

Form **8453-EO**

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

OMB No. 1545-1879

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

**2018**

Department of the Treasury  
Internal Revenue Service

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

|  |   |
|--|---|
| Name of exempt organization<br><b>UNITED WAY OF GREATER ST LOUIS INC</b> | Employer identification number<br><b>43-0714167</b> |
|--|---|

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

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


|   |   |                             |
|---|---|-----------------------------|
| <b>1a</b> Form 990 check here <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1b</b> <u>98,379,972</u> |
| <b>2a</b> Form 990-EZ check here <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22). . . . .                                | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)              | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                                 | <b>5b</b> _____             |

**Part II Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  | 1/24/2020 | Vander H Corliss, CFO  
Signature of officer | Date | Title

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

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

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

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

|                               |                            |                      |      |   |            |
|-------------------------------|----------------------------|----------------------|------|---|------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check 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

# 2018

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **07/01**, 2018, and ending **06/30**, 20 **19**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **UNITED WAY OF GREATER ST LOUIS INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**910 North Eleventh Street**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Saint Louis, MO, 63101-1018**

**D** Employer identification number  
**43-0714167**

**E** Telephone number  
**314-539-4127**

**G** Gross receipts \$ **109,982,188**

**F** Name and address of principal officer: **Michelle D Tucker**  
**910 North Eleventh Street, Saint Louis, MO 63101-1018**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **helpingpeople.org** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1922** **M** State of legal domicile: **MO**

## Part I Summary

|                             |  |   |  |                                   |
|-----------------------------|--|---|--|-----------------------------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>United Way of Greater St. Louis mobilizes the community with one goal in mind - helping people live their best possible lives.</b> |  |                                   |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                                   |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                       | <b>144</b>                        |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                       | <b>144</b>                        |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>                                       | <b>225</b>                        |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                                       | <b>600</b>                        |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                      | <b>0</b>                          |
| <b>b</b>                    | Net unrelated business taxable income from Form 990-T, line 38 | <b>7b</b>   | <b>0</b>                                       |                                   |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>83,194,391</b>                | Current Year<br><b>95,324,039</b> |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>0</b>                                       | <b>0</b>                          |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>2,802,731</b>                               | <b>2,886,690</b>                  |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>142,995</b>                                 | <b>169,243</b>                    |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>86,140,117</b>                              | <b>98,379,972</b>                 |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | <b>69,919,861</b>                              | <b>79,528,490</b>                 |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0</b>                                       | <b>0</b>                          |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <b>12,056,800</b>                              | <b>12,230,075</b>                 |
|                             | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>                                       | <b>0</b>                          |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,043,213</b>  |  |                                   |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | <b>4,726,103</b>                               | <b>5,820,042</b>                  |
|                             | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | <b>86,702,764</b>                              | <b>97,578,607</b>                 |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12           | <b>-562,647</b>   | <b>801,365</b>                                 |                                   |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)  | Beginning of Current Year<br><b>99,318,957</b> | End of Year<br><b>102,060,971</b> |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)   | <b>32,715,153</b>                              | <b>35,363,892</b>                 |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>66,603,804</b>                              | <b>66,697,079</b>                 |

## Part II Signature Block

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

**Sign Here**

Signature of officer: **Vander H Corliss, CFO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

United Way of Greater St. Louis mobilizes the community with one goal in mind - helping people live their best possible lives.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 28,735,566 including grants of \$ 26,922,784 ) (Revenue \$ 0 )

PROGRAM: Foster Learning --- DESCRIPTION: Provides safe and nurturing environments that help children and youth reach their full potential by providing services such as early childhood education, child welfare, youth development, adoption, and after school programs. --- SOME MAJOR OUTCOMES: , #1- 6,740 reported children were free from child abuse and neglect, #2- 2,106 children were ready to enter kindergarten, #3- 8,802 children and youth improved their academic performance --- DIRECT # SERVED: 586,338 [544 grants]

**4b** (Code: ) (Expenses \$ 21,039,192 including grants of \$ 19,822,863 ) (Revenue \$ 0 )

PROGRAM: Improve Health --- DESCRIPTION: Provides individuals including seniors and people with disabilities and health conditions the opportunity to live more independent, enriching lives by providing counseling, education, support, and advocacy services. --- SOME MAJOR OUTCOMES: , #1- 34,989 people experienced fewer mental, emotional, behavioral symptoms, #2- 3,928 individuals with disabilities gained independent living skills, #3- 3,472 people successfully managed their chronic health conditions --- DIRECT # SERVED: 289,726 [379 grants]

**4c** (Code: ) (Expenses \$ 12,243,621 including grants of \$ 7,007,327 ) (Revenue \$ 0 )

PROGRAM: Provide Food and Shelter --- DESCRIPTION: Provides individuals and families immediate basic needs such as food, clothing, safe havens, violence prevention, and homeless and legal services. --- SOME MAJOR OUTCOMES: , #1- 96,972 people had their immediate basic needs met, #2- 21,094 people transitioned to an improved, stable living situation, #3- 5,827 victims of domestic violence gained strategies for safety --- DIRECT # SERVED: 211,368 [150 grants]

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 1  
(Expenses \$ 26,653,708 including grants of \$ 20,577,038 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶ 88,672,087**

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes                                 | No |
|---|-------------------------------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |                                     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |                                     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> |    |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

|            |  | Yes        | No         |
|------------|--|------------|------------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>225</b> |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | <b>2b</b>  | ✓          |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | ✓          |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | <b>3b</b>  |            |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>  | ✓          |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |            |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | ✓          |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | ✓          |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |            |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>  | ✓          |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |            |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |            |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  | ✓          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  | ✓          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | ✓          |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |            |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | ✓          |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | ✓          |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |            |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |            |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   | ✓          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |            |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  | ✓          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  | ✓          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |            |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |            |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |            |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |            |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |            |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |            |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |            |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |            |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |            |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |            |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |            |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |            |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | ✓          |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | <b>14b</b> |            |
| <b>15</b>  | 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?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | ✓          |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | ✓          |



