	Mary Ryder Home	43-0758611	620,213
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4361 Olive Street

Saint Louis, MO 63108

**IRC code section** Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Senior Svcs;STL CE Grant-Workforce Dvlpmnt; STL Area Alloc-Behavioral Health

<b>Name and address</b>	Mathews-Dickey Boys & Girls Club 4245 North Kingshighway Boulevard Saint Louis, MO 63115	43-6060717	471,075
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** UW Ferguson Grant-Youth Dvlpmnt; CCS Dsgn-Youth Dvlpmnt; STL Area Alloc-Youth Dvlpmnt; TPP Dsgn-Youth Dvlpmnt; UW Ferguson Grant-Youth Dvlpmnt

<b>Name and address</b>	Mental Health America of Eastern Missouri 1905 South Grand Boulevard Saint Louis, MO 63104	43-0685341	216,254
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Behavioral Health;CCS Dsgn-Arts & Culture; STL Area Alloc-Early Childhood Educ

<b>Name and address</b>	MERS-Missouri Goodwill Industries 1727 Locust Street Saint Louis, MO 63103	43-0652657	656,672
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Workforce Dvlpmnt; STL Area Alloc-Youth Dvlpmnt

<b>Name and address</b>	Metro-East St Louis Community Initiative PO Box 452 East Saint Louis, IL 62205	26-4811353	25,440
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL CE Grant-Youth Dvlpmnt

<b>Name and address</b>	MindsEye 9541 Church Circle Drive Belleville, IL 62223	52-2133725	99,186
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** SWID Alloc-Disabilities; STL Area Alloc-Domestic Viol; CCS Dsgn-Physical Health; STL Area Alloc-Physical Health

<b>Name and address</b>	NAMI St Louis 1750 South Brentwood Boulevard Ste 511 Saint Louis, MO 63144	43-1143899	96,991
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**IRC code section** Section 501(c)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Behavioral Health; STL Area Alloc-Behavioral Health

<b>Name and address</b>	National Council on Alcoholism and Drug Abuse - St Louis Area Inc 9355 Olive Boulevard Saint Louis, MO 63132	43-0827852	457,365
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## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Behavioral Health;CCS Dsgn-Behavioral Health; CCS Dsgn-Early Childhood Educ

<b>Name and address</b>	National Kidney Foundation Inc 1001 Craig Road Saint Louis, MO 63146	43-6066368	120,738
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Physical Health;STL Area Alloc-Neighborhood Svcs; CCS Dsgn-Physical Health

<b>Name and address</b>	National Multiple Sclerosis Society - Gateway Area Chapter 1867 Lackland Hill Parkway Saint Louis, MO 63146	13-5661935	287,522
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Physical Health;CI Grant-Financial Stability; STL Community Response-Financial Stability

<b>Name and address</b>	Near Southside Employment Coalition 2649 Pestalozzi Saint Louis, MO 63118	43-1397658	20,000
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant STL CE Grant-Workforce Dvlpmnt

<b>Name and address</b>	Neighborhood Houses 326 South 21st Street Ste 301 Saint Louis, MO 63103	43-0654857	654,571
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant STL Area Bridge Grant-Neighborhood Svcs; STL Area Alloc-Senior Svcs; TPP Dsgn-Senior Svcs; CCS Dsgn-Disabilities

<b>Name and address</b>	NextStep for Life Inc PO Box 97 Mapaville, MO 63065	43-1204559	113,927
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Disabilities; STL CE Grant-Workforce Dvlpmnt

<b>Name and address</b>	Northside Youth And Senior Service Center Inc 4120 Maffitt Avenue Saint Louis, MO 63113	43-1028098	219,532
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IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Senior Svcs;STL Area Alloc-Child Welfare; TPP Dsgn-Child Welfare

<b>Name and address</b>	Nu Chi Foundation	20-5316760	50,880
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	PO Box 4271		
	Fairview Heights, IL 62208		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL CE Grant-Youth Dvlpmt		
<b>Name and address</b>	Nurses for Newborns	43-1601329	174,176
	7259 Lansdowne Avenue		
	Ste 100		
	Saint Louis, MO 63119		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; CCS Dsgn-Youth Dvlpmt		
<b>Name and address</b>	Oasis Women's Center	37-1017792	88,449
	PROTECTED SHELTER ADDRESS		
	NA, MO 63101		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Domestic Viol; STL Area Alloc-Neighborhood Svcs; STL Area Bridge Grant-Neighborhood Svcs; TPP Dsgn-Neighborhood Svcs		
<b>Name and address</b>	Operation Blessing 'People That Care' Inc	37-1206691	55,740
	18 East Lorena		
	Wood River, IL 62095		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs;CCS Dsgn-Youth Dvlpmt; TPP Dsgn-Youth Dvlpmt		
<b>Name and address</b>	Paraquad Inc	23-7112449	208,425
	5240 Oakland Avenue		
	Saint Louis, MO 63110		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities;CCS Dsgn-Neighborhood Svcs; Seimer Fdtn Grant-Educ		
<b>Name and address</b>	Phoenix Crisis Center Inc	37-1180656	50,031
	PROTECTED SHELTER ADDRESS		
	NA, MO 63101		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Domestic Viol; SWID Alloc-Disabilities		
<b>Name and address</b>	Project COPE	43-1416762	360,307
	3529 Marcus Avenue		
	Saint Louis, MO 63115		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Community Response-Workforce Dvlpmt; CCS Dsgn-Physical Health		
<b>Name and address</b>	Provident Inc	43-0652630	2,179,254
	2650 Olive Street		

