

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

For calendar year 2023, or tax year beginning 07/01/2023 and ending 06/30/2024

2023

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

EIN or SSN

UNITED WAY OF GREATER ST LOUIS INC

43-0714167

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

| | | | | | | |
|-----|--------------------------|-------------------------------------|---|--|-----|------------|
| 1a | Form 990 check here | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 81,405,995 |
| 2a | Form 990-EZ check here | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a | Form 8868 check here | <input type="checkbox"/> | b | Balance due (Form 8868, line 3c) | 5b | |
| 6a | Form 990-T check here | <input type="checkbox"/> | b | Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a | Form 4720 check here | <input type="checkbox"/> | b | Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a | Form 5227 check here | <input type="checkbox"/> | b | FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a | Form 5330 check here | <input type="checkbox"/> | b | Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a | Form 8038-CP check here | <input type="checkbox"/> | b | Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration of Officer or Person Subject to Tax

- 11a 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 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.
- b 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 entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

Sign Vander H Corliss

March 28, 2025

Vander H Corliss, CFO

Here Signature of officer or person subject to tax

Date

Title, if applicable

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

I declare that I have reviewed the above return and that the entries on Form 8453-TE 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 entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, 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 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.

| | | | | | |
|-----------------------|--|------|--|---|-------------------|
| ERO's Use Only | 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.

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

Return of Organization Exempt From Income Tax

2023

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Header section containing organization details: Name (UNITED WAY OF GREATER ST LOUIS INC), EIN (43-0714167), Address (910 North Eleventh Street, Saint Louis, MO 63101-1018), and principal officer (Michelle D Tucker).

Part I Summary

Summary table with 22 rows. Rows 1-7: Activities & Governance. Rows 8-12: Revenue. Rows 13-19: Expenses. Rows 20-22: Net Assets or Fund Balances. Includes columns for Prior Year and Current Year.

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.

Signature and preparer information section. Includes fields for officer signature (Vander H Corliss, CFO), preparer name, address, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions. [] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 \$ 27,399,345 including grants of \$ 25,241,576) (Revenue \$ 0)
PROGRAM: Community Stability and Crisis Response --- DESCRIPTION: A resilient, prepared, and safe community can strengthen and enhance the lives of its members, affording them the necessary tools to thrive. --- SOME MAJOR OUTCOMES: #1- 63,186 people had their immediate basic needs met, #2- 8,191 people transitioned to an improved, stable living situation, #3- 33,301 victims of domestic violence gained strategies for safety -[365 - grants]

4b (Code:) (Expenses \$ 18,096,596 including grants of \$ 16,127,701) (Revenue \$ 0)
PROGRAM: Early Child and Youth Success --- DESCRIPTION: When kids are safe, nurtured, and ready to learn, they are more likely to graduate, succeed, and become productive citizens. #1- 4,549 reported children were free from child abuse and neglect, #2- 1,480 children were ready to enter kindergarten, #3- 2,071 children and youth improved their academic performance - [204 - Grants]

4c (Code:) (Expenses \$ 12,563,328 including grants of \$ 11,196,447) (Revenue \$ 0)
PROGRAM: Health and Well-being --- DESCRIPTION: Being healthy is vital for children to grow and develop and for adults to live a full and productive quality of life. --- SOME MAJOR OUTCOMES, #1- 11,075 people experienced fewer mental, emotional, and behavioral symptoms, #2- 4,042 individuals with disabilities gained independent living skills, #3- 35,270 people successfully managed their chronic health conditions - [131 - Grants]

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 16,160,393 including grants of \$ 10,287,977) (Revenue \$ 0)

4e Total program service expenses 74,219,662

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 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? <i>If "Yes," complete Schedule D, Part I</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 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? <i>If "Yes," complete Schedule D, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d 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? <i>If "Yes," complete Schedule D, Part IX</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f 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)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 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"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 22 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"/> | <input type="checkbox"/> |
| 23 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"/> | <input type="checkbox"/> |
| 24a 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33 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"/> | <input type="checkbox"/> |
| 34 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"/> | <input type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 Section 501(c)(3) organizations. 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | <input 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 |
|---|--------------------------|--------------------------|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input type="checkbox"/> | <input type="checkbox"/> |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | Yes | No | | |
|--|--|------------|-----|---|---|
| 2a | 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 | 2a | 174 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | | |
| 4a | 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)? | 4a | | | ✓ |
| 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). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | 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? | 6a | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | 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? | 7a | | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | ✓ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | ✓ |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| 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 | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | ✓ |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | |

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 on 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 |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. | | |
| | 1a 112 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 112 | | |
| 2 | 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? | ✓ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | ✓ |
| 6 | Did the organization have members or stockholders? | | ✓ |
| 7a | 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 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | ✓ | |
| 9 | 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 on Schedule O | | ✓ |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | ✓ |
| 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? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ✓ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ✓ | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | ✓ | |
| 12c | | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | ✓ | |
| 15 | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | ✓ | |
| b | Other officers or key employees of the organization | ✓ | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | 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 | 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? | | |
| 16b | | | |

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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.

Vander H Corliss, (314)539-4127

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (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 | | | |
| Michelle Tucker President-CEO | 55.00 | | | ✓ | | | | 440,989 | 0 | 47,925 |
| Heather Dawson Chief of Staff | 48.00 | | | | ✓ | | | 185,997 | 0 | 34,737 |
| Vander H Corliss CFO | 48.00 | | | ✓ | | | | 178,165 | 0 | 34,469 |
| Regina Greer SVP of Community Partnerships | 48.00 | | | | ✓ | | | 177,294 | 0 | 21,192 |
| Shuntae Shields-Ryan Chief of Communications | 48.00 | | | | ✓ | | | 157,163 | 0 | 6,939 |
| Dorianne Vogt SVP of Campaign Performance & Optimization | 48.00 | | | | | ✓ | | 118,566 | 0 | 30,796 |
| Daiva Rutsch VP of Finance & Controller | 48.00 | | | | | ✓ | | 111,573 | 0 | 30,287 |
| Linda Harris VP of Impact Strategies & Systems Change | 48.00 | | | | | ✓ | | 108,814 | 0 | 30,058 |
| Sherita Haigler VP of New Campaigns and Workforce Engagemen | 48.00 | | | | | ✓ | | 119,432 | 0 | 16,985 |
| Mary McMurtrey SVP of Philanthropy | 48.00 | | | | | ✓ | | 129,131 | 0 | 5,955 |
| Mr Roman P Wuller Board Chair | 5.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mrs Stephen F Brauer Board Vice-Chair | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Dr Donald M Suggs Board Vice-Chair | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Lawrence E Thomas Board Vice-Chair | 2.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Ms Valerie E Patton Board Member & Secretary | 2.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Mr James R Schmersahl CPA Board Member & Treasurer | 2.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Dr Ann Beatty Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Lynn Beckwith Jr EdD Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Kenneth G Bell Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Michael Dierberg Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Katherine L Jochum Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Ryan R Kemper Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Nina Leigh Krueger Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Charles A Stewart Jr Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Keith H Williamson Cmte Chair Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Lori Artis Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr William Bradley Jr Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Karen L Branding Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Michael DeCola Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Scott Doyle Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Laura B Ellenhorn Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Lisa Gould Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Bruce B Holland Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Robert S Holmes Jr Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Preston K Johnson V Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr W Steve Maritz Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Richard H McClure Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Sara Miller Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Michael L Moehn Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr James Moore Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Terri A Owen Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Cassandra Sanford Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Todd R Schnuck Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Michael J Scully Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Reuben A Shelton Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Susan A Stith Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Lisa Weingarh Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jeremy Williams Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Abel Anderson Board Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Kyle Anderson Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr James A Auffenberg Jr Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Joann M Barton Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr John K Beardslee Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Floyd L Bell Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Merri Berry Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr G Carl Bisig Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Robert Bobroff Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Keith Brooks Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Thomas C Burke Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Maria Burt Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Alonzo Byrd Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Julianne Callaway Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jason Carter Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Steven P Casazza Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Ian Caso Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Mike Claiborne Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Stacy Clay Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Nora Stupp Coggin Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms LaTonia Collins Smith Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Rodney Crim Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Andrew Davidson Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Katie Deatherage Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Amy Fields Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Paris T Forest Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Herb Frohock Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Brian C Gibson Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Zach Gietl Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Randy P Girsch Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jose Gomez Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Catherine L Hanaway Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Christopher W Hanaway Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Sharonica Hardin-Bartley PhD PHR Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Howard Hayes Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jeffrey Hoelscher Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Ms Colette M Hosie Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Amy Hunter Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Natalie Jablonski Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Andrea Jackson-Jennings Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Frank D Jacobs Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Rusty Keeley Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John Koppin Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Whitney Lawson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Mark B Leadlove Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Nancy L LeVault Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Colleen M Powers Lucas Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John Lynn Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Alan Meyer Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr David Meyer Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Ms Jacqueline Middleton-Tischler Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr James T Minor Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mrs Julie Lynn Nieman Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr David R Noble Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Traci L O'Bryan Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jeff L Pittman Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Debra Pitts Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Kristen Polchinski Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Laura B Ray Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Timothy L Rozar Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Margaret H Schneithorst Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Armando Siliceo-Roman Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Tiffany Slater Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Patrick E Smith Sr Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Rick Stevens Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Tanisha N Stevens Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Jason Tetidrick Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Tony Thompson Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Voin Todorovic Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Brian Ungles Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Craig A Unruh Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Harvey N Wallace CPA Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Richard B Walsh Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Gregory Waters Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Mark C Darrell Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Juliette Douglas Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Kelly Gast Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Scott M Hartwig Exec Cmte Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Martin J Lyons Jr Exec Cmte Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Kathy Osborn Exec Cmte Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Steve Thompson Exec Cmte Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Pat White Jr Exec Cmte Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Elizabeth Adefioye Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr David D Allen Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Christopher Arnold Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Tiana Berry-Jones Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Veronica D Coleman Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Diane Compardo Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Brittany Cummings Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Timothy M Figge Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Alana Green Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Steve Grelle Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Mr Ronny Griffin Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Fredrick Jamison Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Peggy Lewis LeCompte Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Andrew Martin Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Emily Pitts Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Nick Ragone Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Janet T Ramey Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Dana Redwing Board Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Rob Schwartz Board Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Yusef Scoggin Board Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Keena Smith Board Member | 2.00 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Yvonne S Sparks Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Dr Julio Suarez Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Christopher R Tongay Board Member | 1.00 | ✓ | | | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| Ms Carrie E Ward Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Wade Weitlauf Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Richard B White MD Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | 1,727,124 | 0 | 259,343 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 1,727,124 | 0 | 259,343 | |

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 **12**

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | <input checked="" type="checkbox"/> |

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 | 429,924 |
| ArchitectNow, 513 Autumn Bluff, Ellisville, MO 63021 | Software Development | 346,968 |
| Unite USA Inc, PO Box 771470, St Louis, MO 63177 | Technology Social Care | 260,000 |
| NICE, PO Box 7247, Philadelphia, PA 19170-0268 | Information Exchange Svcs. | 120,776 |