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

**Section A. Governing Body and Management**

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

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

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

**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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Richard H McClure<br>Board Chair            | 5.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Mrs Stephen F Brauer<br>Vice-Chair             | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Dr Donald M Suggs<br>Vice-Chair                | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Mr Lawrence E Thomas<br>Vice-Chair             | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Mr Pat White Jr<br>Vice-Chair                  | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Ms Valerie E Patton<br>Corporate Secretary     | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Mr James R Schmersahl<br>Treasurer             | 2.00   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| Dr Ann Beatty<br>Executive Cmte Member         | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Lynn Beckwith Jr EdD<br>Executive Cmte Member  | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Ms Tiana Berry-Jones<br>Executive Cmte Member  | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Ms Karen L Branding<br>Executive Cmte Member   | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Ms Veronica D Coleman<br>Executive Cmte Member | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Ms Nancy E Cross<br>Executive Cmte Member      | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| Mr Michael A DeCola<br>Executive Cmte Member   | 2.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and Title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| <u>Ms Audrey V Dorch</u><br>Executive Cmte Member       | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Kevin R Farrell</u><br>Executive Cmte Member      | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Jeffrey L Fox</u><br>Executive Cmte Member        | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Ms Kelly Gast</u><br>Executive Cmte Member           | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Bruce B Holland</u><br>Executive Cmte Member      | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Ms Janet M Holloway</u><br>Executive Cmte Member     | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Robert S Holmes Jr</u><br>Executive Cmte Member   | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Brian S Kearns</u><br>Executive Cmte Member       | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Ms Lauren M Kolbe</u><br>Executive Cmte Member       | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Jay Korte</u><br>Executive Cmte Member            | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Don G Lents</u><br>Executive Cmte Member          | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Ms Peggy Lewis LeCompte</u><br>Executive Cmte Member | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr W Stephen Maritz</u><br>Executive Cmte Member     | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |
| <u>Mr Thomas J Minogue</u><br>Executive Cmte Member     | 2.00   | ✓  |                       |         |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 L Moehn<br>Executive Cmte Member     | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Kathleen T Osborn<br>Executive Cmte Member   | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Terri A Owen<br>Executive Cmte Member        | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Cassandra R Sanford<br>Executive Cmte Member | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Suzanne Sitherwood<br>Executive Cmte Member  | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Karen M Vangyia<br>Executive Cmte Member     | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Kimberly G Walker<br>Executive Cmte Member   | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr James D Weddle<br>Executive Cmte Member      | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Richard B White MD<br>Executive Cmte Member     | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mark S Wrighton PhD<br>Executive Cmte Member    | 2.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Christopher Arnold<br>Board                  | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr James A Auffmanberg<br>Board                 | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Joann M Barton<br>Board                      | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Marie-Helene Bernard<br>Board                | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Carl Bisig<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Brian J Bjorkman<br>Board   | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Albert L Bond<br>Board      | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Alexander Borchert<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Cenia D Bosman<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr William Bradley Jr<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Keith Brooks<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mrs Emily Burch<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Mark E Burkhart<br>Board    | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Steven P Casazza<br>Board   | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Robert J Ciapciak<br>Board  | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Diane Compardo<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Mark Cunningham<br>Board    | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Mark C Darrell<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and Title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Jama L Dodson<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Daniel E Farmer<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Timothy M Figge<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Thomas Finan<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Catherine A French<br>Board    | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Herb Frohock<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Scott R Goodman<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Lisa G Gould<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Alessandra D Graber<br>Board   | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Carolyn Greathouse<br>Board    | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Ronny Griffin<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Natalie A Guard<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Gireesh V Gupchup<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Patricia A Hagen Ph D<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Sheena R Hamilton<br>Board           | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Lane A Hamm<br>Board                 | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Christopher W Hanaway<br>Board       | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Catherine L Hanaway<br>Board         | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Matthew K Harbaugh<br>Board          | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Sharonica L Hardin-Bartely PhD<br>Board | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael F Hart<br>Board              | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Wendy J Henry CPA<br>Board              | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Denise Hervey<br>Board               | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Phillip E Hickman<br>Board           | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Nicole C Hudson<br>Board             | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Amy Hunter<br>Board                  | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Ryan L Hyman<br>Board                | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Frank D Jacobs<br>Board              | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Candace O Jennings<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Kristin M Johnson<br>Board      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Glenn Kage Jr<br>Board          | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Dr Barbara R Kavalier<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Colette M Kelly<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Ryan R Kemper<br>Board          | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Jeffrey B Klopfenstein<br>Board | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Jeff Kohler<br>Board            | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Melissa Lackey<br>Board         | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Keith Linderer<br>Board         | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Daniel J Ludeman<br>Board       | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Adam N Mahlandt<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr James J McGrath<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Edward McLaughlin<br>Board      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and Title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 A Merluzzi<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Stacey Morse<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Aaron Omotola<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Lawrence K Otto<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Christine M Page<br>Board      | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Jeff L Pittman PhD<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr James G Powers<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| J Michael Pressimone EdD<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Janet T Ramey<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Dana Redwing<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Susan Rollins<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Anthony G Rothermich<br>Board  | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Timothy L Rozar<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Joe Rudd<br>Board              | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Ruth M Saphian<br>Board       | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Todd R Schnuck<br>Board       | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Yusef Scoggin<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael J Scully<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Shelley J Seifert<br>Board    | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Rachel Seward<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Reuben A Shelton<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Ellen Sherberg<br>Board       | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Dr Michael D Shonrock<br>Board   | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Stanley Shoun<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Patrick E Smith Sr<br>Board   | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Gregory R Smith<br>Board      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Yvonne S Sparks<br>Board      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Frederic M Steinbach<br>Board | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Charles A Stewart Jr CPA<br>Board | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr John Stiffler<br>Board            | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Susan A Stith<br>Board            | 1.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| Mr R Philip Stupp Jr<br>Board        | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Dan Telle<br>Board                | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Ellen L Theroff<br>Board          | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Christopher R Tongay<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr John P Tvrdik<br>Board            | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Brian Ungles<br>Board             | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Craig A Unruh<br>Board            | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mrs Sandra A Van Trease<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Sumit S Verma<br>Board            | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Harvey N Wallace CPA<br>Board     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Richard B Walsh<br>Board          | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>Board                      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Dave B Weaver<br>Board                      | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Julie Whitehead<br>Board                    | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Jessica B Willingham<br>Board               | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Steven J Brackney<br>Executive Cmte Member  | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Juliette E Douglas<br>Executive Cmte Member | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Michael R Hogan<br>Executive Cmte Member       | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Rodney W Kinzinger<br>Executive Cmte Member | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael W Lawrence<br>Executive Cmte Member | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael F Neidorff<br>Executive Cmte Member | 2.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr John S Beulick<br>Board                     | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Gloria Carter-Hicks<br>Board                | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Dr Dale T Chapman EdD<br>Board                 | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Ralph W Clermont<br>Board                   | 1.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Mark Conner<br>Board             | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Ron L Daugherty<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Thomas C Erb<br>Board            | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Vicki L Felker<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Vincent J Gaffigan<br>Board      | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael J Gallagher<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Diann D Gross<br>Board           | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael R Holmes Sr<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Katie A Hubbard<br>Board         | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Andrea Jackson-Jennings<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Shawn Kormanek<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Todd J Korte<br>Board            | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Leigh A Lewis<br>Board           | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Stephen L Mackin<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 Elizabeth Marengo<br>-----<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Kathleen M Mazzarella<br>-----<br>Board | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Dean P Mueller<br>-----<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Susan Piazza<br>-----<br>Board          | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Karlos Ramirez<br>-----<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr John Ramon<br>-----<br>Board            | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Ms Georgina Randazzo<br>-----<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Alexander Rodrigo<br>-----<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Michael V Sarli<br>-----<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Mark A Schmitt<br>-----<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Scott C Schnuck<br>-----<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Robert J Schwartz<br>-----<br>Board     | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Steven J Tucker<br>-----<br>Board       | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr James A Watson<br>-----<br>Board        | 1.00   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 B Dean Webb<br>Board                                     | 1.00   | ✓   |                       |         |              |                              |        | 0  | 0   | 0   |
| Mr Don Willey<br>Board                                      | 1.00   | ✓   |                       |         |              |                              |        | 0  | 0   | 0   |
| Orvin Kimbrough<br>President-CEO (Partial Yr)               | 55.00  |   |                       | ✓       |              |                              |        | 404,890  | 0   | 45,613  |
| Michelle Tucker<br>President-CEO (See Schedule J, Part III) | 55.00  |   |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| Vander H Corliss<br>Chief Financial Officer                 | 48.00  |   |                       | ✓       |              |                              |        | 154,800  | 0   | 23,802  |
| Erin K Budde<br>Chief Innovation & Strategy Officer         | 48.00  |   |                       |         | ✓            |                              |        | 163,577  | 0   | 30,011  |
| David Poe<br>Chief Technology Officer                       | 48.00  |   |                       |         | ✓            |                              |        | 158,249  | 0   | 29,789  |
| Heather Dawson<br>Chief of Staff                            | 48.00  |   |                       |         | ✓            |                              |        | 161,404  | 0   | 28,523  |
| Julie Russell<br>SVP-Planning & Evaluation                  | 48.00  |   |                       |         |              | ✓                            |        | 143,464  | 0   | 28,110  |
| Angela B Marino<br>SVP-Marketing                            | 48.00  |   |                       |         |              | ✓                            |        | 142,141  | 0   | 28,273  |
| Roslyn Sherman Voellinger<br>VP of Labor                    | 48.00  |   |                       |         |              | ✓                            |        | 121,994  | 0   | 24,655  |
| Ed Bryant<br>VP-Stakeholder Engagement                      | 48.00  |   |                       |         |              | ✓                            |        | 116,390  | 0   | 26,032  |
| David Rutsch<br>VP-Finance & Controller                     | 48.00  |   |                       |         |              | ✓                            |        | 105,994  | 0   | 25,184  |
|   |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|--|--|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b> 128,118  |  |   |  |  |
|   | <b>b</b>   | Membership dues . . . . .  | <b>1b</b> 0  |  |   |  |  |
|   | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b> 0  |  |   |  |  |
|   | <b>d</b>   | Related organizations . . . . .  | <b>1d</b> 0  |  |   |  |  |
|   | <b>e</b>   | Government grants (contributions)  | <b>1e</b> 679,582  |  |   |  |  |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> 94,516,339   |  |   |  |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f: \$  | 1,749,780  |  |   |  |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 95,324,039   |  |   |  |  |
| <b>Program Service Revenue</b>                                    | <b>2a</b> Business Code                            |  |  |  |   |  |  |
|   | <b>b</b>   |  |  |  |   |  |  |
|   | <b>c</b>   |  |  |  |   |  |  |
|   | <b>d</b>   |  |  |  |   |  |  |
|   | <b>e</b>   |  |  |  |   |  |  |
|   | <b>f</b>   | All other program service revenue . . . . .  |  |  |   |  |  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . ▶  | 0  |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶  | 1,431,327  | 0  | 0                                       | 1,431,327  |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds ▶   | 0  | 0  | 0                                       | 0  |  |
|   | <b>5</b>   | Royalties . . . . . ▶  | 0  | 0  | 0                                       | 0  |  |
|   | <b>6a</b>  |  | (i) Real   |  |   |  |  |
|   |  |  | (ii) Personal  |  |   |  |  |
|   |  |  | <b>b</b> Less: rental expenses                                     |  |   |  |  |
|   |  |  | <b>c</b> Rental income or (loss)                                   | 0  | 0                                       |  |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶  |  |  |   |  |  |
|   | <b>7a</b>  |  | (i) Securities   |  |   |  |  |
|   |  |  | (ii) Other   |  |   |  |  |
|   |  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . | 11,548,788   | 0                                       |  |  |
|   |  |  | <b>c</b> Gain or (loss) . . . . .                                  | 1,455,363  | 0                                       |  |  |
|   | <b>d</b>   | Net gain or (loss) . . . . . ▶   | 1,455,363  | 0  | 0                                       | 1,455,363  |  |
|   | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> | 177,488  |  |   |  |  |
|   | <b>b</b>   | Less: direct expenses . . . . . <b>b</b>   | 53,428   |  |   |  |  |
|   | <b>c</b>   | Net income or (loss) from fundraising events . ▶   | 124,060  |  | 0                                       | 124,060  |  |
|   | <b>9a</b>  |  | <b>a</b>   |  |   |  |  |
|   |  |  | <b>b</b>   |  |   |  |  |
|   |  |  | <b>c</b>   |  |   |  |  |
|   | <b>10a</b>   |  | <b>a</b>   |  |   |  |  |
| <b>b</b>  |  |  |  |  |   |  |  |
| <b>c</b>  |  |  |  |  |   |  |  |
| <b>Miscellaneous Revenue</b>                                      |  | <b>Business Code</b>   |  |  |   |  |  |
| <b>11a</b>  | Campaign Processing Fees                           | 900099   | 45,183   | 45,183   | 0                                       | 0  |  |
| <b>b</b>  |  |  |  |  |   |  |  |
| <b>c</b>  |  |  |  |  |   |  |  |
| <b>d</b>  | All other revenue . . . . .                        |  | 0  | 0  | 0                                       | 0  |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |  | 45,183   |  |   |  |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶ |  | 98,379,972   | 45,183   | 0                                       | 3,010,750  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 74,330,014            | 74,330,014                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 5,198,476             | 5,198,476                       |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0                     | 0                               |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,250,616             | 312,510                         | 849,147                                | 88,959                      |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b> Other salaries and wages . . . . .   | 7,898,086             | 4,047,932                       | 914,984                                | 2,935,170                   |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 889,921               | 463,579                         | 105,004                                | 321,338                     |
| <b>9</b> Other employee benefits . . . . .  | 1,543,398             | 792,032                         | 204,131                                | 547,235                     |
| <b>10</b> Payroll taxes . . . . .   | 648,054               | 325,717                         | 101,477                                | 220,860                     |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal . . . . .  | 25,159                | 11,794                          | 9,066                                  | 4,299                       |
| <b>c</b> Accounting . . . . .   | 79,850                | 29,385                          | 28,906                                 | 21,559                      |
| <b>d</b> Lobbying . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  | 0                     |                                 |  | 0                           |
| <b>f</b> Investment management fees . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 1,548,462             | 1,314,267                       | 84,293                                 | 149,902                     |
| <b>12</b> Advertising and promotion . . . . .   | 740,050               | 168,242                         | 31,922                                 | 539,886                     |
| <b>13</b> Office expenses . . . . .   | 1,057,031             | 498,694                         | 131,418                                | 426,919                     |
| <b>14</b> Information technology . . . . .  | 439,147               | 260,909                         | 60,073                                 | 118,165                     |
| <b>15</b> Royalties . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy . . . . .   | 389,415               | 171,761                         | 69,026                                 | 148,628                     |
| <b>17</b> Travel . . . . .  | 152,873               | 81,533                          | 25,837                                 | 45,503                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 123,529               | 67,570                          | 11,758                                 | 44,201                      |
| <b>20</b> Interest . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b> Payments to affiliates . . . . .  | 572,650               | 302,874                         | 66,027                                 | 203,749                     |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 379,583               | 176,019                         | 68,030                                 | 135,534                     |
| <b>23</b> Insurance . . . . .   | 94,001                | 34,590                          | 34,026                                 | 25,385                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> -----  |                       |                                 |  |                             |
| <b>b</b> -----  |                       |                                 |  |                             |
| <b>c</b> -----  |                       |                                 |  |                             |
| <b>d</b> -----  |                       |                                 |  |                             |
| <b>e</b> All other expenses -----   | 218,292               | 84,189                          | 68,182                                 | 65,921                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 97,578,607            | 88,672,087                      | 2,863,307                              | 6,043,213                   |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,350                    | <b>1</b>    | 2,050              |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 10,224,423               | <b>2</b>    | 9,357,688          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 21,740,270               | <b>3</b>    | 26,425,340         |
|   | <b>4</b> Accounts receivable, net . . . . .  | 414,779                  | <b>4</b>    | 439,525            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 400,000            |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 189,427                  | <b>9</b>    | 229,194            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 7,189,157                |             |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 3,710,802                | <b>10c</b>  | 3,478,355          |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 50,962,162               | <b>11</b>   | 49,583,669         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 11,727,824               | <b>12</b>   | 12,086,631         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 400,000                  | <b>13</b>   | 0                  |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 133,252                  | <b>15</b>   | 58,519             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 99,318,957   | <b>16</b>                | 102,060,971 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,163,015                | <b>17</b>   | 1,181,201          |
|   | <b>18</b> Grants payable . . . . .   | 27,986,690               | <b>18</b>   | 28,845,832         |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>   | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  | 3,565,448                | <b>25</b>   | 5,336,859          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 32,715,153               | <b>26</b>   | 35,363,892         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 33,655,942               | <b>27</b>   | 31,111,209         |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 17,045,907               | <b>28</b>   | 18,698,474         |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 15,901,955               | <b>29</b>   | 16,887,396         |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 66,603,804   | <b>33</b>                | 66,697,079  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 99,318,957   | <b>34</b>                | 102,060,971 |                    |