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

	Saint Louis, MO 63103		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; MHB Grant-Early Childhood Educ; STL Area Alloc-Neighborhood Svcs; STL Area Bridge Grant-Neighborhood Svcs		
<b>Name and address</b>	Queen of Peace Center 325 North Newstead Avenue Saint Louis, MO 63108	43-1528548	74,678
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Behavioral Health; STL Area Alloc-Child Welfare; TPP Dsgn-Child Welfare		
<b>Name and address</b>	Ranken Jordan Pediatric Bridge Hospital 11365 Dorsett Road Maryland Heights, MO 63043	43-0666765	50,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Physical Health		
<b>Name and address</b>	Rebuilding Together SouthWest Illinois 1101 Greenwood Street Madison, IL 62060	37-1311177	29,158
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Basic Needs; SWID Alloc-Child Welfare		
<b>Name and address</b>	Redevelopment Opportunities for Women 1914 Olive Street Ste 200 Saint Louis, MO 63103	53-0196617	50,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Alloc-Domestic Viol		
<b>Name and address</b>	Regional Business Council 7701 Forsyth Ste 205 Saint Louis, MO 63105	43-1913803	10,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Place-Based Collaborations		
<b>Name and address</b>	Regional Early Childhood Council 2433 North Grand Boulevard Saint Louis, MO 63106	43-1853499	20,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Initiatives-Early Childhood Educ		
<b>Name and address</b>	Riverbend Family Ministries NFP 131 East Ferguson Avenue	26-0347023	15,656



IRC code section	Wood River, IL 62095		
Method of valuation	Section 501(c)(3)		
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Place-Based Collaborations; STL CE Grant-Workforce Dvlpmnt		
Name and address	Riverbend Head Start & Family Services Inc 550 Landmarks Boulevard Alton, IL 62002	37-0681548	97,000
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Early Childhood Educ; Torch Dsgn-Physical Health		
Name and address	Robert Fulton Community Development Corporation Inc 5500 Dr Martin Luther King Drive Saint Louis, MO 63112	43-1751431	16,820
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	UW Ferguson Grant-Place-Based Collaborations; CCS Dsgn-Blueprint4SummerSTL-Youth Dvlpmnt		
Name and address	Safe Connections 2165 Hampton Avenue Saint Louis, MO 63139	43-1077667	340,577
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Domestic Viol;STL Area Alloc-Workforce Dvlpmnt; STL Area Bridge Grant-Workforce Dvlpmnt		
Name and address	Saint Louis Crisis Nursery 11710 Administration Drive Ste 18 Saint Louis, MO 63146	43-1410297	168,715
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Child Welfare; CCS Dsgn-Workforce Dvlpmnt		
Name and address	Saint Louis Effort for AIDS Inc 1027 South Vandeventer Avenue Ste 700 Saint Louis, MO 63110	43-1395179	294,018
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Physical Health;STL CE Grant-Workforce Dvlpmnt; STL Area Alloc-Child Welfare		
Name and address	Scott Air Force Base Youth Programs 375 FSS/FSFY Building 4780 Scott Air Force Base, IL 62225	37-0741166	32,661
IRC code section	Section 501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	TPP Dsgn-Youth Dvlpmnt; TPP Dsgn-Basic Needs		
Name and address	Senior Services Plus Inc	37-0975762	114,202