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 **4**

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 | | |
|--|--|---|--|--|--------------------------------------|---|-----------|---|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a 69,911 | | | | | |
| | b | Membership dues | 1b 0 | | | | | |
| | c | Fundraising events | 1c 0 | | | | | |
| | d | Related organizations | 1d 0 | | | | | |
| | e | Government grants (contributions) | 1e 5,529,589 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 70,360,915 | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 2,293,730 | | | | | |
| | h | Total. Add lines 1a-1f | | 75,960,415 | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a | | ----- | | | | | | |
| b | | ----- | | | | | | |
| c | | ----- | | | | | | |
| d | | ----- | | | | | | |
| e | | ----- | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f | | 0 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,172,253 | 0 | 0 | 3,172,253 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 | |
| | 5 | Royalties | | 0 | 0 | 0 | 0 | |
| | 6a | Gross rents | (i) Real | 0 | | | | |
| | | | (ii) Personal | 0 | | | | |
| | | | 6a | 0 | | | | |
| | b | Less: rental expenses | 6b | 0 | 0 | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | | |
| | d | Net rental income or (loss) | | 0 | 0 | 0 | 0 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 35,902,883 | | | | |
| | | | (ii) Other | 0 | | | | |
| | | | 7a | 35,902,883 | 0 | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 33,666,642 | 5,664 | | | |
| | c | Gain or (loss) | 7c | 2,236,241 | -5,664 | | | |
| | d | Net gain or (loss) | | 2,230,577 | 0 | 0 | 2,230,577 | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a | 40,878 | | | | |
| | b | Less: direct expenses | 8b | 14,829 | | | | |
| c | Net income or (loss) from fundraising events | | 26,049 | | 0 | 26,049 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | 0 | | | | | |
| | | 9b | 0 | | | | | |
| c | Net income or (loss) from gaming activities | | 0 | 0 | 0 | 0 | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | 0 | | | | | |
| | | b | Less: cost of goods sold | 10b | 0 | | | |
| | | c | Net income or (loss) from sales of inventory | | 0 | 0 | 0 | 0 |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | ----- | | | | | | |
| | b | ----- | | | | | | |
| | c | ----- | | | | | | |
| | d | All other revenue | | 16,701 | 16,701 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | 16,701 | | | | | |
| 12 | Total revenue. See instructions | | 81,405,995 | 16,701 | 0 | 5,428,879 | | |

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 |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 55,214,189 | 55,214,189 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 7,639,512 | 7,639,512 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,253,684 | 428,415 | 478,232 | 347,037 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 7,275,234 | 3,707,186 | 962,238 | 2,605,810 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 412,172 | 234,204 | 21,232 | 156,736 |
| 9 Other employee benefits | 1,347,608 | 666,968 | 238,565 | 442,075 |
| 10 Payroll taxes | 590,847 | 298,756 | 93,144 | 198,947 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 19,954 | 11,001 | 5,249 | 3,704 |
| c Accounting | 99,049 | 36,104 | 34,269 | 28,676 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 3,912,573 | 3,775,125 | 31,858 | 105,590 |
| 12 Advertising and promotion | 508,257 | 63,385 | 9,236 | 435,636 |
| 13 Office expenses | 267,671 | 172,900 | 25,799 | 68,972 |
| 14 Information technology | 1,209,562 | 934,839 | 66,181 | 208,542 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 563,096 | 249,345 | 98,006 | 215,745 |
| 17 Travel | 128,595 | 64,755 | 25,150 | 38,690 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 64,887 | 40,248 | 7,070 | 17,569 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 569,001 | 295,541 | 67,083 | 206,377 |
| 22 Depreciation, depletion, and amortization | 287,395 | 98,290 | 108,347 | 80,758 |
| 23 Insurance | 98,496 | 33,686 | 37,133 | 27,677 |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a ----- | | | | |
| b ----- | | | | |
| c ----- | | | | |
| d ----- | | | | |
| e All other expenses ----- | 473,353 | 255,213 | 103,481 | 114,659 |
| 25 Total functional expenses. Add lines 1 through 24e | 81,935,135 | 74,219,662 | 2,412,273 | 5,303,200 |
| 26 Joint costs. 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) | | (B) | |
|---|--|----------------------|-------------|-------------|-----------|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash—non-interest-bearing | 2,100 | 1 | 2,100 | |
| | 2 Savings and temporary cash investments | 27,237,793 | 2 | 23,887,103 | |
| | 3 Pledges and grants receivable, net | 14,523,783 | 3 | 14,799,534 | |
| | 4 Accounts receivable, net | 344,314 | 4 | 263,559 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 | |
| | 7 Notes and loans receivable, net | 100,000 | 7 | 0 | |
| | 8 Inventories for sale or use | 0 | 8 | 0 | |
| | 9 Prepaid expenses and deferred charges | 107,937 | 9 | 61,583 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,633,926 | | | |
| | b Less: accumulated depreciation | 10b 5,227,026 | 2,660,743 | 10c | 2,406,900 |
| | 11 Investments—publicly traded securities | 59,055,322 | 11 | 64,154,145 | |
| | 12 Investments—other securities. See Part IV, line 11 | 15,695,333 | 12 | 17,571,339 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | | |
| | 14 Intangible assets | 0 | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 98,998 | 15 | 132,756 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 119,826,323 | 16 | 123,279,019 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,918,253 | 17 | 1,595,150 | |
| | 18 Grants payable | 24,405,891 | 18 | 23,385,261 | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 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 | 1,306,006 | 25 | 793,562 | |
| | 26 Total liabilities. Add lines 17 through 25 | 27,630,150 | 26 | 25,773,973 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 49,755,546 | 27 | 52,603,237 | |
| | 28 Net assets with donor restrictions | 42,440,627 | 28 | 44,901,809 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 92,196,173 | 32 | 97,505,046 | | |
| 33 Total liabilities and net assets/fund balances | 119,826,323 | 33 | 123,279,019 | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 81,405,995 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 81,935,135 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -529,140 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 92,196,173 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,628,802 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 2,209,211 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 97,505,046 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 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 on Schedule O. | | |
| 2a 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 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"/> | |
| c 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 on Schedule O. | <input checked="" type="checkbox"/> | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <input checked="" type="checkbox"/> |
| 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 on Schedule O and describe any steps taken to undergo such audits. | | |

**SCHEDULE A
(Form 990)**

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**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 12, 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 (Form 990).)
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (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) | | | | | | |
| Total | | | | | | |

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 84,534,268 | 82,122,669 | 80,665,876 | 77,900,582 | 75,960,415 | 401,183,810 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 84,534,268 | 82,122,669 | 80,665,876 | 77,900,582 | 75,960,415 | 401,183,810 |
| 5 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) | | | | | | 32,084,157 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 369,099,653 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 84,534,268 | 82,122,669 | 80,665,876 | 77,900,582 | 75,960,415 | 401,183,810 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,249,396 | 1,466,328 | 1,501,589 | 2,631,702 | 3,172,253 | 10,021,268 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 232,148 | 58,156 | 50,691 | 163,029 | 40,878 | 544,902 |
| 11 Total support. Add lines 7 through 10 | | | | | | 411,749,980 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 338,976 |
| 13 First 5 years. 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 stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 89.64 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 87.77 % |
| 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2023. 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 stop here . 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 10%-facts-and-circumstances test—2022. 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 stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. 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 10 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. 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 stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2023. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests—2022. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | 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 Part VI when and how the organization made the determination.</i> | | |
| 3c | 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 Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4c | 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 Part VI 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> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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> | | |
| 5b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a | 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 Part VI.</i> | | |
| 9b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | Did a disqualified person (as defined on line 9a) 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 Part VI.</i> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10b | 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 |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| | 11a | | |
| b | A family member of a person described on line 11a above? | | |
| | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| | 11c | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| | 1 | | |
| 2 | 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| | 2 | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| | 1 | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | | |
| 2 | 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| | 2 | | |
| 3 | By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played in this regard. | | |
| | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | 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 Part VI 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. | | |
| | 2a | | |
| b | Did the activities described on line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | 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? If "Yes" or "No," provide details in Part VI . | | |
| | 3a | | |
| 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 Part VI the role played by the organization in this regard. | | |
| | 3b | | |

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 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | 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) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <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)

| Section D—Distributions | | Current Year |
|-------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 . . . | | | |
| b Excess from 2020 . . . | | | |
| c Excess from 2021 . . . | | | |
| d Excess from 2022 . . . | | | |
| e Excess from 2023 . . . | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - Amounts represent gross income from fundraising and gaming events over the last five years.

Dotted lines for supplemental information input.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions.

Part II Conservation Easements

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, with a sub-table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue/assets.

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 make 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 program
- 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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

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" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 22,945,078 | 21,816,765 | 26,122,897 | 21,648,524 | 20,514,156 |
| b Contributions | 0 | 0 | 0 | 100 | 1,010,500 |
| c Net investment earnings, gains, and losses | 2,575,878 | 1,963,195 | -3,492,965 | 5,206,382 | 783,407 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 846,449 | 831,882 | 810,167 | 729,109 | 652,039 |
| f Administrative expenses | 3,000 | 3,000 | 3,000 | 3,000 | 7,500 |
| g End of year balance | 24,671,507 | 22,945,078 | 21,816,765 | 26,122,897 | 21,648,524 |

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 71.86 %
- c** Term endowment 28.14 %

The percentages on 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 |
|---------------|-----|----|
| 3a(i) | ✓ | |
| 3a(ii) | | ✓ |
| 3b | | |

b If "Yes" on line 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" on 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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 960,000 | | 960,000 |
| b Buildings | 0 | 4,259,749 | 3,055,789 | 1,203,960 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 2,414,177 | 2,171,237 | 242,940 |
| e Other | 0 | 0 | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,406,900 |

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on 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 | 0 | |
| (2) Closely held equity interests | 0 | |
| (3) Other Beneficial Interest in Charitable Trust | 11,339,157 | End-of-Year Market Value |
| (A) Beneficial Interest in Perpetual Trust | 5,841,944 | End-of-Year Market Value |
| (B) Beneficial Interest in Assets Held by Others | 390,238 | End-of-Year Market Value |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | 17,571,339 | |

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on 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) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on 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) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on 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 | 390,511 |
| (3) Lease Liabilities | 116,300 |
| (4) Dues payable to United Way Worldwide | 286,751 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 793,562 |

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 FASB 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" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 72,054,786 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 3,628,802 |
| b | Donated services and use of facilities | 2b | 9,850 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 1,781,309 |
| e | Add lines 2a through 2d | 2e | 5,419,961 |
| 3 | Subtract line 2e from line 1 | 3 | 66,634,825 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII.) | 4b | 14,771,170 |
| c | Add lines 4a and 4b | 4c | 14,771,170 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 81,405,995 |

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

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

| | | | |
|----------|---|-----------|-------------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 67,173,815 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 9,850 |
| b | Prior year adjustments | 2b | 0 |
| c | Other losses | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 9,850 |
| 3 | Subtract line 2e from line 1 | 3 | 67,163,965 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII.) | 4b | 14,771,170 |
| c | Add lines 4a and 4b | 4c | 14,771,170 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 81,935,135 |

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 is exempt from federal income taxes on its related, exempt activities under Section 501(c)(3) of the Internal Revenue Code. The Organization's federal tax return for tax years 2020 and later remains subject to examination by taxing authorities.