**Part XI Reconciliation of Net Assets**

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

|           |  |           |                   |
|-----------|--|-----------|-------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b>  | <b>98,379,972</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b>  | <b>97,578,607</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b>  | <b>801,365</b>    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b>  | <b>66,603,804</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .   | <b>5</b>  | <b>672,135</b>    |
| <b>6</b>  | Donated services and use of facilities . . . . .   | <b>6</b>  | <b>0</b>          |
| <b>7</b>  | Investment expenses . . . . .  | <b>7</b>  | <b>0</b>          |
| <b>8</b>  | Prior period adjustments . . . . .   | <b>8</b>  | <b>0</b>          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>9</b>  | <b>-1,380,225</b> |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | <b>66,697,079</b> |

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>UNITED WAY OF GREATER ST LOUIS INC</b> | Employer identification number<br><b>43-0714167</b> |
|---|---|

**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 or 990-EZ).)
- 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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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 in 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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 78,495,434 | 78,255,372 | 81,409,079 | 83,194,391 | 95,324,039 | 416,678,315 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 78,495,434 | 78,255,372 | 81,409,079 | 83,194,391 | 95,324,039 | 416,678,315 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |            |            |            |            |            | 28,744,317  |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 387,933,998 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4 . . . . .  | 78,495,434 | 78,255,372 | 81,409,079 | 83,194,391 | 95,324,039 | 416,678,315 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 758,030    | 866,449    | 1,021,980  | 1,206,205  | 1,431,327  | 5,283,991   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   | 0          | 0          |            |            |            | 0           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 270,223    | 108,096    | 196,051    | 180,435    | 177,488    | 932,293     |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 422,894,599 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |            |            |            |            | 12         | 193,287     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |            |            |            |            |            |             |

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

|   |           |                |
|---|-----------|----------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | <b>91.73 %</b> |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | <b>95.4 %</b>  |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |           |                |
| <b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |                |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |                |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |                |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |                |

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

(Complete only if you checked the box on line 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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 or 990-EZ).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | <b>3</b> |    |

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

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



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

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

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





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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>UNITED WAY OF GREATER ST LOUIS INC</b> | Employer identification number<br><b>43-0714167</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                                     | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  |     | ✓  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | ✓   |    |        |
| <b>c</b> Media advertisements?  |     | ✓  |        |
| <b>d</b> Mailings to members, legislators, or the public?   | ✓   |    | 0      |
| <b>e</b> Publications, or published or broadcast statements?  |     | ✓  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | ✓  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | ✓   |    | 2,899  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | ✓   |    | 50     |
| <b>i</b> Other activities?  |     | ✓  |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 2,949  |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | ✓  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - The Organization created a Public Affairs Committee, a sub-committee of the Board during 2016. Its focus is on areas related to our mission. During FY 2019, the Committee staff meet with congressional district members and their staff on a state and national level regarding such items as the tax deductibility of charitable donations, the continuation of earned income tax credits and retaining child related tax credits. Other activities included visiting Washington DC for an annual legislators' lobby day and testifying before the Missouri Senate and Means Committee, meeting and phone calls with the Missouri General Assembly Members. Amounts in line 1g include a share of an employee's salary dedicated to direct lobbying efforts and related travel costs.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

|  |  |
|--|--|
| <b>Name of the organization</b><br><b>UNITED WAY OF GREATER ST LOUIS INC</b> | <b>Employer identification number</b><br><b>43-0714167</b> |
|--|--|

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year . . . . .   | 4   | 0                            |
| 2 Aggregate value of contributions to (during year)   | 180,000   | 0                            |
| 3 Aggregate value of grants from (during year)  | 861,501   | 0                            |
| 4 Aggregate value at end of year . . . . .  | 167,904   | 0                            |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 20,107,479       | 17,159,255     | 14,211,114         | 13,479,430           | 11,834,049          |
| <b>b</b> Contributions                                  | 0                | 2,250,000      | 2,000,000          | 1,000,000            | 2,000,000           |
| <b>c</b> Net investment earnings, gains, and losses     | 1,370,233        | 1,119,319      | 1,270,188          | 5,478                | -94,171             |
| <b>d</b> Grants or scholarships                         | 0                | 0              | 0                  | 0                    | 0                   |
| <b>e</b> Other expenditures for facilities and programs | 554,834          | 413,516        | 314,545            | 266,462              | 253,948             |
| <b>f</b> Administrative expenses                        | 7,500            | 7,579          | 7,502              | 7,332                | 6,500               |
| <b>g</b> End of year balance                            | 20,915,378       | 20,107,479     | 17,159,255         | 14,211,114           | 13,479,430          |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 77.88 %
- c** Temporarily restricted endowment ▶ 22.12 %

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 |
|---------------|-----|----|
| <b>3a(i)</b>  | ✓   |    |
| <b>3a(ii)</b> |     | ✓  |
| <b>3b</b>     |     |    |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   | 960,000                              | 0                               |                              | 960,000        |
| <b>b</b> Buildings   | 4,033,054                            | 0                               | 2,111,889                    | 1,921,165      |
| <b>c</b> Leasehold improvements  | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment   | 2,184,645                            | 0                               | 1,598,913                    | 585,732        |
| <b>e</b> Other   | 11,458                               | 0                               | 0                            | 11,458         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 3,478,355      |

**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<br>(including name of security)     | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives . . . . .   |                   |  |
| (2) Closely-held equity interests . . . . .                                 |                   |  |
| (3) Other <b>Interest In Charitable Remainder Trust</b>                     | <b>6,888,836</b>  | <b>End-of-Year Market Value</b>                              |
| (A) <b>Beneficial Interest in Perpetual Trust</b>                           | <b>5,165,760</b>  | <b>End-of-Year Market Value</b>                              |
| (B) <b>Private Equity Fund</b>  | <b>32,035</b>     | <b>End-of-Year Market Value</b>                              |
| (C) . . . . .   |                   |  |
| (D) . . . . .   |                   |  |
| (E) . . . . .   |                   |  |
| (F) . . . . .   |                   |  |
| (G) . . . . .   |                   |  |
| (H) . . . . .   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | <b>12,086,631</b> |  |

**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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |  |

**Part IX Other Assets.**

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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  | <b>0</b>         |
| (2) <b>Pension &amp; post-retirement liabilities</b>                        | <b>5,050,535</b> |
| (3) <b>Dues payable to United Way Worldwide</b>                             | <b>286,324</b>   |
| (4)   |                  |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | <b>5,336,859</b> |

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

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

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

|          |  |           |                   |                   |
|----------|--|-----------|-------------------|-------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>          | <b>69,581,914</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |                   |                   |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | <b>672,135</b>    |                   |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | <b>129,545</b>    |                   |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> | <b>0</b>          |                   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | <b>372,104</b>    |                   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |                   | <b>2e</b>         |
|          |  |           |                   | <b>1,173,784</b>  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |                   | <b>3</b>          |
|          |  |           |                   | <b>68,408,130</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |                   |                   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | <b>0</b>          |                   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | <b>29,971,842</b> |                   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |                   | <b>4c</b>         |
|          |  |           |                   | <b>29,971,842</b> |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |                   | <b>5</b>          |
|          |  |           |                   | <b>98,379,972</b> |

**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.

|          |   |           |                   |                   |
|----------|---|-----------|-------------------|-------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>          | <b>67,736,310</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |                   |                   |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | <b>129,545</b>    |                   |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> | <b>0</b>          |                   |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> | <b>0</b>          |                   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | <b>0</b>          |                   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |                   | <b>2e</b>         |
|          |   |           |                   | <b>129,545</b>    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |                   | <b>3</b>          |
|          |   |           |                   | <b>67,606,765</b> |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |                   |                   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | <b>0</b>          |                   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | <b>29,971,842</b> |                   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |                   | <b>4c</b>         |
|          |   |           |                   | <b>29,971,842</b> |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |                   | <b>5</b>          |
|          |   |           |                   | <b>97,578,607</b> |

**Part XIII Supplemental Information.**

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

Schedule D, Part V, Line 4 - Income from endowments is used to support operations and increase the amount available to fund agencies.

Schedule D, Part X, Line 2 - The Organization is exempt from federal income taxes on it related, exempt activities under section 501(c)(3) of the Internal Revenue Code. The Organization's federal tax return for the years 2015 and later remain subject to examination by taxing authorities.

Schedule D, Part XI, Line 2d - The gain of \$372,104 are due to the change in value of split interest agreements.

Schedule D, Part XI, Line 4b - \$29,971,842 is associated with donor designations not included as revenue on the financial statements but included with revenue in the Form 990.

Schedule D, Part XII, Line 4b - \$29,971,842 is associated with donor designations not included as expense on the financial statements but included with expense in the Form 990.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" 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<br>(add col. (a) through<br>col. (c)) |
|--|---|--------------------|---------------------------|------------------|--|
|  |   | <b>Golf Outing</b> | <b>Power of the Purse</b> | <b>6</b>         |  |
|  |   | (event type)       | (event type)              | (total number)   |  |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 51,901             | 39,062                    | 86,525           | 177,488  |
|  | <b>2</b> Less: Contributions . . . . .  | 0                  | 0                         | 0                | 0  |
|  | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 51,901             | 39,062                    | 86,525           | 177,488  |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  | 0                  | 0                         | 4,075            | 4,075  |
|  | <b>5</b> Noncash prizes . . . . .   | 2,238              | 3,586                     | 1,092            | 6,916  |
|  | <b>6</b> Rent/facility costs . . . . .  | 12,610             | 0                         | 12,646           | 25,256   |
|  | <b>7</b> Food and beverages . . . . .   | 6,013              | 0                         | 8,789            | 14,802   |
|  | <b>8</b> Entertainment . . . . .  | 0                  | 0                         | 0                | 0  |
|  | <b>9</b> Other direct expenses . . . . .  | 442                | 194                       | 1,743            | 2,379  |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                    |                           |                  | 53,428   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                    |                           | 124,060          |  |

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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.