	2603 North Rodgers Avenue Alton, IL 62002		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Senior Svcs; SWID Alloc-Senior Svcs; TPP Dsgn-Senior Svcs; ADT Dsgn-Youth Dvlpmt; ADT Dsgn-Domestic Viol		
<b>Name and address</b>	Sheldon Arts Foundation 3648 Washington Boulevard Saint Louis, MO 63108	43-1489756	37,500
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Arts & Culture		
<b>Name and address</b>	Sherwood Forest Camp Inc 2708 Sutton Boulevard Saint Louis, MO 63143	43-0653401	409,140
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmt; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities		
<b>Name and address</b>	Shriners Hospital for Children St Louis 2001 South Lindbergh Boulevard Frontenac, MO 63131	36-2193608	6,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Torch Dsgn-Physical Health		
<b>Name and address</b>	Sinai Family Life Center 1200 St Louis Avenue East Saint Louis, IL 62201	36-4133510	80,880
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Youth Dvlpmt; SWID Alloc-Youth Dvlpmt		
<b>Name and address</b>	Society of St Vincent De Paul of St Louis 1310 Papin Street Saint Louis, MO 63103	43-0652684	105,987
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; STL Area Alloc-Early Childhood Educ		
<b>Name and address</b>	Society of St Vincent De Paul Edwardsville St Boniface Church 110 North Buchanan Street Edwardsville, IL 62025	37-0706734	23,425
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; TPP Dsgn-Disabilities		
<b>Name and address</b>	SouthSide Early Childhood Center 2101 South Jefferson Avenue Saint Louis, MO 63104	43-0685348	237,696

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ;CCS Dsgn-Basic Needs; CCS Dsgn-Disabilities		
<b>Name and address</b>	Special Friends Extended Mentoring Program PO Box 8046 Saint Louis, MO 63156	46-1459632	25,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Youth Dvlpmt		
<b>Name and address</b>	St Clair Associated Vocational Enterprises Inc 3001 Save Road Belleville, IL 62221	37-0959053	118,994
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities; STL Area Alloc-Disabilities		
<b>Name and address</b>	St Clair County Child Advocacy Center 226 West Main Street Ste 100 Belleville, IL 62220	37-1380467	49,726
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Alloc-Child Welfare		
<b>Name and address</b>	St John's Community Care 222 Goethe Avenue Collinsville, IL 62234	37-1184962	41,971
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Senior Svcs;ADT Dsgn-Basic Needs; SWID Alloc-Basic Needs		
<b>Name and address</b>	St Joseph Institute for the Deaf 1300 Strassner Saint Louis, MO 63144	43-0653494	76,143
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Disabilities; CCS Dsgn-Basic Needs		
<b>Name and address</b>	St Louis Arc 1177 North Warson Road Saint Louis, MO 63132	43-0718811	625,599
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Disabilities; CCS Dsgn-Disabilities; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities; STL Area Alloc-Senior Svcs		
<b>Name and address</b>	St Louis Area Foodbank Inc 70 Corporate Woods Drive Bridgeton, MO 63044	43-1253102	335,564
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

TPP Dsgn-Basic Needs; STL Initiatives-Place-Based Collaborations; CCS  
Dsgn-Basic Needs; STL Area Alloc-Basic Needs