Schedule D, Part XI, Line 2d - The gain of \$1,781,309 is due to the change in the value of split-interest agreements.

Schedule D, Part XI, Line 4b - \$14,771,170 is associated with donor designations not included as expense on the financial statements but included with revenue in the Form 990.

Schedule D, Part XII, Line 4b - \$14,771,170 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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" on 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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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 10 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.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|---|--------------|------------------|---|
| | | Golf Scramble IL Div (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 40,878 | | | 40,878 |
| | 2 Less: Contributions | 0 | | | 0 |
| | 3 Gross income (line 1 minus line 2) | 40,878 | | | 40,878 |
| Direct Expenses | 4 Cash prizes | 1,750 | | | 1,750 |
| | 5 Noncash prizes | 0 | | | 0 |
| | 6 Rent/facility costs | 10,244 | | | 10,244 |
| | 7 Food and beverages | 2,586 | | 0 | 2,586 |
| | 8 Entertainment | 0 | | 0 | 0 |
| | 9 Other direct expenses | 249 | | | 249 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 14,829 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 26,049 | |

Part III Gaming. Complete if the organization answered "Yes" on 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 | 1 Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 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 | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** 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? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

43-0714167

UNITED WAY OF GREATER ST LOUIS INC

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" on 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| (1) Sch I, Stmt 1 | | | | | | | |
| (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 344

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 See Schedule I, Part IV, Statement 2 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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: ALL=Allocation; AWD=Other Awards; CCS=Complete Charitable Solutions Direct Pay Designations; TPP=3rd Party Processed. All agencies receiving allocations are listed first and alphabetically - than those with other awards and then all others.

Schedule I, Part I, Line 2 - Approximately 50 dedicated community volunteers familiar with community needs are members of the United Way Regional Investment Committee (RIC) Leadership from this committee are members of the Board and report committee activities directly to the Board. Other RIC CIC members serve as panel chairs and oversee the allocations. 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 RIC 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.

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. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| Name and address | Affinia Healthcare Inc 1717 Biddle St Saint Louis, MO 63106 | 43-0817642 | 101,566 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Health and Well-being; AWD - Health and Well-being | | | |
| Name and address | Agape Ministry of Warren County Inc 28855 Legion Trail Rd Warrenton, MO 63383 | 43-1746466 | 76,300 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Basic Needs; TTP - Basic Needs | | | |
| Name and address | Alcoholic Rehabilitation Community Home 1313 21st St Granite City, IL 62040 | 23-7043276 | 64,064 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Health and Well-being | | | |
| Name and address | Almost Home Inc 3200 St Vincent Ave Saint Louis, MO 63104 | 43-1645686 | 142,759 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Basic Needs | | | |
| Name and address | American Cancer Society Inc 1001 Craig Rd Ste 350 Saint Louis, MO 63146 | 13-1788491 | 911,221 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Health and Well-being; CCS - Health and Well-being; TTP - Health and Well-being | | | |
| Name and address | American Heart Association Greater St Louis Chapter 12400 Olive Blvd Ste 225 Saint Louis, MO 63141 | 13-5613797 | 639,686 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL - Health and Well-being; CCS - Health and Well-being; TTP - Health and Well-being | | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|-----------|
| Name and address | American Lung Association in Missouri 211 N Brdway St Ste 2035 Saint Louis, MO 63102 | 13-1632524 | 297,603 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | American National Red Cross of South Central Illinois 769 S Durkin Dr Springfield, IL 62704 | 53-0196605 | 20,312 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | American Red Cross of Greater St Louis 10195 Corporate Sq Saint Louis, MO 63132 | 53-0196605 | 1,511,760 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Amyotrophic Lateral Sclerosis Association St Louis Regional Chapter 1950 Craig Rd Ste 200 Saint Louis, MO 63146 | 43-1458163 | 180,552 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Annie Malone Children and Family Service Center 2612 Annie Malone Dr Saint Louis, MO 63113 | 43-0652652 | 182,749 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success | | |
| Name and address | Asthma and Allergy Foundation of America St Louis Chapter 5501 Delmar Blvd Ste A450 Saint Louis, MO 63112 | 43-1484316 | 128,124 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Betterment Federation Inc Carondelet Community 6408 Michigan Ave Saint Louis, MO 63111 | 43-1045345 | 75,000 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|-----------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | Big Brothers Big Sisters of Eastern Missouri 501 North Grand Blvd Ste 100 Saint Louis, MO 63103 | 43-0669085 | 428,184 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success;CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Big Brothers Big Sisters of Southwestern Illinois 2900 Frank Scott Pkwy West Ste 9596 Belleville, IL 62223 | 37-1095468 | 77,838 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Bilingual International Assistant Services 5231 South Sixth St Rd Springfield, IL 62703 | 37-0661493 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Boy Scouts of America Inc Greater St Louis Area Council 4568 West Pine Blvd Saint Louis, MO 63108 | 43-0652676 | 1,465,941 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success;CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Boys and Girls Club of Alton Inc 2512 Amelia St Alton, IL 62002 | 36-4142577 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Boys and Girls Clubs of Greater St Louis Inc 2901 North Grand Blvd Saint Louis, MO 63107 | 43-6061693 | 723,412 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success;CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Boys Hope Girls Hope of St Louis 2512 Amelia St Alton, IL 62002 | 36-4142577 | 75,780 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; AWD - Early childhood and Youth Success | | |
| Name and address | BrightPoint 2133 Johnson Rd Ste 101 Granite City, IL 62040 | 36-2167743 | 371,835 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Cardinal Ritter Senior Services 7601 Watson Rd Saint Louis, MO 63119 | 43-0811604 | 310,049 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Caritas Family Solutions 8601 West Main St Ste 201 Belleville, IL 62223 | 37-0661500 | 69,988 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; TTP - Basic Needs | | |
| Name and address | CASA of Southwestern Illinois 106 Lincoln Place Ct Belleville, IL 62221 | 37-1233728 | 105,513 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | CASA of St Louis 105 S Central 5th Floor Saint Louis, MO 63105 | 43-1807059 | 103,011 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Catholic Charities of Madison County 3512 McArthur Blvd Alton, IL 62002 | 37-0661499 | 282,233 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Basic Needs

Name and address

Catholic Charities of St Louis
4445 Lindell Blvd
Saint Louis, MO 63108

43-0653270

437,883

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Community Stability and Crisis Response;CCS - Community Stability
and crisis Response; TTP - Community Stability and Crisis Response

Name and address

Catholic Urban Programs
Seven Vieux Carre Dr
East Saint Louis, IL 62203

27-1442590

76,430

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Basic Needs; TTP - Basic Needs

Name and address

Center for Hearing and Speech
9835 Manchester Rd
Saint Louis, MO 63119

43-0652678

387,196

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Health and Well-being;CCS - Health and Well-being; TTP - Health
and Well-being

Name and address

Central Institute for the Deaf
825 South Taylor Ave
Saint Louis, MO 63110

43-0662456

213,177

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Health and Well-being; TTP - Health and Well-being

Name and address

Child Center Marygrove
2705 Mullanphy Lane
Florissant, MO 63031

43-1024440

305,898

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Health and Well-being;CCS - Health and Well-being; TTP - Health
and Well-being

Name and address

Community Action Agency of St Louis County Inc
2709 Woodson Rd
Saint Louis, MO 63114

23-7037248

91,404

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Community Stability and Crisis Response

Name and address

Community Care Center Inc
1818 Cleveland Ave
Granite City, IL 62040

37-0752347

80,460

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | Community Council of St Charles County 2528 State Hwy K Ste 204 O Fallon, MO 63368 | 43-6051722 | 95,841 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Community Living Inc 1040 St Peters Howell Rd Saint Peters, MO 63376 | 43-1129770 | 227,606 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Compass Health Inc and Affiliates 1800 Community Dr Clinton, MO 64735 | 43-1032835 | 372,721 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Coordinated Youth and Human Services 2016 Madison Ave Granite City, IL 62040 | 37-0662520 | 188,320 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Cornerstone Center for Early Learning Inc 3901 Russell Blvd Saint Louis, MO 63110 | 43-0923158 | 197,875 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success | | |
| Name and address | Covenant House Missouri 2727 North Kingshighway Blvd Saint Louis, MO 63113 | 43-1821599 | 85,468 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | Deaconess Faith Community Nurse Ministries 3159 Fee Fee Rd Ste 225 Bridgeton, MO 63044 | 46-3885766 | 96,612 |
| IRC code 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

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Delta Center for Independent Living 3837 McClay Rd Ste T Saint Peters, MO 63376 | 43-1752410 | 61,599 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Delta Gamma Center for Children with Visual Impairments 1750 South Big Bend Blvd Saint Louis, MO 63117 | 43-0725282 | 101,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Doorways 1101 N Jefferson Ave Saint Louis, MO 63106 | 43-1484279 | 103,882 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs;AWD - Basic Needs; TTP - Basic Needs | | |
| Name and address | Down Syndrome Association of Greater St Louis 1300 Strassner Dr Saint Louis, MO 63144 | 43-1108833 | 52,875 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Duo Dogs Inc 10955 Linpage Place Saint Louis, MO 63132 | 43-1379801 | 135,507 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Easterseals Midwest 11933 Westline Industrial Dr Saint Louis, MO 63146 | 43-0979927 | 127,497 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Emmaus Homes Inc 3731 Mueller Rd Saint Charles, MO 63301 | 43-0653309 | 255,536 |
| IRC code 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