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **399**

**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 1st 164 listing are for agencies that are members receiving allocations listed by total funding high to low. All other listings are for non-members receiving grants and/or designated funding listed high to low. 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: CCS=Complete Charitable Solution designations; CI=Community Investment; STL=St Louis Division; SWID=Southwest Illinois Division; TCAD=Tri-Cities Illinois Division; and TPP=3rd Party Processed.

Schedule I, Part I, Line 2 - Approximately 50 dedicated community volunteers familiar with community needs are members of the United Way Regional Investment Committee (RIC). Leadership from this committee are members of the Board and report committee activities directly to the Board. Other RIC 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 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. |
|--------------------------------|---|---------------|--------------------|------------------------|
| <b>Name and address</b>        | American National Red Cross<br>Greater St Louis Chapter<br>10195 Corporate Square Drive<br>Saint Louis, MO 63132  | 53-0196605    | 3,082,143          |                        |
| <b>IRC code section</b>        | 501(c)(3)   |               |                    |                        |
| <b>Method of valuation</b>     |   |               |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |               |                    |                        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Disaster Response; CCS Designation-Disaster Response; STL Area Allocation-Disaster Response; TPP Designation-Disaster Response; Tri-Cities Allocation-Disaster Response  |               |                    |                        |
| <b>Name and address</b>        | Boy Scouts of America Inc<br>Greater St Louis Area Council<br>4568 West Pine Boulevard<br>Saint Louis, MO 63108   | 43-0652676    | 1,966,994          |                        |
| <b>IRC code section</b>        | 501(c)(3)   |               |                    |                        |
| <b>Method of valuation</b>     |   |               |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |               |                    |                        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Youth Development; CCS Designation-Youth Development; Contract Agency Funding-Youth Development; Donor Advised Fund-Youth Development; Private Campaign-Youth Development; STL Community Enhancement Grant-Youth Development, SWID Allocation-Youth Development;TPP Designation-Youth Development, Tri-Cities Allocation-Youth Development |               |                    |                        |
| <b>Name and address</b>        | Provident Behavioral Health<br>2650 Olive Street<br>Saint Louis, MO 63103   | 43-0652630    | 1,680,655          |                        |
| <b>IRC code section</b>        | 501(c)(3)   |               |                    |                        |
| <b>Method of valuation</b>     |   |               |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |               |                    |                        |
| <b>Purpose of grant</b>        | CCS Designation-Behavioral Health;STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health  |               |                    |                        |
| <b>Name and address</b>        | Gateway Region YMCA<br>326 South 21st Street<br>Saint Louis, MO 63103   | 43-0653616    | 1,625,511          |                        |
| <b>IRC code section</b>        | 501(c)(3)   |               |                    |                        |
| <b>Method of valuation</b>     |   |               |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |               |                    |                        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; CI Grant-Youth Development; STL Area Allocation-Youth Development; STL Day Care Scholarship/Match-Early Childhood Education; SWID Allocation-Youth Development; TPP Designation-Youth Development  |               |                    |                        |
| <b>Name and address</b>        | American Cancer Society Inc<br>4207 Lindell Boulevard<br>Saint Louis, MO 63108  | 13-1788491    | 1,156,874          |                        |
| <b>IRC code section</b>        | 501(c)(3)   |               |                    |                        |
| <b>Method of valuation</b>     |   |               |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |               |                    |                        |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |           |
|--------------------------------|--|------------|-----------|
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical Health; CCS Designation-Physical Health; Contract Agency Funding-Physical Health; TPP Designation-Physical Health  |            |           |
| <b>Name and address</b>        | Urban League of Metropolitan<br>St Louis<br>3701 Grandel Square<br>Saint Louis, MO 63108   | 43-0653605 | 1,128,898 |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation-Basic Needs; Private Campaign-Basic Needs; STL Area Allocation-Basic Needs; TPP Designation-Basic Needs  |            |           |
| <b>Name and address</b>        | Salvation Army<br>1130 Hampton Avenue<br>Saint Louis, MO 63139   | 36-2167910 | 966,177   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Basic Needs; CCS Designation-Basic Needs; CI Grant-Basic Needs; Disaster Relief/Flood Relief-Basic Needs; STL Area Allocation-Basic Needs; SWID Allocation-Basic Needs, TPP Designation-Basic Needs |            |           |
| <b>Name and address</b>        | American Heart Association<br>Greater St Louis Chapter<br>460 North Lindbergh Boulevard<br>Creve Coeur, MO 63141   | 13-5613797 | 925,091   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical Health; CCS Designation-Physical Health; Contract Agency Funding-Physical Health; Private Campaign-Physical Health; TPP Designation-Physical Health  |            |           |
| <b>Name and address</b>        | Grace Hill Settlement House<br>2125 Bissell Street<br>Saint Louis, MO 63106  | 23-7216273 | 874,329   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Seimer Fdtn Grant-Neighborhood Services; STL Area Allocation-Neighborhood Services  |            |           |
| <b>Name and address</b>        | Wyman Center Inc<br>600 Kiwanis Drive<br>Eureka, MO 63025  | 43-0653263 | 860,160   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development; STL Area Allocation-Youth Development; TPP Designation-Youth Development   |            |           |
| <b>Name and address</b>        | Jewish Community Center<br>Two Millstone Campus Drive<br>Saint Louis, MO 63146   | 43-0681477 | 828,168   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** Private Campaign-Youth Development; STL Area Allocation-Youth Development; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Youth Development

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Jewish Family and Childrens Service<br>10950 Schuetz Road<br>Saint Louis, MO 63146 | 43-0790330 | 698,564 |
|-------------------------|--|------------|---------|

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Epworth Children and Family Services Inc<br>110 North Elm Avenue<br>Saint Louis, MO 63119 | 43-1069741 | 674,807 |
|-------------------------|---|------------|---------|

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** Private Campaign-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Lutheran Family and Childrens Services of Missouri<br>9666 Olive Boulevard<br>Saint Louis, MO 63132 | 43-0652650 | 655,211 |
|-------------------------|---|------------|---------|

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Child Welfare; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Child Welfare

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | YWCA of Metropolitan St Louis<br>3820 West Pine Boulevard<br>Saint Louis, MO 63108 | 43-0653618 | 652,097 |
|-------------------------|--|------------|---------|

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation-Financial Stability; CI Grant-Financial Stability; Private Campaign-Financial Stability; STL Area Allocation-Financial Stability; TPP Designation-Financial Stability

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Unleashing Potential<br>1000 N Vandeventer Avenue<br>Saint Louis, MO 63113 | 43-0654857 | 640,342 |
|-------------------------|--|------------|---------|

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Neighborhood Services; STL Day Care Scholarship/Match-Early Childhood Education

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | St Louis Arc Inc<br>1177 North Warson Road<br>Saint Louis, MO 63132 | 43-0718811 | 615,245 |
|-------------------------|---|------------|---------|

**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

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Purpose of grant</b>        | CCS Designation-Disabilities; Donor Advised Fund-Disabilities; Private Campaign-Disabilities; STL Area Allocation-Disabilities; TPP Designation-Disabilities |            |         |
| <b>Name and address</b>        | Great Circle<br>330 North Gore Avenue<br>Saint Louis, MO 63119   | 43-0653305 | 611,569 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare  |            |         |
| <b>Name and address</b>        | MERS Missouri Goodwill Industries<br>1727 Locust Street<br>Saint Louis, MO 63103   | 43-0652657 | 597,062 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Workforce Development; TPP Designation-Workforce Development   |            |         |
| <b>Name and address</b>        | Boys and Girls Clubs of<br>Greater St Louis Chapter<br>2901 North Grand Boulevard<br>Saint Louis, MO 63107   | 43-6061693 | 583,663 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; STL Area Allocation-Youth Development; TPP Designation-Youth Development  |            |         |
| <b>Name and address</b>        | Youth In Need<br>1815 Boones Lick Road<br>Saint Charles, MO 63301  | 43-1033862 | 567,008 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare  |            |         |
| <b>Name and address</b>        | Legal Services of Eastern<br>Missouri Inc<br>4232 Forest Park Avenue<br>Saint Louis, MO 63108  | 43-0816805 | 560,037 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Legal Services; TPP Designation-Legal Services   |            |         |
| <b>Name and address</b>        | Kingdom House<br>1321 South 11th Street<br>Saint Louis, MO 63104   | 43-0652648 | 554,770 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Neighborhood Services; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Neighborhood Services                   |            |         |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Name and address</b>        | Good Shepherd Children and Family Services<br>1340 Partridge Avenue<br>Saint Louis, MO 63130   | 43-1297933 | 545,308 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare  |            |         |
| <b>Name and address</b>        | Mary Ryder Home<br>4361 Olive Street<br>Saint Louis, MO 63108  | 43-0758611 | 536,432 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Senior Services  |            |         |
| <b>Name and address</b>        | Girl Scouts of Eastern Missouri<br>2300 Ball Drive<br>Saint Louis, MO 63146  | 43-0662471 | 508,471 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Youth Development; CCS Designation-Youth Development; STL Area Allocation-Youth Development; STL Community Enhancement Grant-Youth Development; TPP Designation-Youth Development |            |         |
| <b>Name and address</b>        | Family Forward<br>1167 Corporate Lake Drive<br>Saint Louis, MO 63132   | 43-0652622 | 503,812 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CI Grant-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare   |            |         |
| <b>Name and address</b>        | Big Brothers Big Sisters of Eastern Missouri<br>501 North Grand Avenue<br>Saint Louis, MO 63103  | 43-0669085 | 497,949 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Youth Development; CCS Designation-Youth Development; STL Area Allocation-Youth Development; TPP Designation-Youth Development  |            |         |
| <b>Name and address</b>        | Childrens Home and Aid<br>2133 Johnson Road<br>Granite City, IL 62040  | 36-2167743 | 458,222 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare; SWID Allocation-Child Welfare; TPP Designation-Child Welfare; Tri-Cities Allocation-Child Welfare   |            |         |
| <b>Name and address</b>        | St Patrick Center<br>800 North Tucker Boulevard  | 43-1263499 | 454,840 |



Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
|                                | Saint Louis, MO 63101   |            |         |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Basic Needs; CCS Designation-Basic Needs; STL Area Allocation-Basic Needs; TPP Designation-Basic Needs |            |         |
| <b>Name and address</b>        | National Council on Alcoholism and Drug Abuse - St Louis Area Inc<br>9355 Olive Boulevard<br>Saint Louis, MO 63132  | 43-0827852 | 448,819 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Behavioral Health;STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health  |            |         |
| <b>Name and address</b>        | Girls Incorporated of St Louis<br>3801 Nelson Drive<br>Saint Louis, MO 63121  | 43-1321294 | 438,009 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development;STL Area Allocation-Youth Development; TPP Designation-Youth Development   |            |         |
| <b>Name and address</b>        | Employment Connection<br>2838 Market Street<br>Saint Louis, MO 63103  | 43-1106386 | 428,874 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CI Grant-Workforce Development; STL Area Allocation-Workforce Development   |            |         |
| <b>Name and address</b>        | Compass Health Network<br>111 Mexico Court<br>Saint Peters, MO 63376  | 43-1160049 | 405,532 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health  |            |         |
| <b>Name and address</b>        | United Cerebral Palsy Heartland<br>13975 Manchester Road<br>Manchester, MO 63011  | 44-0579903 | 392,694 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities;STL Area Allocation-Disabilities; TPP Designation-Disabilities   |            |         |
| <b>Name and address</b>        | American Lung Association of the Upper Midwest Inc<br>7745 Carondelet<br>Saint Louis, MO 63105  | 43-0662525 | 388,759 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Physical Health;Contract Agency Funding-Physical Health; TPP Designation-Physical Health

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | St Louis Area Foodbank Inc<br>70 Corporate Woods Drive<br>Bridgeton, MO 63044 | 43-1253102 | 388,558 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation Spire Employee Match Disbursement -Basic Needs; CCS Designation-Basic Needs; STL Area Allocation-Basic Needs; TPP Designation-Basic Needs

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Center for Hearing & Speech<br>9835 Manchester Road<br>Saint Louis, MO 63119 | 43-0652678 | 387,065 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Disabilities; STL Area Allocation-Disabilities

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Saint Louis Counseling Inc<br>9200 Watson Road<br>Saint Louis, MO 63126 | 43-1658498 | 383,700 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Youth and Family Center<br>818 Cass Avenue<br>Saint Louis, MO 63106 | 43-0652663 | 379,324 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Youth Development

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Child Center Marygrove<br>2705 Mullanphy Lane<br>Florissant, MO 63031 | 43-1024440 | 376,656 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Child Welfare;STL Area Allocation-Child Welfare; TPP Designation-Child Welfare

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Mathews-Dickey Boys and Girls Club<br>4245 North Kingshighway Boulevard<br>Saint Louis, MO 63115 | 43-6060717 | 362,467 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Youth Development;STL Area Allocation-Youth Development; TPP Designation-Youth Development

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Sherwood Forest Camp Inc<br>2708 Sutton Boulevard<br>Saint Louis, MO 63143 | 43-0653401 | 360,338 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Youth Development; TPP Designation-Youth Development

**Name and address** Catholic Charities of St Louis 43-0653270 354,855  
4445 Lindell Boulevard  
Saint Louis, MO 63108

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Basic Needs; TPP Designation-Basic Needs

**Name and address** Nurses for Newborns 43-1601329 354,385  
7259 Lansdowne Avenue  
Saint Louis, MO 63119

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Child Welfare; Private Campaign-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare

**Name and address** Guardian Angel Settlement 43-0652636 353,506  
Association  
1127 North Vandeventer Avenue  
Saint Louis, MO 63113

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Neighborhood Services; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Neighborhood Services

**Name and address** Lessie Bates Davis Neighborhood 37-0662522 350,766  
House of East St Louis  
1200 North 13th Street  
East Saint Louis, IL 62205

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CI Grant-Neighborhood Services; STL Area Allocation-Neighborhood Services; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Neighborhood Services

**Name and address** Catholic Charities of 37-0661499 346,532  
Madison County  
3512 McArthur Boulevard  
Alton, IL 62002

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** SWID Allocation-Basic Needs; Tri-Cities Allocation-Basic Needs

**Name and address** Land of Lincoln Legal Aid Inc 37-0958448 346,524  
8787 State Street  
East Saint Louis, IL 62203

**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

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Purpose of grant</b>        | STL Area Allocation-Legal Services; SWID Allocation-Legal Services; TPP Designation-Legal Services; Tri-Cities Allocation-Legal Services |            |         |
| <b>Name and address</b>        | Cardinal Ritter Senior Services<br>7601 Watson Road<br>Saint Louis, MO 63119   | 43-0811604 | 324,168 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Senior Services; TPP Designation-Senior Services   |            |         |
| <b>Name and address</b>        | Safe Connections<br>2165 Hampton Avenue<br>Saint Louis, MO 63139   | 43-1077667 | 314,151 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Domestic Violence; STL Area Allocation-Domestic Violence; TPP Designation-Domestic Violence                              |            |         |
| <b>Name and address</b>        | International Institute of<br>Metropolitan St Louis<br>3401 Arsenal Street<br>Saint Louis, MO 63118                                      | 43-0652640 | 309,772 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Financial Stability; STL Area Allocation-Financial Stability; TPP Designation-Financial Stability                        |            |         |
| <b>Name and address</b>        | Foster and Adoptive Care Coalition<br>1750 South Brentwood Boulevard<br>Brentwood, MO 63144  | 43-1570225 | 307,613 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare; TPP Designation-Child Welfare   |            |         |
| <b>Name and address</b>        | Saint Louis Effort for AIDS Inc<br>2653 Locus Street<br>Saint Louis, MO 63103  | 43-1395179 | 295,832 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health   |            |         |
| <b>Name and address</b>        | Cornerstone Center for Early<br>Learning Inc<br>3901 Russell Boulevard<br>Saint Louis, MO 63110  | 43-0923158 | 286,495 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Early Childhood Education; STL Day Care Scholarship/Match-Early Childhood Education                                  |            |         |
| <b>Name and address</b>        | Alzheimers Disease and Related<br>Disorder Assn St Louis Chapter<br>9370 Olive Boulevard<br>Saint Louis, MO 63132                        | 43-1237069 | 267,516 |

## Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical Health; CCS Designation-Physical Health; Contract Agency Funding-Physical Health; TPP Designation-Physical Health |            |         |
| <b>Name and address</b>        | Harris House Foundation<br>8315 South Broadway<br>Saint Louis, MO 63111   | 43-1235232 | 256,888 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Behavioral Health; Private Campaign-Education; STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health                                       |            |         |
| <b>Name and address</b>        | SouthSide Early Childhood Center<br>2101 South Jefferson Avenue<br>Saint Louis, MO 63104  | 43-0685348 | 255,533 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Early Childhood Education; STL Day Care Scholarship/Match-Early Childhood Education   |            |         |
| <b>Name and address</b>        | Annie Malone Children and Family Service Center<br>2612 Annie Malone Drive<br>Saint Louis, MO 63113   | 43-0652652 | 246,986 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CI Grant-Child Welfare; Private Campaign-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare  |            |         |
| <b>Name and address</b>        | Kids In The Middle Inc<br>2650 South Hanley Road<br>Saint Louis, MO 63144   | 43-1192510 | 241,346 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Behavioral Health; STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health                                |            |         |
| <b>Name and address</b>        | National Multiple Sclerosis Society<br>Gateway Area Chapter<br>12125 Woodcrest Executive Drive<br>Saint Louis, MO 63141   | 13-5661935 | 235,855 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health  |            |         |
| <b>Name and address</b>        | United Services for Children<br>4140 Old Mill Parkway<br>Saint Peters, MO 63376   | 43-1136074 | 228,921 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |

**Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Early Childhood Education;STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Early Childhood Education

**Name and address** Preferred Family Healthcare 43-1236557 224,832  
4066 Dunnica Avenue  
Saint Louis, MO 63116

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health

**Name and address** Girl Scouts of Southern Illinois 37-0811488 224,461  
Four Ginger Creek Parkway  
Glen Carbon, IL 62034

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Youth Development; SWID Allocation-Youth Development; TPP Designation-Youth Development; Tri-Cities Allocation-Youth Development

**Name and address** Madison County Urban League Inc 37-1028276 223,304  
408 East Broadway  
Alton, IL 62002

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** SWID Allocation-Basic Needs; Tri-Cities Allocation-Basic Needs

**Name and address** Amyotrophic Lateral Sclerosis Assn 43-1458163 222,080  
St Louis Regional Chapter  
2258 Weldon Parkway  
Saint Louis, MO 63146

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation Spire Employee Match Disbursement -Physical Health; Private Campaign-Physical Health; STL Area Allocation-Physical Health; TPP Designation-Physical Health

**Name and address** Webster Child Care Center at 43-1014311 217,800  
Laclede Groves  
624 Lohmann Forest Lane  
Saint Louis, MO 63119

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

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Area Allocation-Early Childhood Education;STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Early Childhood Education

**Name and address** Lutheran Senior Services 43-0654862 215,844  
1150 Hanley Industrial Court  
Saint Louis, MO 63144

**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               | STL Area Allocation-Senior Services; TPP Designation-Senior Services  |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Gene Slays Girls and Boys Club<br>of St Louis Inc<br>2524 South 11th Street<br>Saint Louis, MO 63104  | 43-0653261 | 215,442 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Youth Development; TPP Designation-Youth Development  |            |         |
| <b>Name and address</b>        | Lemay Child and Family Center<br>9828 South Broadway<br>Saint Louis, MO 63125   | 43-1061831 | 215,236 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Early Childhood Education; STL Area Allocation-Early Childhood Education; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Early Childhood Education |            |         |
| <b>Name and address</b>        | Central Institute for the Deaf<br>825 South Taylor Avenue<br>Saint Louis, MO 63110  | 43-0662456 | 215,092 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities; STL Area Allocation-Disabilities; TPP Designation-Disabilities  |            |         |
| <b>Name and address</b>        | Illinois Center for Autism<br>548 South Ruby Lane<br>Fairview Heights, IL 62208   | 37-1023452 | 212,883 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; SWID Allocation-Disabilities; TPP Designation-Disabilities; Tri-Cities Allocation-Disabilities  |            |         |
| <b>Name and address</b>        | Human Support Services<br>988 North Illinois Route 3<br>Waterloo, IL 62298  | 37-0968305 | 211,747 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; TPP Designation-Disabilities  |            |         |
| <b>Name and address</b>        | Saint Louis Crisis Nursery<br>11710 Administration Drive<br>Saint Louis, MO 63146   | 43-1410297 | 201,511 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Child Welfare; STL Area Allocation-Child Welfare; TPP Designation-Child Welfare   |            |         |
| <b>Name and address</b>        | Emmaus Homes Inc<br>3731 Mueller Road<br>Saint Charles, MO 63301  | 43-0653309 | 196,063 |



## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities;STL Area Allocation-Disabilities; TPP Designation-Disabilities             |            |         |
| <b>Name and address</b>        | Community Living Inc<br>1040 St Peters Howell Road<br>Saint Peters, MO 63376                            | 43-1129770 | 195,941 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; TPP Designation-Disabilities  |            |         |
| <b>Name and address</b>        | Community Link<br>1665 North Fourth Street<br>Breese, IL 62230  | 37-0955971 | 194,269 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; TPP Designation-Disabilities  |            |         |
| <b>Name and address</b>        | St Martins Child Center<br>6315 Garfield Avenue<br>Saint Louis, MO 63134                                | 42-1001293 | 188,105 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Early Childhood Education; STL Day Care Scholarship/Match-Early Childhood Education |            |         |
| <b>Name and address</b>        | Coordinated Youth and Human Services<br>2016 Madison Avenue<br>Granite City, IL 62040                   | 37-0662520 | 181,802 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Tri-Cities Allocation-Youth Development   |            |         |
| <b>Name and address</b>        | Mental Health America of Eastern Missouri<br>1905 South Grand Boulevard<br>Saint Louis, MO 63104        | 43-0685341 | 175,887 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health                                |            |         |
| <b>Name and address</b>        | Easter Seals Midwest<br>11933 Westline Industrial Drive<br>Saint Louis, MO 63146                        | 43-0827160 | 173,964 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities;STL Area Allocation-Disabilities; TPP Designation-Disabilities             |            |         |
| <b>Name and address</b>        | Northside Youth And Senior Service Center Inc   | 43-1028098 | 173,737 |

|                                |   |            |         |
|--------------------------------|---|------------|---------|
|                                | 4120 Maffitt Avenue<br>Saint Louis, MO 63113  |            |         |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Senior Services   |            |         |
| <b>Name and address</b>        | University City Childrens Center<br>6646 Vernon Avenue<br>Saint Louis, MO 63130   | 43-0958608 | 166,188 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Early Childhood Education; STL Area Allocation-Early Childhood Education; STL Day Care Scholarship/Match-Early Childhood Education; TPP Designation-Early Childhood Education |            |         |
| <b>Name and address</b>        | VOYCE<br>680 Craig Road<br>Saint Louis, MO 63141  | 43-1480438 | 164,150 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Senior Services   |            |         |
| <b>Name and address</b>        | St Marys Special Services for<br>Exceptional Children<br>20 Archbishop May Drive<br>Saint Louis, MO 63119   | 32-0301060 | 160,581 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Early Childhood Education   |            |         |
| <b>Name and address</b>        | United 4 Children<br>1310 Papin Street<br>Saint Louis, MO 63103   | 43-0953836 | 160,167 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Early Childhood Education; STL Area Allocation-Early Childhood Education; TPP Designation-Early Childhood Education   |            |         |
| <b>Name and address</b>        | Paraquad Inc<br>5240 Oakland Avenue<br>Saint Louis, MO 63110  | 23-7112449 | 158,221 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities; STL Area Allocation-Disabilities; TPP Designation-Disabilities  |            |         |
| <b>Name and address</b>        | Call for Help Inc<br>9400 Lebanon Road<br>East Saint Louis, IL 62203  | 37-1022829 | 153,585 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Neighborhood Services   |            |         |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Jewish Federation of St Louis<br>12 Millstone Campus Drive<br>Saint Louis, MO 63146                                     | 43-0652643 | 147,950 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; STL Area Allocation-Neighborhood Services; TPP Designation-Neighborhood Services |            |         |
| <b>Name and address</b>        | St Marthas Hall<br>PO Box 4950<br>Saint Louis, MO 63108   | 43-1350160 | 147,764 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Domestic Violence; TPP Designation-Domestic Violence  |            |         |
| <b>Name and address</b>        | Wesley House Association<br>4507 Lee Avenue<br>Saint Louis, MO 63115  | 43-0653613 | 147,022 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Neighborhood Services; TPP Designation-Neighborhood Services  |            |         |
| <b>Name and address</b>        | Lincoln County Council on Aging<br>1380 Boone Street<br>Troy, MO 63379  | 43-1136188 | 146,061 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Senior Services; TPP Designation-Senior Services  |            |         |
| <b>Name and address</b>        | American National Red Cross of<br>Central - Southern Illinois Region<br>1045 Outer Park Drive<br>Springfield, IL 62704  | 53-0196605 | 144,558 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | SWID Allocation-Disaster Response; TPP Designation-Disaster Response  |            |         |
| <b>Name and address</b>        | St Clair County Child Advocacy<br>Center<br>300 West Main Street Suite<br>Belleville, IL 62220                          | 37-1380467 | 142,894 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare; TPP Designation-Child Welfare  |            |         |
| <b>Name and address</b>        | Duo Dogs Inc<br>10955 Linpage Place<br>Saint Louis, MO 63132  | 43-1379801 | 137,480 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; TPP Designation-Disabilities   |            |         |
| <b>Name and address</b>        | Voices for Children<br>105 S Central<br>Saint Louis, MO 63105  | 43-1807059 | 136,724 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Child Welfare;STL Area Allocation-Child Welfare; TPP Designation-Child Welfare                         |            |         |
| <b>Name and address</b>        | CASA of Southwestern Illinois<br>1801 North Belt West<br>Belleville, IL 62226  | 37-1233728 | 136,258 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare; TPP Designation-Child Welfare   |            |         |
| <b>Name and address</b>        | Womens Safe House<br>P O Box 63010<br>Saint Louis, MO 63163  | 43-1111319 | 135,837 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Domestic Violence;STL Area Allocation-Domestic Violence; TPP Designation-Domestic Violence             |            |         |
| <b>Name and address</b>        | Leu Civic Center Inc<br>213 North Market Street<br>Mascoutah, IL 62258   | 37-1056779 | 132,180 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Youth Development  |            |         |
| <b>Name and address</b>        | Boys and Girls Clubs of<br>St Charles County<br>1211 Lindenwood Avenue<br>Saint Charles, MO 63301                      | 43-0714369 | 131,312 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development;STL Area Allocation-Youth Development; TPP Designation-Youth Development             |            |         |
| <b>Name and address</b>        | Asthma and Allergy Foundation of<br>America St Louis Chapter<br>1500 South Big Bend Boulevard<br>Saint Louis, MO 63117 | 43-1484316 | 130,457 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health   |            |         |
| <b>Name and address</b>        | Turning Point Advocacy Services<br>PO Box 426<br>Warrenton, MO 63383   | 43-1667293 | 128,972 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Domestic Violence

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Humanitri<br>1447 East Grand<br>Saint Louis, MO 63107 | 43-1470568 | 125,816 |
|-------------------------|---|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Basic Needs; TPP Designation-Basic Needs

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Senior Services Plus Inc<br>2603 North Rodgers Avenue<br>Alton, IL 62002 | 37-0975762 | 123,873 |
|-------------------------|--|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Senior Services;SWID Allocation-Senior Services; Tri-Cities Allocation-Senior Services

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Community Council of St Charles<br>County<br>PO Box 219<br>Cottleville, MO 63338 | 43-6051722 | 121,648 |
|-------------------------|--|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Neighborhood Services

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Violence Prevention Center of<br>Southwestern Illinois<br>PO Box 831<br>Belleville, IL 62222 | 37-1223450 | 121,286 |
|-------------------------|--|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Domestic Violence; TPP Designation-Domestic Violence

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Fathers and Families Support Center<br>4411 North Newstead Avenue<br>Saint Louis, MO 63115 | 43-1804267 | 116,035 |
|-------------------------|--|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Workforce Development;STL Area Allocation-Workforce Development; TPP Designation-Workforce Development

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | LifeBridge Partnership<br>1187 Corporate Lake Drive<br>Saint Louis, MO 63132 | 43-0692190 | 113,800 |
|-------------------------|--|------------|---------|

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** STL Area Allocation-Disabilities; TPP Designation-Disabilities

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | College Bound<br>110 North Jefferson Avenue<br>Saint Louis, MO 63103 | 20-4768985 | 113,007 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Education; STL Area Allocation-Education

|                         |                                  |            |         |
|-------------------------|----------------------------------|------------|---------|
| <b>Name and address</b> | Boys and Girls Club of Alton Inc | 36-4142577 | 109,938 |
|-------------------------|----------------------------------|------------|---------|

2512 Amelia St

Alton, IL 62002

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Youth Development;SWID Allocation-Youth Development;  
TPP Designation-Youth Development

|                         |                                |            |         |
|-------------------------|--------------------------------|------------|---------|
| <b>Name and address</b> | National Kidney Foundation Inc | 43-6066368 | 104,554 |
|-------------------------|--------------------------------|------------|---------|

1001 Craig Road

Saint Louis, MO 63146

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Physical Health; TPP Designation-Physical Health

|                         |                           |            |         |
|-------------------------|---------------------------|------------|---------|
| <b>Name and address</b> | Community Care Center Inc | 37-0752347 | 100,682 |
|-------------------------|---------------------------|------------|---------|

1818 Cleveland Avenue

Granite City, IL 62040

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Designation-Basic Needs; Tri-Cities Allocation-Basic Needs

|                         |                              |            |        |
|-------------------------|------------------------------|------------|--------|
| <b>Name and address</b> | St Vincent Home for Children | 43-0653319 | 99,649 |
|-------------------------|------------------------------|------------|--------|

7401 Florissant Road

Saint Louis, MO 63121

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Child Welfare; TPP Designation-Child Welfare

|                         |                             |            |        |
|-------------------------|-----------------------------|------------|--------|
| <b>Name and address</b> | Big Brothers Big Sisters of | 37-1095468 | 97,280 |
|-------------------------|-----------------------------|------------|--------|

Southwestern Illinois

2900 Frank Scott Parkway West

Belleville, IL 62223

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Youth Development;TPP Designation-Youth  
Development; Tri-Cities Allocation-Youth Development

|                         |                                |            |        |
|-------------------------|--------------------------------|------------|--------|
| <b>Name and address</b> | St Clair Associated Vocational | 37-0959053 | 97,204 |
|-------------------------|--------------------------------|------------|--------|

Enterprises Inc

3001 Save Road

Belleville, IL 62221

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Disabilities; TPP Designation-Disabilities

|                         |                 |            |        |
|-------------------------|-----------------|------------|--------|
| <b>Name and address</b> | Almost Home Inc | 43-1645686 | 95,900 |
|-------------------------|-----------------|------------|--------|

3200 St Vincent Avenue

Saint Louis, MO 63104

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Child Welfare;STL Area Allocation-Child Welfare; TPP Designation-Child Welfare

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | NextStep for Life Inc<br>PO Box 97<br>Mapaville, MO 63065 | 43-1204559 | 92,824 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Disabilities

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Society of St Vincent De Paul<br>of St Louis<br>1310 Papin Street<br>Saint Louis, MO 63103 | 43-0652684 | 92,260 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Basic Needs; TPP Designation-Basic Needs

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Caritas Family Solutions<br>8601 West Main Street<br>Belleville, IL 62223 | 37-0661500 | 89,535 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | MindsEye Radio<br>9541 Church Circle Drive<br>Belleville, IL 62223 | 81-2553623 | 85,766 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Disabilities; TPP Designation-Disabilities