**Name and address** St Louis Art Museum Foundation 43-1374479 25,000

1 Fine Arts Drive  
Saint Louis, MO 63110

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

CCS Dsgn-Arts & Culture

**Name and address** St Louis Care & Counseling Services Inc 43-0914350 25,000

3655 Cofee Tree Ct  
Saint Louis, MO 63129

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

CCS Dsgn-Behavioral Health

**Name and address** St Louis Police Foundation 20-7509796 55,000

9761 Clayton Road  
Saint Louis, MO 63124

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

CCS Dsgn-Legal Svcs

**Name and address** St Louis Public Schools Foundation 43-1813849 20,000

801 North 11th Street  
3rd Floor  
Saint Louis, MO 63101

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

STL Community Response-Educ

**Name and address** St Louis Regional Public Media Inc 43-0685345 50,000

3655 Olive Street  
Saint Louis, MO 63108

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

CCS Dsgn-Arts & Culture

**Name and address** St Martha's Hall 43-1350160 134,392

PROTECTED SHELTER ADDRESS  
NA, MO 63101

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

TPP Dsgn-Domestic Viol; CCS Dsgn-Arts & Culture

**Name and address** St Martin's Child Center 42-1001293 196,958

6315 Garfield Avenue  
Saint Louis, MO 63134

## IRC code section

Section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ;CCS Dsgn-Disaster Response; STL Area Alloc-Disaster Response		
<b>Name and address</b>	St Mary's Special Services for Exceptional Children 4445 Lindell Boulevard Saint Louis, MO 63108	32-0301060	216,342
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ; STL CE Grant-Workforce Dvlpmt; STL Area Alloc-Child Welfare; STL Area Bridge Grant-Child Welfare		
<b>Name and address</b>	St Patrick Center 800 North Tucker Boulevard Saint Louis, MO 63101	43-1263499	490,934
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; STL Area Alloc-Physical Health; STL Area Bridge Grant-Physical Health; TPP Dsgn-Physical Health		
<b>Name and address</b>	St Vincent Home for Children 7401 Florissant Road Saint Louis, MO 63121	43-0653319	139,156
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare; CCS Dsgn-Youth Dvlpmt; STL Area Alloc-Youth Dvlpmt; TPP Dsgn-Youth Dvlpmt		
<b>Name and address</b>	Stella Maris Child Center 5183 Raymond Avenue Saint Louis, MO 63113	43-0652688	267,681
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ;STL Area Alloc-Youth Dvlpmt; STL Area Bridge Grant-Youth Dvlpmt		
<b>Name and address</b>	STL Youth Jobs 319 North 4th Street Ste 300 Saint Louis, MO 63102	43-1617558	375,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Youth Dvlpmt		
<b>Name and address</b>	Sudden Infant Death Syndrome Resources Inc 1120 South Sixth Street Saint Louis, MO 63104	43-1344645	60,332
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health;CCS Dsgn-Workforce Dvlpmt; STL Area Alloc-Domestic Viol		
<b>Name and address</b>	Support Dogs Inc 11645 Lilburn Park Road Saint Louis, MO 63146	43-1379801	156,767

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

IRC code section Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Disabilities; STL Area Alloc-Physical Health

<b>Name and address</b>	Teach For America	13-3541913	50,000
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1204 Washington Avenue

Ste 300

Saint Louis, MO 63103

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS Dsgn-Youth Dvlpmt

<b>Name and address</b>	The Ethics Project	27-0464456	12,500
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PO Box 23422

Saint Louis, MO 63156

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS Dsgn-Legal Svcs

<b>Name and address</b>	The Journey Fellowship	30-0174373	50,000
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7701 Maryland Avenue

c/o Finance Department

Clayton, MO 63105

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS Dsgn-Place-Based Collaborations

<b>Name and address</b>	The National Alliance on Mental Illness Southwestern Illinois	37-1322048	20,500
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2100 Madison Avenue Fourth Floor

Granite City, IL 62040

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TCA Alloc-Behavioral Health; Torch Dsgn-Physical Health; STL CE Grant-Youth Dvlpmt

<b>Name and address</b>	The Salvation Army	43-0653584	1,131,888
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1130 Hampton Avenue

Saint Louis, MO 63139

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant TPP Dsgn-Basic Needs; CCS Dsgn-Basic Needs; CCS Dsgn-Workforce Dvlpmt; STL Area Alloc-Basic Needs; STL Area Bridge Grant-Basic Needs; STL Community Response-Basic Needs

<b>Name and address</b>	The St Louis Zoo Foundation	43-1727309	10,000
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1 Government Drive

Saint Louis, MO 63110

IRC code section

Section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS Dsgn-Arts &amp; Culture

<b>Name and address</b>	Tri-Cities Area Association for Handicapped Inc	37-0808241	15,906
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3127 W Chain of Rocks Road

	Granite City, IL 62040		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Alloc-Disabilities		
<b>Name and address</b>	Turning Point PROTECTED SHELTER ADDRESS NA, MO 63101	43-1667293	113,637
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Domestic Viol;STL CE Grant-Domestic Viol; CCS Dsgn-Arts & Culture		
<b>Name and address</b>	Uni Pres Kindercottage 575 North 14th Street East Saint Louis, IL 62205	37-0867415	25,537
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Initiatives-Early Childhood Educ		
<b>Name and address</b>	United 4 Children 12 North Newstead Avenue Saint Louis, MO 63108	43-0953836	216,241
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Bridge Grant-Early Childhood Educ;CCS Dsgn-Early Childhood Educ; MHB Grant-Early Childhood Educ		
<b>Name and address</b>	United Cerebral Palsy Heartland 13975 Manchester Road Manchester, MO 63011	44-0579903	534,295
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health; CCS Dsgn-Youth Dvlpm; UW Ferguson Grant-Early Childhood Educ; CCS Dsgn-Youth Dvlpm; STL CE Grant-Basic Needs		
<b>Name and address</b>	United Services for Children 4140 Old Mill Parkway Saint Peters, MO 63376	43-1136074	324,493
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ;STL Area Alloc-Senior Svcs; TPP Dsgn-Senior Svcs		
<b>Name and address</b>	United Way of Greater St Louis Inc 910 North 11th Street Saint Louis, MO 63101	43-0714167	226,904
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CDBG, CSBG, RWJF, County and other awards		
<b>Name and address</b>	United Way of Greater St Louis Inc	43-0714167	141,306