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL - Community Stability and Crisis Response; CCS - Community Stability and crisis Response | | |
| Name and address | Employment Connection 2838 Market St Saint Louis, MO 63103 | 43-1106386 | 632,067 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | Empower Missouri 308 E High St Ste 100 Jefferson City, MO 65101 | 44-0547548 | 57,800 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | Epilepsy Foundation of Missouri and Kansas 222 S Meramec Ave Ste 202-1050 Saint Louis, MO 63105 | 43-6048869 | 50,780 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Epworth Children and Family Services Inc 110 North Elm Ave Saint Louis, MO 63119 | 43-1069741 | 517,645 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success | | |
| Name and address | FamilyForward 1167 Corporate Lake Dr Saint Louis, MO 63132 | 43-0652622 | 395,586 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Fathers and Families Support Center 1601 Olive Saint Louis, MO 63103 | 43-1804267 | 166,589 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Foster and Adoptive Care Coalition 1750 South Brentwood Blvd Ste 210 Brentwood, MO 63144 | 43-1570225 | 268,755 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|-----------|
| Name and address | Gateway Region YMCA 2815 Scott Ave Ste D Saint Louis, MO 63103 | 43-0653261 | 1,335,618 |
|-------------------------|---|------------|-----------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response; CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Gene Slays Girls and Boys Club of St Louis Inc 2524 South 11th St Saint Louis, MO 63104 | 43-0653261 | 169,698 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|-------|
| Name and address | Girl Scouts of Central Illinois 3020 Baker Dr Springfield, IL 62703 | 37-0681529 | 5,894 |
|-------------------------|---|------------|-------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Girl Scouts of Eastern Missouri 2300 Ball Dr Saint Louis, MO 63146 | 43-0662471 | 416,995 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Girl Scouts of Southern Illinois Four Ginger Creek Pkwy Glen Carbon, IL 62034 | 37-0811488 | 177,552 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Girls Incorporated of St Louis 3801 Nelson Dr Saint Louis, MO 63121 | 43-1321294 | 395,275 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Good Shepherd Children and Family Services 1340 Partridge Ave Saint Louis, MO 63130 | 43-1297933 | 429,623 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

Name and address Grace Hill Settlement House Urban League of Metro St Louis 43-0653605 110,000

1408 North Kingshighway
Ste 211
Saint Louis, MO 63113

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

Name and address Guardian Angel Settlement Association 43-0652636 346,647

1127 North Vandeventer Ave
Saint Louis, MO 63113

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs;AWD - Basic Needs; TTP - Basic Needs

Name and address Harris House Foundation 43-1235232 189,749

2706 South River Rd
Saint Charles, MO 63303

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Health and Well-being;CCS - Health and Well-being; TTP - Health and Well-being

Name and address Highland Area Christian Service Ministry 36-4153849 36,330

900 Chestnut St
Highland, IL 62249

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs

Name and address Home Sweet Home 47-5028899 51,430

10 Sunnen Dr
Maplewood, MO 63143

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs; TTP - Basic Needs

Name and address Humanitri 43-1470568 133,721

5859 South Kingshighway Blvd
Saint Louis, MO 63109

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs

Name and address Illinois Center for Autism 37-1023452 209,973

548 South Ruby Lane
Fairview Heights, IL 62208

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Health and Well-being; TTP - Health and Well-being

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Immigrant Home English Learning Program 5021 Adkins Ave Saint Louis, MO 63116 | 42-1696954 | 82,264 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | IMPACT Center for Independent Living 2735 East Brdway Alton, IL 62002 | 37-1183032 | 50,780 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Health and Well-being

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Independence Center 4245 Forest Park Ave Saint Louis, MO 63108 | 43-1195240 | 101,560 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Infant Loss Resources 1120 South Sixth St Ste 500 Saint Louis, MO 63104 | 43-1344645 | 54,030 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|---------|
| Name and address | International Institute of Metropolitan St Louis 3401 Arsenal St Saint Louis, MO 63118 | 43-0652640 | 267,247 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Jewish Community Center Two Millstone Campus Dr Saint Louis, MO 63146 | 43-0681477 | 637,171 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Jewish Family Services of St Louis 10950 Schuetz Rd Saint Louis, MO 63146 | 43-0790330 | 555,546 |
|-------------------------|---|------------|---------|

IRC code 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

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Jewish Federation of St Louis 12 Millstone Campus Dr Saint Louis, MO 63146 | 43-0652643 | 129,039 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Justine Petersen Housing and Reinvestment Corporation 1023 North Grand Blvd Saint Louis, MO 63106 | 43-1769074 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | Keyway Center for Diversion and Reentry 7716 South Brdway Saint Louis, MO 63111 | 43-1799627 | 59,800 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Kids In The Middle Inc 2650 South Hanley Rd Ste 150 Saint Louis, MO 63144 | 43-1192510 | 188,939 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Kingdom House dba LifeWise 1321 South 11th St Saint Louis, MO 63104 | 43-0652648 | 442,686 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; AWD - Early childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Kreative Kids Learning Center 3048 Godfrey Rd Godfrey, IL 62035 | 37-0920860 | 30,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Land of Lincoln Legal Aid Inc 8787 State St Ste 201 East Saint Louis, IL 62203 | 37-0958448 | 352,953 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Basic Needs

Name and address

Legal Services of Eastern Missouri Inc
4232 Forest Park Ave
Saint Louis, MO 63108

43-0816805

567,715

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Basic Needs

Name and address

Lemay Child and Family Center
9828 South Brdway
Saint Louis, MO 63125

43-1061831

164,215

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success

Name and address

Lessie Bates Davis Neighborhood House Inc
1200 North 13th St
East Saint Louis, IL 62205

37-0662522

312,078

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Early Childhood and Youth Success

Name and address

Leu Civic Center Inc
213 North Market St
Mascoutah, IL 62258

37-1056779

104,339

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

Name and address

LifeBridge Partnership
1457 Olde Cabin Rd
Ste 235
Saint Louis, MO 63141

43-0692190

111,481

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Health and Well-being

Name and address

Lincoln County Council on Aging
1380 Boone St
Troy, MO 63379

43-1136188

128,643

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

ALL - Basic Needs

Name and address

Lupus Foundation of America Heartland
Chapter Inc
8050 Watson Rd
Ste 169
Saint Louis, MO 63119

51-0192362

51,491

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Lutheran Child and Family Services of Illinois 317 West Main St Belleville, IL 62220 | 36-2167778 | 56,744 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Lutheran Family and Children's Services of Missouri 9666 Olive Blvd Ste 400 Saint Louis, MO 63132 | 43-0652650 | 508,902 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Lutheran Senior Services 1150 Hanley Industrial Ct Saint Louis, MO 63144 | 43-0654862 | 212,352 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Madison County Urban League Inc 408 East Brdway Alton, IL 62002 | 37-1028276 | 180,986 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; AWD - Basic Needs | | |
| Name and address | Mary Ryder Home 2650 Olive St Saint Louis, MO 63103 | 43-0652630 | 316,972 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Megan Meier Foundation 910 Jefferson St Saint Charles, MO 63301 | 26-1523923 | 53,366 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Memory Care Home Solutions 4389 West Pine Blvd Saint Louis, MO 63108 | 02-0641248 | 102,080 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | MERS Missouri Goodwill Industries | 43-0652657 | 587,869 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | MindsEye Radio 9541 Church Circle Dr Belleville, IL 62223 | 81-2553623 | 112,299 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; CCS - Community Stability and crisis Response | | |
| Name and address | Mission St Louis 3108 North Grand Blvd Saint Louis, MO 63107 | 20-8983607 | 117,660 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; CCS - Basic Needs | | |
| Name and address | NAMI St Louis 1810 Craig Rd Ste 124 Saint Louis, MO 63146 | 43-1143899 | 86,532 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | National Kidney Foundation Inc 1001 Craig Rd Saint Louis, MO 63146 | 13-1673104 | 81,904 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | National Multiple Sclerosis Society Gateway Area Chapter 12125 Woodcrest Executive Dr Ste 320 Saint Louis, MO 63141 | 13-5661935 | 182,377 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Northside Youth and Senior Service Center Inc 4120 Maffitt Ave Saint Louis, MO 63113 | 43-1028098 | 181,833 |
| IRC code 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

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | NPower Inc | 13-4145441 | 102,080 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility; TTP - Jobs and Financial Mobility | | |
| Name and address | Nurses for Newborns | 43-1601329 | 338,390 |
| | 3 Sunnen Dr | | |
| | Saint Louis, MO 63143 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; AWD - Early childhood and Youth Success; CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Oasis Women's Center | 37-1017792 | 105,060 |
| | 111 Market St | | |
| | Alton, IL 62002 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs;CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | Operation Food Search Inc | 43-1241854 | 78,280 |
| | 1644 Lotsie Blvd | | |
| | Saint Louis, MO 63132 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs;CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | Paraquad Inc | 23-7112449 | 154,771 |
| | 5240 Oakland Ave | | |
| | Saint Louis, MO 63110 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Parents As Teachers National Center Inc | 43-1569124 | 51,530 |
| | 6 Cityplace Dr | | |
| | Ste 100 | | |
| | Creve Coeur, MO 63141 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Peter and Paul Community Services Inc | 43-1349643 | 76,170 |
| | 2612 Wyoming | | |
| | Saint Louis, MO 63108 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | Pony Bird Inc | 43-1188096 | 101,560 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|-----------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Preferred Family Healthcare 4066 Dunnica Ave Saint Louis, MO 63116 | 43-1236557 | 176,111 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | Presbyterian Children's Homes and Services 11701 Borman Dr Ste 301 Saint Louis, MO 63146 | 75-0818172 | 50,910 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Prevent Plus Ed 9355 Olive Blvd Saint Louis, MO 63132 | 43-0827852 | 351,263 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; CCS - Health and Well-being; TTP - Health and Well-being | | |
| Name and address | Provident Inc 2650 Olive St Saint Louis, MO 63103 | 43-0652630 | 1,443,789 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being; CCS - Health and Well-being | | |
| Name and address | R3 Development NFP 423 N 8th St East Saint Louis, IL 62201 | 47-3017705 | 101,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | Ready Readers 10403 Baur Blvd Ste H Saint Louis, MO 63132 | 43-1841631 | 51,040 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | Rebuilding Together St Louis | 43-1626999 | 111,560 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs; CCS - Basic Needs

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Riverbend Family Ministries NFP 131 East Ferguson Ave Wood River, IL 62095 | 26-0347023 | 38,528 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Riverbend Head Start and Family Services Inc 550 Landmarks Blvd 3rd Flr Alton, IL 62002 | 37-0681548 | 78,465 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Safe Connections 2165 Hampton Ave Saint Louis, MO 63139 | 43-1077667 | 254,058 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Saint Louis Counseling Catholic Charities Services Inc 5 Premier Dr Ste 200 Fenton, MO 63026 | 43-1338511 | 301,403 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Health and Well-being; TTP - Health and Well-being