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Riverbend Head Start and Family<br>Services Inc<br>550 Landmarks Boulevard<br>Alton, IL 62002 | 37-0681548 | 85,463 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Early Childhood Education; TPP Designation-Early Childhood Education

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | NAMI St Louis<br>1810 Craig Road<br>Saint Louis, MO 63146 | 43-1143899 | 84,405 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant STL Area Allocation-Behavioral Health; TPP Designation-Behavioral Health

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Queen of Peace Center<br>325 North Newstead Avenue<br>Saint Louis, MO 63108 | 43-1528548 | 81,425 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)



|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Behavioral Health  |            |        |
| <b>Name and address</b>        | St Joseph Institute for the Deaf<br>1314 Strassner Drive<br>Brentwood, MO 63144                                      | 43-0653494 | 74,994 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Disabilities; TPP Designation-Disabilities   |            |        |
| <b>Name and address</b>        | Lutheran Child and<br>Family Services of Illinois<br>317 West Main Street<br>Belleville, IL 62220                    | 36-2167778 | 74,647 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Child Welfare; TPP Designation-Child Welfare   |            |        |
| <b>Name and address</b>        | Delta Gamma Center for<br>Children with Visual Impairments<br>1750 South Big Bend Boulevard<br>Saint Louis, MO 63117 | 43-0725282 | 72,427 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities; STL Area Allocation-Disabilities; TPP<br>Designation-Disabilities                      |            |        |
| <b>Name and address</b>        | American Diabetes Association<br>15455 Conway Road<br>Chesterfield, MO 63017   | 13-1623888 | 72,379 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health   |            |        |
| <b>Name and address</b>        | Visiting Nurse Association<br>Greater St Louis<br>2029 Woodland Parkway<br>Saint Louis, MO 63146                     | 43-1280435 | 71,809 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health  |            |        |
| <b>Name and address</b>        | Oasis Womens Center<br>111 Market Street<br>Alton, IL 62002  | 37-1017792 | 71,538 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Domestic Violence; SWID Allocation-Domestic Violence;<br>TPP Designation-Domestic Violence           |            |        |
| <b>Name and address</b>        | Boys and Girls Club of Bethalto<br>324 East Central Street<br>Bethalto, IL 62010                                     | 37-0911129 | 69,627 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Youth Development; TPP Designation-Youth Development  |            |        |
| <b>Name and address</b>        | Crime Victim Advocacy Center<br>of St Louis<br>539 North Grand Boulevard<br>Saint Louis, MO 63103   | 43-1025252 | 69,207 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Legal Services; TPP Designation-Legal Services  |            |        |
| <b>Name and address</b>        | Comtreia Inc<br>227 Main Street<br>Festus, MO 63028   | 36-2800788 | 68,989 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Behavioral Health   |            |        |
| <b>Name and address</b>        | Arthritis Foundation Heartland<br>Region Inc<br>9433 Olive Boulevard<br>Saint Louis, MO 63132   | 58-1341679 | 67,026 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health  |            |        |
| <b>Name and address</b>        | Alcoholic Rehabilitation<br>Community Home<br>1313 21st Street<br>Granite City, IL 62040  | 23-7043276 | 63,067 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Behavioral Health; TPP Designation-Behavioral Health; Tri-Cities Allocation-Behavioral Health   |            |        |
| <b>Name and address</b>        | Crisis Food Center Inc<br>21 East 6th Street<br>Alton, IL 62002   | 37-1054276 | 62,872 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Basic Needs; CCS Designation-Basic Needs; SWID Allocation-Basic Needs; TPP Designation-Basic Needs |            |        |
| <b>Name and address</b>        | Macoupin Center for the<br>Developmentally Disabled<br>700 East Elm Street<br>Carlinville, IL 62626   | 37-6052282 | 62,674 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Disabilities; SWID Community Response-Disabilities; TPP   |            |        |

| Designation-Disabilities       |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Name and address</b>        | Center for Women in Transition<br>7525 South Broadway<br>Saint Louis, MO 63111                           | 43-1799627 | 60,483 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Financial Stability; TPP Designation-Financial Stability                             |            |        |
| <b>Name and address</b>        | Epilepsy Foundation of Missouri<br>and Kansas<br>4406 Saint Vincent Avenue<br>Saint Louis, MO 63119      | 43-6048869 | 57,733 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health                                     |            |        |
| <b>Name and address</b>        | Gateway Region YMCA<br>Tri-City Area Branch<br>326 South 21st Street<br>Saint Louis, MO 63103            | 43-0653616 | 54,518 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Tri-Cities Allocation-Youth Development  |            |        |
| <b>Name and address</b>        | Good Samaritan House of<br>Granite City Inc<br>1825 Delmar Avenue<br>Granite City, IL 62040              | 36-4177264 | 53,904 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | TCAD Community Response-Basic Needs; TPP Designation-Basic Needs;<br>Tri-Cities Allocation-Basic Needs   |            |        |
| <b>Name and address</b>        | Lupus Foundation of America<br>Heartland Chapter Inc<br>4640 Shenandoah Avenue<br>Saint Louis, MO 63110  | 51-0192362 | 52,831 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health; TPP Designation-Physical Health                                     |            |        |
| <b>Name and address</b>        | JDRF Greater Missouri and<br>Southern Illinois<br>1807 Park 270 Drive<br>Saint Louis, MO 63146           | 23-1907729 | 52,446 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health; STL Area Allocation-Physical Health; TPP<br>Designation-Physical Health |            |        |
| <b>Name and address</b>        | Operation Blessing<br>People That Care Inc<br>18 East Lorena   | 37-1206691 | 46,144 |

|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | Wood River, IL 62095   |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Basic Needs; SWID Allocation-Basic Needs   |            |        |
| <b>Name and address</b>        | Infant Loss Resources<br>1120 South Sixth Street<br>Saint Louis, MO 63104                        | 43-1344645 | 43,345 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Physical Health  |            |        |
| <b>Name and address</b>        | IMPACT Center for Independent<br>Living (CL)<br>2735 East Broadway<br>Alton, IL 62002            | 37-1183032 | 39,727 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Disabilities; TPP Designation-Disabilities                                       |            |        |
| <b>Name and address</b>        | Highland Area Christian<br>Service Ministry<br>900 Chestnut Street<br>Highland, IL 62249         | 36-4153849 | 36,665 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Basic Needs  |            |        |
| <b>Name and address</b>        | St Johns Community Care<br>222 Goethe Avenue<br>Collinsville, IL 62234                           | 37-1184962 | 36,303 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Senior Services; Tri-Cities Allocation-Senior Services                           |            |        |
| <b>Name and address</b>        | Joe W Roberts Youth Club<br>P O Box 196<br>Madison, IL 62060                                     | 37-1208098 | 34,357 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Tri-Cities Allocation-Youth Development  |            |        |
| <b>Name and address</b>        | Young Mens Christian Association<br>of Edwardsville<br>1200 Esic Drive<br>Edwardsville, IL 62025 | 37-0661259 | 32,898 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Youth Development  |            |        |
| <b>Name and address</b>        | Kreative Kids Learning Center<br>PO Box 516<br>Alton, IL 62002                                   | 37-0920860 | 26,483 |

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## UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Early Childhood Education   |            |        |
| <b>Name and address</b>        | Scott Air Force Base Youth Programs<br>375 FSS/FSFY Building 4780<br>Scott Air Force Base, IL 62225               | 37-0741166 | 26,098 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Youth Development   |            |        |
| <b>Name and address</b>        | Rebuilding Together SouthWest<br>Illinois<br>1101 Greenwood Street<br>Madison, IL 62060                           | 37-1311197 | 23,031 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Basic Needs; Tri-Cities Allocation-Basic Needs  |            |        |
| <b>Name and address</b>        | The National Alliance on Mental<br>Illness Southwestern Illinois<br>2100 Madison Avenue<br>Granite City, IL 62040 | 37-1322048 | 21,229 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Behavioral Health; Tri-Cities Allocation-Behavioral Health  |            |        |
| <b>Name and address</b>        | Empower Missouri<br>606 East Capitol Avenue<br>Jefferson City, MO 65101   | 44-0547548 | 19,970 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | STL Area Allocation-Neighborhood Services   |            |        |
| <b>Name and address</b>        | Society of St Vincent De Paul<br>Edwardsville<br>110 North Buchanan Street<br>Edwardsville, IL 62025              | 37-0706734 | 18,603 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Basic Needs; TPP Designation-Basic Needs  |            |        |
| <b>Name and address</b>        | Main Street Community Center Inc<br>1003 North Main Street<br>Edwardsville, IL 62025                              | 37-0989006 | 15,962 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | SWID Allocation-Senior Services; TPP Designation-Senior Services  |            |        |
| <b>Name and address</b>        | Riverbend Family Ministries NFP<br>131 East Ferguson Avenue<br>Wood River, IL 62095                               | 26-0347023 | 14,955 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Place-Based Collaborations

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Tri-Cities Area Association for Handicapped Inc<br>3127 West Chain of Rocks Road<br>Granite City, IL 62040 | 37-0808241 | 10,951 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Tri-Cities Allocation-Disabilities

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | American Red Cross Greater Kansas City Chapter<br>211 West Armour Boulevard<br>Kansas City, MO 64111 | 53-0196605 | 10,000 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Physical Health

|                         |  |            |       |
|-------------------------|--|------------|-------|
| <b>Name and address</b> | Girl Scouts of Central Illinois<br>3020 Baker Drive<br>Springfield, IL 62703 | 37-0681529 | 7,435 |
|-------------------------|--|------------|-------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Youth Development

|                         |  |            |       |
|-------------------------|--|------------|-------|
| <b>Name and address</b> | Faith in Action Edwardsville - Glen Carbon<br>903 North 2nd Street<br>Edwardsville, IL 62025 | 36-4535817 | 7,328 |
|-------------------------|--|------------|-------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Senior Services; TPP Designation-Senior Services

|                         |  |            |       |
|-------------------------|--|------------|-------|
| <b>Name and address</b> | Boy Scouts of America - Abraham Lincoln Council<br>5231 South Sixth Street Road<br>Springfield, IL 62703 | 37-0661493 | 6,429 |
|-------------------------|--|------------|-------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Youth Development; TPP Designation-Youth Development

|                         |   |            |       |
|-------------------------|---|------------|-------|
| <b>Name and address</b> | Calhoun County Council for Senior Citizens<br>203 Main Street<br>Hardin, IL 62047 | 68-0494806 | 5,873 |
|-------------------------|---|------------|-------|

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant SWID Allocation-Senior Services

|                         |  |            |       |
|-------------------------|--|------------|-------|
| <b>Name and address</b> | Collinsville Area Meals On Wheels<br>195 West Country Lane<br>Collinsville, IL 62234 | 37-1031182 | 5,355 |
|-------------------------|--|------------|-------|