	910 North 11th Street Saint Louis, MO 63101		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Other misc financial and agency support programs		
<b>Name and address</b>	United Way of Greater St Louis Inc 910 North 11th Street Saint Louis, MO 63101	43-0714167	126,987
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	East Side Aligned Collaborative		
<b>Name and address</b>	United Way of Greater St Louis Inc 910 North 11th Street Saint Louis, MO 63101	43-0714167	116,676
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Citi Financial Head Start Program		
<b>Name and address</b>	United Way of Greater St Louis Inc 910 North 11th Street Saint Louis, MO 63101	43-0714167	94,984
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	St. Louis Ready by 21 Collaborative		
<b>Name and address</b>	United Way of Greater St Louis Inc 910 North 11th Street Saint Louis, MO 63101	43-0714167	55,391
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	St. Louis Initiative to Reduce Viol (SIRV)		
<b>Name and address</b>	University City Children's Center 6646 Vernon Avenue Saint Louis, MO 63130	43-0958608	167,119
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ; STL CE Grant-Workforce Dvlpmt; STL Area Alloc-Early Childhood Educ; TPP Dsgn-Early Childhood Educ; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Urban League of Metropolitan St Louis 3701 Grandel Square Saint Louis, MO 63108	43-0653605	1,420,231
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Basic Needs; CCS Dsgn-Educ; STL Area Alloc-Neighborhood Svcs; STL Area Bridge Grant-Neighborhood Svcs; TPP Dsgn-Neighborhood Svcs; CCS Dsgn-Financial Stability		
<b>Name and address</b>	Violence Prevention Center of Southwestern Illinois	37-1223450	147,444



	PROTECTED SHELTER ADDRESS NA, MO 63101		
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Domestic Viol; STL ACCB; STL Area Alloc-Child Welfare; STL Area Bridge Grant-Child Welfare		
<b>Name and address</b>	Visiting Nurse Association of Greater St Louis 11440 Olive Boulevard Ste 200 Saint Louis, MO 63141	43-1280435	79,006
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Physical Health;Other Funding-Youth Dvlpmt; CCS Dsgn-Child Welfare		
<b>Name and address</b>	Voices for Children 7900 Carondelet Plaza Level Saint Louis, MO 63105	43-1807059	129,561
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Child Welfare;STL Community Response-Educ; STL Community Response-Financial Stability		
<b>Name and address</b>	VoteRunLead 1103 Missouri Avenue Duluth, MN 55811	46-4285577	75,000
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	CCS Dsgn-Legal Svcs		
<b>Name and address</b>	VOYCE 8702 Manchester Road Saint Louis, MO 63144	43-1480438	155,593
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	STL Area Alloc-Senior Svcs		
<b>Name and address</b>	Webster Child Care Center at Laclede Groves 624 Lohmann Forest Lane Saint Louis, MO 63119	43-1014311	180,787
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Early Childhood Educ; STL Area Alloc-Child Welfare		
<b>Name and address</b>	Wesley House Association 4507 Lee Avenue Saint Louis, MO 63115	43-0653613	197,864
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Neighborhood Svcs;CCS Dsgn-Financial Stability; STL Area		

Alloc-Financial Stability			
<b>Name and address</b>	Women's Safe House PROTECTED SHELTER ADDRESS NA, MO 63101	43-1111319	169,629
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Domestic Viol; STL Area Alloc-Disabilities; TPP Dsgn-Disabilities; STL Area Alloc-Early Childhood Educ		
<b>Name and address</b>	Wyman Center Inc 600 Kiwanis Drive Eureka, MO 63025	43-0653263	923,680
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; CCS Dsgn-Basic Needs; STL Area Alloc-Basic Needs; STL Area Bridge Grant-Basic Needs		
<b>Name and address</b>	Young Men's Christian Association Greater St Louis 326 South 21st Street 4th Floor Saint Louis, MO 63103	43-0653618	1,645,949
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	UW Ferguson Grant-Youth Dvlpmnt; CCS Dsgn-Neighborhood Svcs; MHB Grant-Early Childhood Educ; STL Area Alloc-Neighborhood Svcs		
<b>Name and address</b>	Young Men's Christian Association of Edwardsville 1200 Esic Drive Edwardsville, IL 62025	37-0661259	38,100
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; SWID Alloc-Youth Dvlpmnt		
<b>Name and address</b>	Young Men's Christian Association of Southwest Illinois 424 Lebanon Avenue Belleville, IL 62220	37-0673565	249,477
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TPP Dsgn-Youth Dvlpmnt; TPP Dsgn-Youth Dvlpmnt; TCA Alloc-Youth Dvlpmnt; TCA Bridge Grant-Youth Dvlpmnt		
<b>Name and address</b>	Young Men's Christian Association Tri-City Area 451 Niedringhaus Avenue Granite City, IL 62040	37-0673566	73,919
<b>IRC code section</b>	Section 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	TCA Community Response-Youth Dvlpmnt; SWID Alloc-Youth Dvlpmnt; SWID Bridge Grant-Youth Dvlpmnt; SWID Alloc-Early Childhood Educ		
<b>Name and address</b>	Youth and Family Center 818 Cass Avenue Saint Louis, MO 63106	43-0652663	473,478
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** UW Ferguson Grant-Youth Dvlpmt;Contract Agency Funding-Youth Dvlpmt;  
TPP Dsgn-Youth Dvlpmt