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Saint Louis Crisis Nursery 11710 Administration Dr Ste 18 Saint Louis, MO 63146 | 43-1410297 | 200,302 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs;AWD - Basic Needs; TTP - Basic Needs

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Senior Services Plus Inc 2603 North Rodgers Ave Alton, IL 62002 | 37-0975762 | 125,413 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Basic Needs; CCS - Basic Needs

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Sherwood Forest Camp Inc 2708 Sutton Blvd Saint Louis, MO 63143 | 43-0653401 | 283,500 |
|-------------------------|---|------------|---------|

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | SouthSide Early Childhood Center 2101 South Jefferson Ave Saint Louis, MO 63104 | 43-0685348 | 170,200 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | St Johns Community Care 222 Goethe Ave Collinsville, IL 62234 | 37-1184962 | 100,065 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | St Joseph Institute for the Deaf 1314 Strassner Dr Brentwood, MO 63144 | 43-0653494 | 101,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | St Louis Arc Inc 1177 North Warson Rd Saint Louis, MO 63132 | 43-0718811 | 833,050 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | St Louis Area Foodbank Inc 70 Corporate Woods Dr Bridgeton, MO 63044 | 43-1253102 | 496,281 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | St Louis Public Schools Foundation 801 North 11th St 3rd Flr Saint Louis, MO 63101 | 43-1813849 | 50,780 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | St Louis Society for the Blind and Visually Impaired 8770 Manchester Rd Saint Louis, MO 63144 | 43-0666768 | 81,248 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | St Marthas Hall PO Box 4950 Saint Louis, MO 63108 | 43-1350160 | 152,340 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | St Patrick Center 800 North Tucker Blvd Saint Louis, MO 63101 | 43-1263499 | 688,892 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; AWD - Basic Needs; CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | St Vincent Home for Children dba The Core Collective at Saint Vincent Attn Deborah Jackson 7401 Florissant Rd Saint Louis, MO 63121 | 43-0653319 | 82,221 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | Starkloff Disability Institute 133 S 11th Ste 500 Saint Louis, MO 63102 | 84-1616567 | 101,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | STL Village Inc 4501 Westminster Place Saint Louis, MO 63108 | 80-0915577 | 21,328 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Sts Joachim and Ann Care Services 4116 McClay Rd Saint Charles, MO 63304 | 35-2203101 | 51,267 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; AWD - Basic Needs | | |
| Name and address | The Eagles Nest of St Clair County 5020 State St East Saint Louis, IL 62205 | 37-1359691 | 75,000 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | The National Alliance on Mental Illness Southwestern Illinois 2100 Madison Ave 4th Flr Granite City, IL 62040 | 37-1322048 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | The Oasis Institute | 43-1830354 | 102,060 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | The Salvation Army - St Louis 1130 Hampton Ave Saint Louis, MO 63139 | 36-2167910 | 921,481 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs;AWD - Basic Needs; TTP - Basic Needs | | |
| Name and address | The SoulFisher Ministries 7267 Natural Bridge Rd Saint Louis, MO 63121 | 45-5624292 | 101,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Jobs and Financial Mobility | | |
| Name and address | Turning Point Advocacy Services PO Box 426 Warrenton, MO 63383 | 43-1667293 | 127,209 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | United 4 Children 5501 Delmar Blvd Ste 520 Saint Louis, MO 63112 | 43-0953838 | 124,628 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | United Cerebral Palsy Heartland 4645 LaGuardia Dr Berkeley, MO 63134 | 44-0579903 | 508,100 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|---------|
| Name and address | United Services for Children 3420 Harry S Truman Blvd Saint Charles, MO 63301 | 43-1136074 | 174,860 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | University City Children's Center 6646 Vernon Ave Saint Louis, MO 63130 | 43-0958608 | 137,911 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Unleashing Potential 1000 N Vandeventer Ave 2nd Flr Saint Louis, MO 63113 | 43-0654857 | 457,012 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|-----------|
| Name and address | Urban League of Metropolitan St Louis 1408 North Kingshighway Ste 211 Saint Louis, MO 63113 | 43-0653605 | 1,856,624 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response; AWD - Community Stability and crisis Response; CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Violence Prevention Center of Southwestern Illinois PO Box 831 Belleville, IL 62222 | 37-1223450 | 121,263 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response; TTP - Community Stability and Crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Visiting Nurse Association Greater St Louis 2029 Woodland Pkwy Ste 105 Saint Louis, MO 63146 | 43-0567000 | 88,398 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL - Community Stability and Crisis Response

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Vivent Health 2653 Locust St Saint Louis, MO 63103 | 39-1534049 | 289,446 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Health and Well-being | | |
| Name and address | VOYCE 8050 Watson Ste 155 Saint Louis, MO 63119 | 43-1480438 | 185,928 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Webster Child Care Center at Laclede Groves 624 Lohmann Forest Lane Saint Louis, MO 63119 | 43-1014311 | 146,053 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Wesley House Association 4507 Lee Ave Saint Louis, MO 63115 | 43-0653613 | 115,812 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Women's Safe House P O Box 63010 Saint Louis, MO 63163 | 43-1111319 | 131,397 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs | | |
| Name and address | Wyman Center Inc 600 Kiwanis Dr Eureka, MO 63025 | 43-0653263 | 513,706 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success | | |
| Name and address | Young Men's Christian Association of Edwardsville 1200 Esic Dr Edwardsville, IL 62025 | 37-0661259 | 50,780 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Community Stability and Crisis Response | | |
| Name and address | Young Women's Christian Association Southwestern | 37-0662608 | 66,014 |

| | | | |
|--------------------------------|---|------------|---------|
| | Illinois 304 East Third St Alton, IL 62002 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Youth and Family Center 818 Cass Ave Saint Louis, MO 63106 | 43-0652663 | 298,852 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success | | |
| Name and address | Youth In Need 1815 Boones Lick Rd Saint Charles, MO 63301 | 43-1033862 | 449,131 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Early Childhood and Youth Success; CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success | | |
| Name and address | YWCA of Metropolitan St Louis 1155 Olivette Executive Pkwy Saint Louis, MO 63132 | 43-0653618 | 967,199 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL - Basic Needs; TTP - Basic Needs | | |
| Name and address | Academy Foundation 8949 Wilshire Blvd Beverly Hills, CA 90211 | 95-2243698 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Academy Museum Foundation 6067 Wilshire Blvd Los Angeles, CA 90036 | 20-2605026 | 450,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Academy Music Foundation 8949 Wilshire Blvd Beverly Hills, CA 90211 | 95-2243698 | 200,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Advocates for Community Choice 10450 Voelkerding Rd Marthasville, MO 63357 | 47-5456955 | 70,777 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Aim High St Louis 755 South Price Rd Saint Louis, MO 63124 | 43-1582098 | 12,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Alzheimer's Disease and Related Disorders Association 11433 Olde Cabin Rd Ste 100 Saint Louis, MO 63141 | 13-3039601 | 60,303 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being | | |
| Name and address | American Red Cross Greater Kansas and Northwest Missouri 6601 Winchester Ave Ste 110 Kansas City, MO 64133 | 53-0196605 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | American Red Cross of Alabama 114 22nd St South Birmingham, AL 35223 | 53-0196605 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Arch Grants 911 Washington Ave Ste 420 Saint Louis, MO 63101 | 27-4875945 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Array Alliance 180 Glendale Blvd Los Angeles, CA 90026 | 82-5248574 | 975,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Arts As Healing 11804 Borman Dr | 46-4448339 | 7,000 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| | Saint Louis, MO 63146 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Ascension Catholic Church 230 Santa Maria Dr Chesterfield, MO 63005 | 43-0653248 | 8,830 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Asian American Chamber of Commerce St Louis Foundation 2650 South Hanley Rd Ste 100 Saint Louis, MO 63144 | 45-5556493 | 17,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Association of Black Foundation Executives Inc 55 Exchange Place Ste 401 New York, NY 10005 | 23-7156531 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Avenues Counseling Center 1612 South Big Bend Blvd Saint Louis, MO 63117 | 27-4468121 | 36,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being; CCS - Health and Well-being | | |
| Name and address | Beyond Housing 6506 Wright Way Saint Louis, MO 63121 | 51-0179471 | 360,013 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Jobs and Financial Mobility; CCS - Jobs and Financial Mobility; TTP - Jobs and Financial Mobility | | |
| Name and address | Biblical Business Training Inc 16100 Swingley Ridge Rd Ste 230 Chesterfield, MO 63005 | 27-0392335 | 55,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Birmingham Urban League Inc | 63-0516655 | 10,000 |

| | | | |
|--------------------------------|---|------------|---------|
| | 2101 6th Ave North Birmingham, AL 35203 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Birmingham Zoo 2630 Chaba Rd Birmingham, AL 35223 | 62-1231591 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Botanical Research Institute of Texas 1700 University Dr Fort Worth, TX 76107 | 75-2198196 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Boys and Girls Clubs of St Charles County 1211 Lindenwood Ave Saint Charles, MO 63301 | 43-0714369 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Cardinal Glennon Children's Foundation 3800 Park Ave Saint Louis, MO 63110 | 43-1754347 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | Cardinal Ritter College Prep 701 North Spring Ave Saint Louis, MO 63108 | 43-1926087 | 151,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Children's Mercy Hospital 2401 Gillham Rd Kansas City, MO 64108 | 44-0605373 | 33,334 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | Christian Brothers College High School 1850 De LaSalle Dr Saint Louis, MO 63141 | 43-0653280 | 26,163 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|------------------------------|------------|---------|
| Name and address | City Academy Inc | 31-1619379 | 112,533 |
| | 4175 North Kingshighway Blvd | | |
| | Saint Louis, MO 63115 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|-----------------------------|------------|--------|
| Name and address | Clark Fox Family Foundation | 81-1608523 | 10,000 |
| | 5501 Delmar Blvd | | |
| | Ste A320 | | |
| | Saint Louis, MO 63112 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|------------------------------|------------|--------|
| Name and address | COCA-Center of Creative Arts | 43-1395056 | 40,000 |
| | 524 Trinity Ave | | |
| | Saint Louis, MO 63130 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|-------------------------|------------|--------|
| Name and address | College Bound | 20-4768985 | 25,100 |
| | 110 North Jefferson Ave | | |
| | Saint Louis, MO 63103 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success; TTP - Early Childhood and Youth Success

| | | | |
|-------------------------|---------------------|------------|--------|
| Name and address | Community Link | 56-0530008 | 26,400 |
| | PO Box 37265 | | |
| | Charlotte, NC 28237 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Health and Well-being

| | | | |
|-------------------------|-------------------------|------------|--------|
| Name and address | Cornerstone Corporation | 43-1108915 | 43,559 |
| | 6030 Etzel Ave | | |
| | Saint Louis, MO 63112 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|----------------------|------------|-------|
| Name and address | Coyote Hill | 43-1601128 | 6,000 |
| | PO Box 1 | | |
| | Harrisburg, MO 65256 | | |

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|--------------------------------|---|------------|--------|
| Name and address | Crime Victim Center of St Louis 539 North Grand Blvd Ste 400 Saint Louis, MO 63103 | 43-1025252 | 30,840 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | Crisis Food Center Inc 21 East 6th St Alton, IL 62002 | 37-1054276 | 27,771 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Basic Needs; CCS - Basic Needs | | |
| Name and address | Curators of the University of Missouri 308 Woods Hall One University Boulevard Saint Louis, MO 63121 | 26-6440629 | 21,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Desmet Jesuit High School 233 North New Ballas Rd Saint Louis, MO 63141 | 43-1102368 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Dolly Partons Imagination Library 2700 Dollywood Parks Blvd Pigeon Forge, TN 37863 | 62-1348105 | 70,871 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Donald Danforth Plant Science Center 975 North Warson Rd Saint Louis, MO 63132 | 31-1584621 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Drury University University Advancement Martin Alumni Center Springfield, MO 65802 | 44-0552049 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Duchesne High School 2550 Elm St Saint Charles, MO 63301 | 32-0719328 | 53,063 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Eagle Academy Foundation 31 West 125 St 3rd Flr New York, NY 10027 | 20-1532382 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | East Side Aligned 1408 State St East Saint Louis, IL 62205 | 87-2961193 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | EITC Program 910 North Eleventh Street Saint Louis, MO 63101 | 43-0714167 | 58,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | TFSC - Community Stability and crisis Response | | |
| Name and address | Ellis Marsalis Center for Music 1901 Bartholomew St New Orleans, LA 70117 | 20-4218706 | 22,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Entertainment Industry Foundation 10880 Wilshire Blvd Ste 1400 Los Angeles, CA 90024 | 95-1644609 | 911,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Eta Boule Foundation 116 Royal Manor Ct Saint Louis, MO 63141 | 81-3642459 | 78,100 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Extra Table Incorporated 3904 Hardy St | 27-3779135 | 10,000 |

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|--------------------------------|--|------------|--------|
| IRC code section | Hattiesburg, MS 39402 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Basic Needs | | |
| Name and address | Eye Thrive 5501 Delmar Blvd Ste B 580 Saint Louis, MO 63112 | 20-0265693 | 27,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being; CCS - Health and Well-being | | |
| Name and address | Fair Saint Louis 301 Prospect Ave Saint Louis, MO 63110 | 43-1218720 | 20,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | First Star Inc 2049 Century Park East Ste 4320 Los Angeles, CA 90067 | 31-1719436 | 81,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response; CCS - Early Childhood and Youth Success | | |
| Name and address | Flance Management Inc 1908 O Fallon Street Saint Louis, MO 63106 | 46-2048313 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | FOCUS St Louis 815 Olive St Ste 110 Saint Louis, MO 63101 | 43-1750172 | 24,700 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Fontbonne University 6800 Wydown Blvd Saint Louis, MO 63105 | 43-0694556 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Forest Park Forever Inc 5595 Grand Dr | 43-1427062 | 16,000 |

| | | | |
|--------------------------------|---|------------|---------|
| | Saint Louis, MO 63112 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Forest ReLeaf of MO 4168 Juaniata St 1 Saint Louis, MO 63116 | 43-1615929 | 32,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Fort Worth Zoo 1989 Colonial Pkwy Fort Worth, TX 76110 | 75-0991727 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Fractured Atlas care of Black Women on Broadway PO Box 55 Hartsdale, NY 10530 | 11-3451703 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Franklin County Area United Way 301 West Front Washington, MO 63090 | 43-1124878 | 14,471 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Fresh Air Fund 633 Third Ave New York, NY 10017 | 13-1656653 | 296,383 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Friendly Temple Missionary Baptist Church 5515 Dr Martin Luther King Dr Saint Louis, MO 63112 | 43-1673199 | 6,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Ft Worth Stockshow Syndicate PO Box 150 Fort Worth, TX 76101 | 75-1790417 | 8,216 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Funds for Israels Tomorrow POB 644735 Pittsburgh, PA 15264 | 35-2374190 | 50,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Gateway Arch Park Foundation 701 Market St Ste 1250 Saint Louis, MO 63101 | 27-2128072 | 15,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Gateway EITC Community Coalition c/o United Way of Greater St Louis 910 North 11th St Saint Louis, MO 63101 | 20-0323464 | 18,678 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Geffen Playhouse 10886 Le Conte Ave Los Angeles, CA 90024 | 95-4492653 | 15,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Girls in the Know 679 Old Riverwoods Lane Chesterfield, MO 63017 | 27-0580991 | 30,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Early childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Greater Kansas City Sports Foundation Women's Intersport Intersport Network dba WIN for KC 114 West 11th St Ste 300 Kansas City, MO 64105 | 43-1530518 | 12,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Habitat for Humanity of Greater Birmingham PO Box 540 Fairfield, AL 35064 | 63-0962910 | 20,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Haven Recovery 1902 Arsenal St Saint Louis, MO 63118 | 83-1139212 | 48,961 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Basic Needs | | |
| Name and address | HOME WORKS - THVP 5501 Delmar Blvd Ste A530 Saint Louis, MO 63115 | 45-4572322 | 30,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Humane Society of Missouri 1201 Macklind Ave Saint Louis, MO 63110 | 43-0652638 | 13,800 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Jackie Joyner Kersee Foundation 101 Jackie Joyner-Kersee Circle East Saint Louis, IL 62204 | 37-1347709 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Jazz at Lincoln Center 3 Columbus Circle Ste 1200 New York, NY 10019 | 13-3888641 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Jazz St Louis 3536 Washington Ave Saint Louis, MO 63103 | 43-1761629 | 450,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | JDRF International - Chicago IL 35 East Wacker Dr Ste 2200 Chicago, IL 60601 | 23-1907729 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant CCS - Health and Well-being

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Jennings School District 2559 Dorwood Dr Jennings, MO 63136 | 46-0925051 | 17,400 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Join Hands ESL Inc 1400 Missouri Ave Bld 17 East Saint Louis, IL 62201 | 43-1607996 | 60,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Early childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Jones Valley Urban Farm 5365 1st Ave N Birmingham, AL 35203 | 52-2359003 | 20,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Junior Achievement of Alabama PO Box 19307 Birmingham, AL 35219 | 63-0340866 | 13,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Kirk Christian Day School 12928 Ladue Rd Saint Louis, MO 63141 | 43-0909345 | 50,000 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Kranzberg Arts Foundation for The Butler Group 3224 Locust St Ste 401 Saint Louis, MO 63103 | 26-0482903 | 25,000 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Kwame Charitable Foundation 1204 Washington Ave Saint Louis, MO 63103 | 88-4346912 | 10,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|--------------------------------|--|------------|---------|
| Name and address | Lemay Housing Partnership Inc PO Box 16356 Saint Louis, MO 63125 | 43-1827775 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Basic Needs | | |
| Name and address | Life House Center 11 N Clark St Saint Louis, MO 63080 | 82-2051500 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Lift for Life Academy Inc 1731 S Brdway Saint Louis, MO 63104 | 43-1535886 | 11,200 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Macoupin Center for Developmentally Disabled 700 East Elm St Carlinville, IL 62626 | 37-6052282 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | Make A Wish Foundation of Missouri and Kansas 13523 Barrett Pkwy Dr Ste 241 Ballwin, MO 63021 | 43-1550697 | 31,602 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Mary Institute and Country Day School 101 North Warson Rd Saint Louis, MO 63124 | 43-0653366 | 510,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Mental Health America of Eastern Missouri 5501 Delmar Blvd Ste A500 Saint Louis, MO 63112 | 43-0685341 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being; CCS - Health and Well-being | | |
| Name and address | Mentors in Motion | 80-0168168 | 25,000 |

| | | | |
|--------------------------------|--|------------|--------|
| | 1927 Cass Ave Saint Louis, MO 63106 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Metro East Every Survivor Counts 144 E Ferguson Ave Wood River, IL 62095 | 88-4128957 | 52,248 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | Metro East St Louis Community Initiative PO Box 452 East Saint Louis, IL 62205 | 26-4811353 | 30,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Metropolitan Community Tax Coalition 1142 Hodiadmont Ave Saint Louis, MO 63112 | 26-3106371 | 22,229 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | Metropolitan Golf Foundation 11777 Clayton Rd Saint Louis, MO 63131 | 43-1755262 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | MICDS 101 North Warson Rd Saint Louis, MO 63124 | 43-0653366 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Missouri History Museum 5700 Lindell Blvd Saint Louis, MO 63112 | 43-0654866 | 12,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Missouri River Relief PO BOX 463 Columbia, MO 65205 | 03-0425187 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | National Boy Scouts of America Foundation 1325 West Walnut Hill Lane Irving, TX 75038 | 75-2675978 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | National Center for Missing and Exploited Children 699 Prince St Alexandria, VA 22314 | 52-1328557 | 105,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | National Institute for Construction Excellence 2405 Grand Blvd Ste 106 Kansas City, MO 64108 | 83-0434229 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Nine Network of Public Media 3655 Olive St Saint Louis, MO 63108 | 43-0685345 | 42,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Olin School of Business Campus Box 1082 One Brookings Drive Saint Louis, MO 63130 | 43-0653611 | 87,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Omni peace Foundation Inc 2934 North Beverly Glen Circle Ste 12 Los Angeles, CA 90077 | 27-1900109 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | One Mind Institute PO Box 680 Rutherford, CA 94573 | 68-0359707 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Opera Theatre of Saint Louis 210 Hazel Ave Saint Louis, MO 63119 | 43-0821958 | 150,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Operation Blessing People That Care Inc 18 East Lorena Wood River, IL 62095 | 37-1206691 | 28,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Basic Needs; CCS - Basic Needs | | |
| Name and address | Orlando Family Foundation for Charities 4300 Hoffmeister Ave Saint Louis, MO 63123 | 43-1906074 | 6,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Pedal the Cause 9288 Dielman Industrial Dr Saint Louis, MO 63132 | 27-2233336 | 8,160 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | Perot Museum of Nature and Science 2201 North Field St Dallas, TX 75202 | 75-6067569 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Pink Ribbon Girls 350 Huls Dr Dayton, OH 45315 | 32-0020270 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | Places for People 4130 Lindell Blvd Saint Louis, MO 63108 | 23-7433924 | 136,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being | | |
| Name and address | Pride St Louis | 43-1331630 | 10,000 |