<b>Name and address</b>	Youth In Need 1815 Boones Lick Road Saint Charles, MO 63301	43-1033862	358,531
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** TPP Dsgn-Child Welfare; CCS Dsgn-Early Childhood Educ

<b>Name and address</b>	YWCA of Metropolitan St Louis 3820 West Pine Boulevard Saint Louis, MO 63108	43-0653616	903,925
<b>IRC code section</b>	Section 501(c)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** UW Ferguson Grant-Youth Dvlpmt; MHB Grant-Early Childhood Educ; STL  
Area Alloc-Youth Dvlpmt; TPP Dsgn-Youth Dvlpmt; UW Ferguson Grant-  
Youth Dvlpmt

## Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.
<b>Type of grant</b>	Energy Assistance Program	7375	1,105,037	
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Type of grant</b>	100 Neediest Cases Holiday Assistance Program	13643	1,569,690	
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Type of grant</b>	Emergency Assistance Payments on behalf of Individuals to Landlords, Mortgage Companies, Utilities, ...	4454	590,775	
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Type of grant</b>	Individual Development Accounts	115	213,006	
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number

**UNITED WAY OF GREATER ST LOUIS INC**

**43-0714167**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	<b>4a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div>	<b>4b</b>	✓
<div style="margin-left: 20px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>5a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" to line 5a or 5b, describe in Part III.	<b>5b</b>	✓
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>6a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" to line 6a or 6b, describe in Part III.	<b>6b</b>	✓
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	✓
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Orvin T Kimbrough, President-CEO	(i) 255,000	10,000	-1,659	26,927	2,680	292,948	0
		(ii) 0	0	0	0	0	0	0
2	Cheryl D Polk, Ex-EVP	(i) 0	0	225,000	0	0	225,000	0
		(ii) 0	0	0	0	0	0	0
3	Gary C Dollar, Ex-CEO	(i) 25,000	0	168,251	0	0	193,251	168,251
		(ii) 0	0	0	0	0	0	0
4	Kenneth A Graesser, Chief Financial Officer	(i) 156,009	20,000	4,519	80,098	15,148	275,774	0
		(ii) 0	0	0	0	0	0	0
5	Kathy A Gardner, SVP-Community Invst	(i) 155,601	11,000	3,733	127,564	15,038	312,936	0
		(ii) 0	0	0	0	0	0	0
6	Roz Sherman Voellinger, VP-Labor	(i) 112,914	0	2,658	28,875	14,639	159,086	0
		(ii) 0	0	0	0	0	0	0
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 3 - A compensation committee composed of independent Board members meets each December to review the performance of the C.E.O. and provide a written, face to face evaluation. The committee is guided by the organization's compensation committee charter and compensation philosophy and policies. With the C.E.O. excused, the committee members review salary information for chief executives of United Ways of similar size and complexity. A minimum of 25 comparisons are provided per the committee's charge. Base pay, benefits and bonuses are all part of the consideration. The committee's final recommendations are forwarded to the Executive Committee for their consideration/approval.

Schedule J, Part I, Line 4 - Cheryl Polk received a severance payment of \$225,000. Since it was received during the first half of calendar 2014 it is included in Schedule J (calendar reporting). Gary Dollar received a supplemental non-qualified (457) retirement plan distribution in full for \$168,251. Since it was received during the first half of calendar 2014 it also is included in Schedule J (calendar reporting).

Schedule J, Part I, Line 7 - The organization provides bonuses to certain individuals based on performance. These amounts are reflected in the compensation schedule included in the 990 Part VII and in Schedule J Part II.

Schedule J, Part II - Except as noted below the amounts included in column (C) "Retirement and other deferred compensation" include the increase in actuarial value of a defined benefit pension plan. These amounts are higher for individuals as they approach retirement age. They do not represent current cash payments. For Gary Dollar, the amount reported in column (C) represents a payment made to him for the value of a 457 supplemental non-qualified retirement plan. Contributions from the organization to that plan and earnings from that plan were already reported in prior years Schedule J s, Part II under Gary Dollar and therefore are also reported in column (F).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	225	3,175,234	Mid Mkt Val on Gift Date
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>New Auto</u> ) . . . . .	✓	1	16,135	Retail Value
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

Form 990, Header, Line C - CEO / CFO Financial Statement Certification - Orvin Kimbrough, President and CEO, and Kenneth A. Graesser, Sr. Vice President and CFO, certify: #1) that they have reviewed the audited financial statements and related IRS Form 990 of the United Way of Greater St. Louis for the year ended June 30, 2015; #2) based on their knowledge, these financial statements do not contain any untrue statement of a material fact or omit any material facts necessary which would make the statements misleading; and #3) based on their knowledge, these financial statements and other financial information included in these reports, fairly present, in all material respects, the financial condition, results of operation and cash flows of the United Way of Greater St. Louis as of, and for the year ended, June 30, 2015.