3738 Chouteau Ave
Ste 200
Saint Louis, MO 63110
501(c)(3)

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Princetonians for Free Speech 77 Otter Island Rd Kiawah Island, SC 29455 | 85-3710034 | 50,000 |
|-------------------------|--|------------|--------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Basic Needs

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Proctor Academy 204 Main St Andover, NH 03216 | 02-0222179 | 135,475 |
|-------------------------|---|------------|---------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Promise Christian Academy 13260 South Outer 40 Rd Town And Country, MO 63017 | 32-0188511 | 25,000 |
|-------------------------|--|------------|--------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Raceway Gives Foundation 700 Raceway Blvd Madison, IL 62060 | 84-3952685 | 165,000 |
|-------------------------|---|------------|---------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|-------|
| Name and address | Rapa hope Children's Retreat Foundation 205 Lambert Ave Ste A Mobile, AL 36604 | 63-0918844 | 8,000 |
|-------------------------|---|------------|-------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Health and Well-being

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Red Tail Cadet Program 114 North Eatherton Rd Chesterfield, MO 63005 | 43-1546804 | 20,000 |
|-------------------------|--|------------|--------|

IRC code section**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Refresh Community Church 829 N Hanley Rd Saint Louis, MO 63130 | 92-2684205 | 101,000 |
|-------------------------|--|------------|---------|

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Refuge and Restoration PO Box 701 Florissant, MO 63032 | 43-1855293 | 129,750 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response; TTP - Community Stability and Crisis Response | | |
| Name and address | Regional Business Council 7701 Forsyth Blvd Ste 205 Saint Louis, MO 63105 | 43-1913803 | 86,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | REV Birmingham 5529 1st Ave S Birmingham, AL 35212 | 20-0763511 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | Ronald McDonald House Charities of Kansas City 2501 Cherry St Kansas City, MO 64108 | 43-1190760 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | rootED Alliance Inc 401 North Michigan Ave Ste 3100 Chicago, IL 60611 | 83-0574010 | 165,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Rung Foundation Inc 2717 Sidney St Saint Louis, MO 63104 | 82-2166707 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Jobs and Financial Mobility | | |
| Name and address | Saint Louis Ballet 218 THF Blvd Chesterfield, MO 63005 | 23-7424849 | 55,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response; (blank)

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Saint Louis University 221 North Grand Ave Saint Louis, MO 63103 | 43-0654872 | 100,000 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Saint Louis University High School 4970 Oakland Saint Louis, MO 63110 | 43-0662506 | 52,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Saint Lukes Foundation 901 East 104th St Mail Stop 100 S Kansas City, MO 64131 | 44-6014699 | 20,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Health and Well-being

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Seed St Louis 5501 Delmar Blvd Ste B270 Saint Louis, MO 63112 | 43-1306778 | 20,124 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Sheldon Arts Foundation 3648 Washington Blvd Saint Louis, MO 63108 | 43-1489756 | 216,500 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | SIUE Foundation Blakey ECE Scholarship Fund #2843 30 N Circle Dr Edwardsville, IL 62026 | 37-1019805 | 50,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Springboard to Learning 1310 Papin St Ste 402 Saint Louis, MO 63103 | 43-1202003 | 45,000 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | SSM Health St Mary's Hospital St Louis 6420 Clayton Rd Saint Louis, MO 63117 | 43-1473657 | 134,790 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being | | |
| Name and address | St Boniface Catholic Church 110 North Buchanan St Edwardsville, IL 62025 | 27-0325961 | 6,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Clair County Child Advocacy Center 300 West Main St Ste 3 Belleville, IL 62220 | 37-1380467 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | St Francis Xavier College Church 3628 Lindell Blvd Saint Louis, MO 63108 | 43-0653469 | 8,490 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis American Foundation 2315 Pine St Saint Louis, MO 63103 | 43-1686282 | 70,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | St Louis Artworks 5959 Delmar Blvd Saint Louis, MO 63112 | 43-1735450 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | St Louis Association of Community Organizations 5888 Plymouth Ave Saint Louis, MO 63112 | 43-1155562 | 7,600 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| Name and address | St Louis Children's Hospital Foundation PO Box 955423 Saint Louis, MO 63195 | 43-1626863 | 26,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | St Louis College Kids Program 910 North Elventh St Saint Louis, MO 63101 | 43-0714167 | 127,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | St Louis Community Foundation Two Oak Knoll Park Saint Louis, MO 63105 | 43-1758789 | 95,197 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response; CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Police Foundation 9761 Clayton Rd Saint Louis, MO 63124 | 26-0326513 | 30,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Regional Health Commission One Campbell Plaza Ste 2A Saint Louis, MO 63139 | 43-1883638 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Science Center 5050 Oakland Ave Saint Louis, MO 63110 | 43-1496632 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Sports Foundation Inc 308 North 21st St Ste 500 Saint Louis, MO 63103 | 43-1646222 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Symphony Orchestra | 43-0666769 | 250,000 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| | 718 North Grand Saint Louis, MO 63103 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Louis Tax Assistance Program 12101 Woodcrest Executive Ste 300 Saint Louis, MO 63141 | 43-1828350 | 7,949 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | St Louis Zoo Foundation 1 Government Dr Saint Louis, MO 63110 | 43-1727309 | 18,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | St Mary's Special Services for Exceptional Children 20 Archbishop May Dr Saint Louis, MO 63119 | 32-0301060 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Health and Well-being | | |
| Name and address | STL Youth Jobs 3016 Locust St Ste 106 Saint Louis, MO 63103 | 83-2759267 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | Student United Way 910 North Eleventh St Saint Louis, MO 63101 | 43-0714167 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | Sundance Institute PO Box 684429 Park City, UT 84068 | 87-0361394 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | The Backstoppers Inc 10411 Clayton Rd | 43-6032561 | 30,240 |

| | | | |
|--------------------------------|--|------------|---------|
| | Ste A5 Saint Louis, MO 63131 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | The Ballard House 21421 Cinco Park Rd Katy, TX 77450 | 20-4709479 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Basic Needs | | |
| Name and address | The Chris Tucker Foundation 1740 Hudson Bridge Rd Ste 1194 Stockbridge, GA 30281 | 56-2431980 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | The ClarkFox Family Foundation 5501 Delmar Blvd Ste A320 Saint Louis, MO 63112 | 81-1608523 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | The Favored Foundation for Strengthening Families 5990 Page Blvd Saint Louis, MO 63112 | 46-3901875 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | The Fit and Food Connection 2115 Chambers Rd Saint Louis, MO 63136 | 47-4102880 | 20,125 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Community Stability and crisis Response | | |
| Name and address | The Foundation for the Barnes Jewish Hospital 1001 Highlands Plaza Dr W Ste 140 Saint Louis, MO 63110 | 43-1648435 | 156,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Health and Well-being | | |
| Name and address | The Haven of Grace 1225 Warren St | 43-1611181 | 37,177 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| | Saint Louis, MO 63106 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Basic Needs; TTP - Basic Needs | | |
| Name and address | The Literacy Council of Central Alabama 2301 First Ave N Ste 102 Birmingham, AL 35203 | 63-1051186 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | The Opportunity Trust 4220 Duncan Ave 201 Saint Louis, MO 63110 | 82-1838644 | 200,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | The Rooted Sisters 707 Spirit 40 Park Dr Ste 120 Chesterfield, MO 63005 | 85-0949568 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | The Sinai Family Life Center 1200 St Louis Ave East Saint Louis, IL 62201 | 36-4133510 | 15,300 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD - Early childhood and Youth Success | | |
| Name and address | The Wendell Scott Foundation PO Box 3734 Danville, VA 24543 | 30-0680491 | 593,417 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Early Childhood and Youth Success | | |
| Name and address | Tower Grove Neighborhoods Community Development 4103 Shenandoah Ave Saint Louis, MO 63110 | 43-1220525 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS - Community Stability and crisis Response | | |
| Name and address | TSCRA Disaster Relief Fund PO Box 101988 Fort Worth, TX 76185 | 84-3221274 | 15,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | United Way of Effingham County PO Box 2 Effingham, IL 62401 | 23-7087721 | 10,720 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|---------|
| Name and address | United Way of Greater Kansas City 801 West 47th St Ste 500 Kansas City, MO 64112 | 44-0545812 | 250,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | United Way of Southern Illinois 1800 W Blvd Ste D Marion, IL 62959 | 37-1375842 | 17,209 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|--------|
| Name and address | United Way of Southwest Missouri and Southeast Kansas 3510 East 3rd St Joplin, MO 64801 | 44-0556865 | 50,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|-------|
| Name and address | United Way of St Francois County 739 East Karsch Blvd Farmington, MO 63640 | 43-1680212 | 6,150 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Unity Unlimited Inc PO Box 11793 Fort Worth, TX 76110 | 75-2901335 | 150,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Urban K Life - St Louis PO Box 23369 Saint Louis, MO 63156 | 43-1538224 | 25,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.**Purpose of grant** CCS - Early Childhood and Youth Success

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Variety Children Charity 11840 Westline Industrial Dr Ste 220 Saint Louis, MO 63146 | 43-6078016 | 12,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation**Desc. of Non-Cash Asst.****Purpose of grant** AWD - Health and Well-being

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Variety the Children's Charity of St Louis 11840 Westline Industrial Dr Ste 220 Saint Louis, MO 63146 | 43-6078016 | 200,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation**Desc. of Non-Cash Asst.****Purpose of grant** AWD - Health and Well-being; CCS - Health and Well-being

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Washington University One Brookings Dr Campus Box 1101 Saint Louis, MO 63130 | 43-0653611 | 212,503 |
| IRC code section | 501(c)(3) | | |

Method of valuation**Desc. of Non-Cash Asst.****Purpose of grant** AWD - Community Stability and crisis Response; CCS - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Washington University School of Medicine 7425 Forsyth Blvd Saint Louis, MO 63105 | 43-1519670 | 144,577 |
| IRC code section | 501(c)(3) | | |

Method of valuation**Desc. of Non-Cash Asst.****Purpose of grant** AWD - Community Stability and crisis Response

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Women of Achievement One US Bank Plaza Saint Louis, MO 63101 | 43-1687327 | 12,500 |
| IRC code section | 501(c)(3) | | |

Method of valuation**Desc. of Non-Cash Asst.****Purpose of grant** CCS - Community Stability and crisis Response

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

| | | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|---|----------------------|--------------------|------------------------|
| Type of grant | 100 Neediest Case Holiday Assistance Program | 11752 | 1,436,977 | 90,818 |
| Method of valuation | Fair Market Value | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Energy Assistance Program | 10045 | 3,752,038 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Emergency Assistance Payments are made on behalf of individual landlords, mortgage companies and utilities. | 2776 | 2,377,756 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Individual Development Accounts | 23 | 72,741 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>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</p> | 1b | |
| <p>2 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 on line 1a?</p> | 2 | |
| <p>3 Indicate which, if any, of the following the 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | ✓ |
| <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> | 4b | ✓ |
| <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> | | |
| <p>a The organization?</p> | 5a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | 5b | ✓ |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> | | |
| <p>a The organization?</p> | 6a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | 6b | ✓ |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | 7 | ✓ |
| <p>8 Were any amounts reported on 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</p> | 8 | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | |

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 on 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 aren't 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 and/or 1099-NEC 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 on prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | (i) | 400,000 | 40,000 | 989 | 24,620 | 23,305 | 488,914 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | 167,613 | 16,761 | 1,623 | 13,406 | 21,331 | 220,734 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | (i) | 164,242 | 16,834 | -2,911 | 13,175 | 21,294 | 212,634 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | (i) | 159,000 | 16,000 | 2,294 | 12,686 | 8,506 | 198,486 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | (i) | 147,500 | 5,000 | 4,663 | 4,274 | 2,665 | 164,102 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 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) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

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 | ✓ | | 90,918 | Mid Mrkt Value on Gift Date |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 79 | 2,184,812 | Mid Mrkt Value 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 (New Automobile) | ✓ | 1 | 18,000 | FMV |
| 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 V, Donee Acknowledgement

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | ✓ |
| 31 | ✓ | |
| 32a | | ✓ |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't 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.

Schedule M, Part I, Line 5 - As part of the 100 Neediest Cases program, donors give gifts (household goods, toys,...) as requested in the published anonymous case stories; occasionally, United Way receives enough information to value the gifts in kind as both revenue and expense items.

Schedule M, Part I, Line 9 - This represents the number of stock or investments gifts received

Schedule M, Part I, Lines 25-28 - A single new automobile was donated as a prize award for watching the United Way's Watch and Win Giveaway information video.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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 - Michelle Tucker, President and CEO, and Vander H. Corliss, 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, 2024; #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, reasonably 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, 2024.

Form 990, Part III, Line 4d - Please see Schedule O, Statement 2 for additional other program services

Form 990, Part V, Line 2a - 174 employees, includes 13 people who were hired temporarily during the fall fundraising campaign and funded with designated corporate contributions, whose purpose was to assist in managing the many 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 147 Board members listed, only the first 112 served on the Board as of June 30, 2024. Most others terminated Board involvement at the end of their terms in January 2024, while some terminated earlier. Active Board Members are listed first in Part VII's Board listing. The Board of Directors selects from its members an Executive Committee of at most forty persons to be comprised of the elected officers, key committee chairs, 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 - Martin J Lyons Jr, Michael L Moehn, Patrick E Smith Sr - combined business relationship - Ameren/Subsidiaries; Harvey N Wallace CPA, Janet T Ramey - combined business relationship - Armano; Jeremy Williams, Kelly Gast, Reuben A Shelton - combined business relationship - Bayer US LLC; Joann M. Barton, Rob Schwartz - combined business relationship - Busey Bank; Thomas C Burke, Amy Hunter - combined business relationship - Caleres; Lawrence E Thomas, Laura B Ellenhorn, Zach Gietl, Emily Pitts, Veronica D Coleman - combined business relationship - Edward Jones; Stacy Clay, Michael Dieberg - combined business relationship - First Bank Corporation; Abel Anderson, Brian C. Gibson - combined business relationship - First Mid Bank & Trust; Michael DeCola, Amy Fields - combined business relationship - HBM Holdings; Nina Leigh Krueger, Steven P Casazza - combined business relationship - Nestle Purina/Subsidiaries; John Lynn, Scott M Hartwig - combined business relationship - Regions Bank; Julianne Callaway, Jose Gomez, Timothy L Rozar - combined business relationship - Reinsurance Group of America Inc; William Bradley Jr, Todd R Schnuck, Natalie Jablonski - combined business relationship - Schnuck Markets Inc; Scott Doyle, Mark C Darrell - combined business relationship - Spire; Lynn Beckwith Jr EdD, Tanisha N. Stevens - combined business relationship - University of Missouri - St Louis; Ryan R Kemper, Roman P Wuller - General Counsel for United Way of Greater St. Louis - Thompson Coburn LLP

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 FY24, 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 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

Supplemental Information (Continued)

990 are all posted on the organization's website, www.stl.unitedway.org in the "Who We Are" / "Our Reports" section.

Form 990, Part IX, Line 25 - The calculation of overhead expense percentage equals the management and general expenses line 25c (\$2,412,273) plus fundraising expenses line 25d (\$5,303,200) by total revenue on Form 990, Part I, Line 12 (\$81,405,995), which equals 9.48%.

Form 990, Part XI, Line 9 - Total amount of \$2,209,211 includes net unrealized gain of \$1,781,309 associated with the change in value of split interest agreements and pension and post-retirement plan changes other than net periodic benefit costs of \$427,902.

Reasonable Cause Explanations

Explanation

Application for Automatic Extension of Time was filed and acknowledged by the IRS.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|---|-------------------|-------------------|----------|
| | PROGRAM: Basic Needs --- DESCRIPTION: By supporting people's basic needs, UW is helping to stabilize people now so they can be better positioned to become independent later --- SOME MAJOR OUTCOMES, #1- 22,515 people were successfully linked with community resources, #2- 15,407 people remained in/transitioned to an improved, stable living situation, #3- 34,212 people were prepared for or successfully recovered from an emergency or disaster - [93 - Grants] | 9,045,329 | 8,061,205 | 0 |
| | PROGRAM: Jobs and Financial Mobility --- DESCRIPTION: If families and individuals have secure financial footing, they are less likely to experience instability and more likely to succeed --- SOME MAJOR OUTCOMES, #1- 4,042 people retained employment for at least three months, #2- 1,168 people increased their income, savings, and assets, #3- 4,619 people obtained job readiness skills - [15 - Grants] | 2,489,740 | 2,226,772 | 0 |
| | Coordination and navigation services are performed by the United Way 211, a 24-hour multi-channel information and referral service available to Missouri and Southwest Illinois residents by phone, email, chat, text or self-service via online resource database. United Way 211 connects callers with community resources, volunteer opportunities, and critical information 24/7 and during times of natural or man-made disaster. Training Community Resource Navigators also assist inquirers in identifying and accessing essential health and human service resources. United Way 211's resource database is the most comprehensive in the state of MO and in our 9 county region in Southwest Illinois with over 2,500 agencies and 28,000+ services. Since its inaugural year in 2007, 211 has received more than 2.5 million contacts. In 2024, 211 received over 204,000 requests for assistance and over 239,000 website searches. Needs identified and assessed ranged from basic needs like rent, utilities and food, to employment and government benefits, services for seniors and much, much more. | 3,123,555 | 0 | 0 |
| | Volunteer Center: The United Way oversees the region's Volunteer Center, which is dedicated to creating and facilitating meaningful service projects, skill-based opportunities, leadership experiences, and family volunteering options that benefit our community. The Center also offers volunteer management training to equip nonprofit organizations across Missouri and Illinois with best practices for effectively recruiting, managing, and retaining volunteers. In the 2024 fiscal year, the Volunteer Center organized 92 service projects that engaged 8,040 volunteers, resulting in 9,165 hours of service to the local community. Additionally, the Center successfully recruited 4,534 new volunteers and formed partnerships with 54 new agencies. It also promoted 2,445 volunteer opportunities in the local region through its online platform, STLVolunteer.org. | 665,259 | 0 | 0 |
| | Philanthropic Services: This 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. These services include disbursement of charitable giving, development of giving strategy, impact monitoring and reporting, and management of donor-directed programming. In 2023, United Way provided services to 10 companies, foundations, non-profits, governmental partners, and 14 individuals. | 836,510 | 0 | 0 |
| Total: | | 16,160,393 | 10,287,977 | 0 |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

43-0714167

UNITED WAY OF GREATER ST LOUIS INC

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) No Market Investments LLC 910 North Eleventh Street, Saint Louis, MO 63101 | To hold and manage certain no market securities | MO | 218,501 | 0 | United Way of Greater St Louis |
| (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) JE Williams Jr Trust (43-6022133) PO Box 653067, Dallas, TX 75265 | Mgmt Non-Exempt Char Tr - Priv Fdn | MO | Trust Trustees | T | 67,960 | 1,909,460 | 100% | | <input checked="" type="checkbox"/> |
| (2) Harry D Tilden Trust (43-6079654) PO Box 653067, Dallas, TX 75283 | Mgmt 501(c)(3) Priv Non-Oper Fdn | MO | Trust Trustees | T | 11,969 | 407,930 | 100% | | <input checked="" type="checkbox"/> |
| (3) Tom W Bennett Irrev Trust (30-6311068) PO Box 653067, Dallas, TX 75265-3067 | Mgmt Priv 501(c)(3) Non-Oper Fdn | MO | Trust Trustees | T | 30,138 | 1,696,060 | 7.5% | | <input checked="" type="checkbox"/> |
| (4) Borden S Veeder Trust Under Will PO Box 830269, Dallas, TX 75283 | Mgmt RT Under Will | MO | Trust Trustees | T | 2,841 | 137,006 | 15% | | <input checked="" type="checkbox"/> |
| (5) Georg H Walker III CRUT 1290 Ave of the Americans, New York, NY 10104 | Management CRUT | MO | Trust Trustees | T | 0 | 1,000,000 | 100% | | <input checked="" type="checkbox"/> |
| (6) Viola Reynolds Charitable Trusts (43-6023420) PO Box 830269, Dallas, TX 75283 | Mgmt CRAT-IFE, TUA DEG, & EGL | MO | Trusts Trustees | T | 1,303,320 | 7,754,373 | 20% | | <input checked="" type="checkbox"/> |
| (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.

1 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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | ✓ | |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | ✓ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | ✓ |
| o Sharing of paid employees with related organization(s) | | ✓ |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s Other transfer of cash or property from related organization(s) | | ✓ |

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) | | | | | | | | | | | | | |