Form 990, Part III, Line 2 - The Organization created a Philanthropic Services department that engages with corporations and high net worth individuals to meet their philanthropic goals in a manner that best maximizes the outcomes for the community.

Form 990, Part V, Line 2a - 199 employees includes 30 people, hired temporarily during the fall fundraising campaign and funded with designated corporate contributions, whose purpose is to assist in managing the large number of United Way company campaigns.

Form 990, Part VI, Section A, Line 1a - The Board cycle runs on a calendar year basis while the 990 is on a fiscal year ending June 30 basis. Of the 201 Board members listed, only the first 172 were actually serving on the Board as of June 30, 2015. Most others terminated Board involvement at the end of their terms on December 31, 2014 while some terminated earlier. The Board of Directors selects from its members an Executive Committee not to exceed forty persons to be comprised of the elected officers, key committee chairmen and at-large members recommended by the Nominating Committee. The Executive Committee shall have and exercise the authority of the Board of Directors in the management of the Corporation except it shall not have the power to fill vacancies, remove officers or Directors or amend the Articles or Bylaws.

Form 990, Part VI, Section A, Line 2 - Michael G. Mueller, Walter J. Galvin, Steven H. Lipstein, Patrick Smith, Michael L. Moehn - combined business relationship; Marilyn K. Bush, Arnold W. Donald - combined business relationship; Steven H. Lipstein, Sandra A. Van Trease - combined business relationship; Wendy J. Henry CPA, Christy Oldani - combined business relationship; Don G. Lents, Linda M. Martinez, Arindam Kar, Robert L. Newmark - combined business relationship; Michael F. Neidorff, David L. Steward - combined business relationship; Rodney Kinzinger, Cory Boss - combined business relationship; Robert J. Ciapciak, Lawrence E. Thomas, James D. Weddle, Veronica Coleman, Penny Pennington - combined business relationship; Jeffrey J. Boehne, Steven J. Brackney, Carolyn Kindle - combined business relationship; Michael A. DeCola, Scott R. Goodman, Sandra Van Trease - combined business relationship; Joseph T. Ambrose, Shelly J. Seifert - combined business relationship; Bruce B. Holland, Mike Marchal - combined business relationship; Janet M. Holloway, Gregory H. Boyce, Reuben A. Shelton - combined business relationship; Gregory H. Boyce, Victor P. Svec, Sandra A. Van Trease - combined business relationship; Brian J. Bjorkman, Michael R. Hogan - combined business relationship; Michael F. Hart, Jeffery S. Fothergill, Michael G. Jones - combined business relationship; Scott C. Schnuck, Todd R. Schnuck, Lori O. Willis - business & family relationship; Cris Gavin, Dr. Richard B. White - combined business relationship; Valerie E. Patton, Joe Reagan - combined business relationship; Mark C. Darrell, Suzanne Sitherwood, Brenda Newberry, W. Stephen Maritz, Jessica B. Willingham - combined business relationship; Dr. Thomas F. George, Dr. Lynn Beckwith, Jr. - combined business relationship; Joseph F. Imbs III, R. Gordon Myers - combined business relationship; Mark S. Wrighton, Mahendra R. Gupta, Kimberly G. Walker - combined business relationship; Michele Cheatham, Kent Christian, Chris Hanaway - combined business relationship; Thomas Minogue - General Counsel for United Way of Greater St. Louis

Form 990, Part VI, Section B, Line 11b - The draft of the Form 990 was provided to the Audit Committee and to the independent certified public accountants for review and comment prior to being disseminated to all Board members via the internet. This was all done prior to the Form 990 being finalized and submitted to the IRS.

Form 990, Part VI, Section B, Line 12c - Historically and during FY15 survey forms were distributed to all Board members and employees, including key employees. A regimented process helps to ensure the return of those forms. Completed forms are reviewed by appropriate leadership individuals so that any conflicts, real or perceived, are disclosed and appropriately addressed if necessary.

Form 990, Part VI, Section B, Line 15 - A Compensation Committee composed of independent Board members meets each December to review the performance of the C.E.O. and provide a written, face to face evaluation. The committee is guided by the organization's compensation committee charter and compensation philosophy and policies. With the C.E.O. excused, the committee members review salary information for chief executives of United Ways of similar size and complexity. A minimum of 25 comparisons are provided per the

**Supplemental Information (Continued)**

committee's charge. At the same meeting, but with the C.E.O. in the room, the C.E.O. recommends salary increases for all senior level staff including those listed in this 990. In addition to considering their performance, the committee members review salary information for like staff from at least 15 United Ways of similar size and complexity. The C.E.O. and the committee agree to final recommendations that go back to the Executive Committee for their consideration/approval. Base pay, benefits and bonuses are all part of the consideration.

Form 990, Part VI, Section C, Line 19 - The organization's By-laws, conflict of interest policy, audited financial statements and the IRS Form 990 are all posted on the organization's website, [www.stl.unitedway.org](http://www.stl.unitedway.org) in the "Who We Are" / "Our Reports" section.

Form 990, Part IX, Line 25 - Calculation of overhead expense percentage equals the management and general expenses line 25c (\$1,834,200) plus fundraising expenses line 25d (\$4,974,029) divided by total revenue on Form 990, Part I, Line 12 (\$79,510,427) which equals 8.56%.

Form 990, Part XI, Line 9 - Total amount of (\$334,977) includes 3 items affected net income on the audited financial statements and not included on the Form 990 as follows: 1) pension and post-retirement plan changes other than net periodic benefit costs of (\$296,393), 2) unrealized losses of (\$63,544) associated with the change in value of split interest agreements, and 3) gains of \$24,960 on an interest rate swap agreement held until October, 2014 in connection with the purchase/financing of the United Way headquarters in St. Louis.

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Strengthen Communities : Provides services that create and sustain strong communities through accessible neighborhood based services, disaster relief, and affordable housing. (See Schedule I for details by agency) [76 grants to agencies and 45,605 direct clients served]	9,166,774	8,709,829	0
	Establish Financial Stability : Provides services to individuals and families to increase their income, build savings, and grow assets through post-secondary education, job training, financial literacy, and coaching. (See Schedule I for details by agency) [38 grants to agencies and 75,670 direct clients served]	3,819,074	3,639,319	0
	2-1-1 Missouri/Southwest Illinois (211) is a 24-hour comprehensive information and referral service available to residents of Missouri and Southwest Illinois by simply dialing 2-1-1. 2-1-1 connects callers with community resources, volunteer opportunities and critical information during times of disaster, reducing the amount of time necessary in find needed services. Trained Information and Referral Specialists assist clients in identifying and accessing services and resources. 2-1-1 Missouri's database contains 2700 agencies providing more than 25,000 services across its service area. Established in 2007, 2-1-1 has grown steadily each year in exposure and response to its callers. In its inaugural year, 2-1-1 handled 67,000 calls. In 2013, 2-1-1 Missouri/Southwest Illinois handled over 160,000 calls for basic needs such as food pantries, utility assistance, mortgage counseling, crisis calls, employment services and much more.	2,320,918	0	0
	Volunteer Center: The United Way manages the region's Volunteer Center. It is focused on creating and facilitating meaningful service projects, skill-based and leadership opportunities, and family volunteer experiences that help people in our community. The Center also provides volunteer management training to equip non-profit agencies across the state of Missouri with best practices to effectively recruit, manage and retain volunteers. [In calendar 2014, the Volunteer Center worked with 87,145 vols on 13,055 projects which logged 536,491 hours to help people in our service area]	603,316	0	0
	Philanthropic Services : Includes expenditures relating to the creation and implementation of tailored back office and advisory services for donor-directed investments that fall outside of the traditional campaign structure, including disbursement of charitable giving, development of giving strategy, impact monitoring and reporting, and management of donor directed programming . [0 grants to agencies and 20 direct clients served]	176,583	0	0
<b>Total:</b>		<b>16,086,665</b>	<b>12,349,148</b>	<b>0</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF GREATER ST LOUIS INC**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

**43-0714167**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>JE Williams Jr Trust</u> <u>at BoA, Providence, RI 02901</u>	<u>Perpetual Trust</u>	<u>MO</u>	<u>N/A</u>	<u>T</u>	<u>94,080</u>	<u>1,757,922</u>	<u>100%</u>		✓
(2) <u>H Dunklin Tilden Trust</u> <u>at BoA, Dallas, TX 75283</u>	<u>Perpetual Trust</u>	<u>MO</u>	<u>N/A</u>	<u>T</u>	<u>4,547</u>	<u>393,709</u>	<u>100%</u>		✓
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

*(This area is for supplemental information. It contains horizontal lines for writing.)*