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |           |
|--------------------------------|--|------------|-----------|
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | SWID Allocation-Basic Needs; TPP Designation-Basic Needs   |            |           |
| <b>Name and address</b>        | Variety the Childrens Charity<br>of St Louis<br>11840 Westline Industrial Drive<br>Saint Louis, MO 63146 | 43-6078016 | 2,376,741 |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation-Disabilities; Donor Advised Fund-Disabilities; Private Campaign-Disabilities             |            |           |
| <b>Name and address</b>        | Victory Junction<br>4500 Adams Way<br>Randleman, NC 27317  | 56-2215292 | 1,502,578 |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | Private Campaign-Child Welfare   |            |           |
| <b>Name and address</b>        | Global Leadership Forum<br>701 Fee Fee Road<br>Maryland Heights, MO 63043                                | 47-4166468 | 1,052,911 |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation-Education; Private Campaign-Education  |            |           |
| <b>Name and address</b>        | Concordance Academy of Leadership<br>1845 Borman Court<br>Saint Louis, MO 63146                          | 43-1416762 | 1,014,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development; Private Campaign-Workforce Development                            |            |           |
| <b>Name and address</b>        | Entertainment Industry Foundation<br>10880 Wilshire Boulevard<br>Los Angeles, CA 90024                   | 95-1644609 | 797,658   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |           |
| <b>Name and address</b>        | Array Alliance<br>180 Glendale Boulevard<br>Los Angeles, CA 90026  | 82-5248574 | 550,000   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |
| <b>Method of valuation</b>     |  |            |           |
| <b>Desc. of Non-Cash Asst.</b> |  |            |           |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |           |
| <b>Name and address</b>        | Sheldon Arts Foundation<br>3648 Washington Boulevard<br>Saint Louis, MO 63108                            | 43-1489756 | 505,563   |
| <b>IRC code section</b>        | 501(c)(3)  |            |           |



## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture;  
Private Campaign-Arts & Culture

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Nine Network of Public Media<br>3655 Olive Street<br>Saint Louis, MO 63108 | 43-0685345 | 484,000 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture;  
Private Campaign-Arts & Culture

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | The Muny<br>One Theatre Drive<br>Saint Louis, MO 63112 | 43-0662485 | 481,684 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture;  
Private Campaign-Arts & Culture

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Jazz St Louis<br>3536 Washington Avenue<br>Saint Louis, MO 63103 | 43-1761629 | 480,067 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Donor Advised Fund-Arts & Culture; Private Campaign-Arts & Culture

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | St Louis Symphony<br>718 North Grand<br>Saint Louis, MO 63103 | 43-0666769 | 475,000 |
|-------------------------|---|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Arts & Culture; Private Campaign-Arts & Culture

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Lindenwood University<br>209 South Kingshighway Street<br>Saint Charles, MO 63301 | 43-0652649 | 410,000 |
|-------------------------|---|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Education

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Washington University School of<br>Medicine<br>7425 Forsyth Boulevard<br>Saint Louis, MO 63105 | 43-0653611 | 352,698 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Education

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Beyond Housing<br>6506 Wright Way<br>Saint Louis, MO 63121 | 51-0179471 | 337,900 |
|-------------------------|--|------------|---------|

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

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Education; Seimer Fdtn Grant-Education

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Geffen Playhouse<br>10886 Le Conte Avenue<br>Los Angeles, CA 90024 | 95-4492653 | 325,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | University of Missouri St Louis<br>Collete of Business<br>202 AnheuserBusch Hall<br>One University Boulevard<br>Saint Louis, MO 63121 | 26-6440629 | 324,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Education

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Mercy Health Foundation St Louis<br>615 South New Ballas Road<br>Saint Louis, MO 63141 | 56-2410020 | 315,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Physical Health

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Academy Foundation<br>8949 Wilshire Boulevard<br>Beverly Hills, CA 90211 | 95-2243698 | 300,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |   |            |         |
|-------------------------|---|------------|---------|
| <b>Name and address</b> | Biblical Business Training Inc<br>16100 Swingley Ridge Road<br>Chesterfield, MO 63005 | 27-0392335 | 265,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Advised Fund-Faith-Based; Private Campaign-Faith-Based

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Kirk Christian Day School<br>12928 Ladue Road<br>Saint Louis, MO 63141 | 43-0909345 | 259,620 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Advised Fund-Education; Private Campaign-Education

|                         |  |            |         |
|-------------------------|--|------------|---------|
| <b>Name and address</b> | Horatio Alger Association<br>99 Canal Center Plaza<br>Alexandria, VA 22314 | 13-1669975 | 250,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |         |

## Method of valuation

## Desc. of Non-Cash Asst.

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Purpose of grant</b>        | CCS Designation-Education; Private Campaign-Education  |            |         |
| <b>Name and address</b>        | Mary Institute and Country<br>Day School<br>101 North Warson Road<br>Saint Louis, MO 63124                 | 43-0653366 | 250,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Education   |            |         |
| <b>Name and address</b>        | United Way Worldwide Hurricane<br>Florence Relief Fund<br>701 North Fairfax Street<br>Alexandria, VA 22314 | 13-1635294 | 250,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Disaster Response  |            |         |
| <b>Name and address</b>        | Miriam Foundation<br>501 Bacon Avenue<br>Saint Louis, MO 63119   | 43-0667478 | 220,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Disabilities  |            |         |
| <b>Name and address</b>        | City Academy Inc<br>4175 North Kingshighway Boulevard<br>Saint Louis, MO 63115                             | 31-1619379 | 215,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Education; Private Campaign-Education  |            |         |
| <b>Name and address</b>        | State of St Louis Foundation<br>One Metropolitan Square<br>Saint Louis, MO 63102                           | 43-1478096 | 215,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Place-Based Collaborations  |            |         |
| <b>Name and address</b>        | The Foundation for the<br>Barnes-Jewish Hospital<br>1001 Highlands Plaza Drive W<br>Saint Louis, MO 63110  | 43-1648435 | 210,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health; Private Campaign-Physical Health  |            |         |
| <b>Name and address</b>        | Washington University<br>One Brookings Drive<br>Campus Box 1137<br>Saint Louis, MO 63130                   | 43-0653611 | 202,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Education; CCS Designation-Education; Donor Advised Fund-Education; Private Campaign-Education |            |         |
| <b>Name and address</b>        | New Venture Fund<br>1201 Connecticut Avenue Northwest<br>Washington, DC 20036   | 20-5806345 | 200,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Neighborhood Services  |            |         |
| <b>Name and address</b>        | Sundance Institute<br>PO Box 684429<br>Park City, UT 84068  | 87-0361394 | 200,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |         |
| <b>Name and address</b>        | The Elizabeth Taylor Aids<br>Foundation<br>150 South Rodeo Drive<br>Beverly Hills, CA 90212   | 95-4349614 | 200,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Physical Health  |            |         |
| <b>Name and address</b>        | Opera Theatre of Saint Louis<br>210 Hazel Avenue<br>Saint Louis, MO 63119   | 43-0821958 | 190,750 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture; Private Campaign-Arts & Culture  |            |         |
| <b>Name and address</b>        | Halo Trust Stand Up to Cancer<br>10880 Wilshire Boulevard<br>Los Angeles, CA 90024  | 52-2158152 | 185,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Physical Health  |            |         |
| <b>Name and address</b>        | Forest Park Forever<br>5595 Grand Drive<br>Saint Louis, MO 63112  | 43-1427062 | 180,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture   |            |         |
| <b>Name and address</b>        | Fresh Air Fund<br>633 Third Avenue<br>New York, NY 10017  | 13-1656653 | 167,163 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development  |            |         |

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Ranken Jordan Pediatric Bridge<br>Hospital<br>11365 Dorsett Road<br>Maryland Heights, MO 63043                              | 20-8983607 | 150,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Physical Health  |            |         |
| <b>Name and address</b>        | Arch Grants<br>911 Washington Avenue<br>Saint Louis, MO 63101   | 27-4875945 | 130,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Donor Advised Fund-<br>Neighborhood Services; Private Campaign-Neighborhood Services |            |         |
| <b>Name and address</b>        | Saint Louis University High School<br>4970 Oakland<br>Saint Louis, MO 63110   | 43-0662506 | 129,240 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Education   |            |         |
| <b>Name and address</b>        | National Center for Missing and<br>Exploited Children<br>699 Prince Street<br>Alexandria, VA 22314                          | 52-1328557 | 125,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Child Welfare  |            |         |
| <b>Name and address</b>        | Whitfield School<br>175 South Mason Road<br>Saint Louis, MO 63141   | 43-0911366 | 125,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Education  |            |         |
| <b>Name and address</b>        | Donald Danforth Plant Science<br>Center<br>975 North Warson Road<br>Saint Louis, MO 63132                                   | 31-1584621 | 119,112 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development; Donor Advised Fund-Workforce<br>Development  |            |         |
| <b>Name and address</b>        | KIPP St Louis<br>1310 Papin Street<br>Saint Louis, MO 63103   | 01-0916759 | 118,520 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Purpose of grant</b>        | CCS Designation-Education; Private Campaign-Education  |            |         |
| <b>Name and address</b>        | Contemporary Art Museum of St Louis<br>3750 Washington Boulevard<br>Saint Louis, MO 63108          | 43-1202816 | 118,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture  |            |         |
| <b>Name and address</b>        | International Photography Hall of<br>Fame and Museum<br>3415 Olive Street<br>Saint Louis, MO 63103 | 36-6142675 | 115,750 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture; Private Campaign-Arts & Culture                                 |            |         |
| <b>Name and address</b>        | Rick & Isabella Pina Ministries<br>4196 Merchant Plaza<br>Woodbridge, VA 22192                     | 26-2110972 | 110,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based; Private Campaign-Faith-Based  |            |         |
| <b>Name and address</b>        | The Journey Fellowship<br>4900 Reber Place<br>Saint Louis, MO 63139                                | 30-0174373 | 105,276 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based  |            |         |
| <b>Name and address</b>        | Book Industry Charitable<br>Foundation<br>3135 S State Street<br>Ann Arbor, MI 48108               | 38-3279018 | 100,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Basic Needs   |            |         |
| <b>Name and address</b>        | Film Independent Inc<br>5670 Wilshire Boulevard<br>Los Angeles, CA 90036                           | 95-3943485 | 100,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |         |
| <b>Name and address</b>        | Jewish Federation of North America<br>25 Broadway<br>New York, NY 10004                            | 13-1624240 | 100,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Neighborhood Services   |            |         |

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UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Metroplex Economic Development Corp<br>6777 W Kiest Boulevard<br>Dallas, TX 75236   | 75-2768840 | 100,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Neighborhood Services  |            |         |
| <b>Name and address</b>        | Big Brothers Big Sisters of Greater Los Angeles<br>3150 North San Fernando Road<br>Los Angeles, CA 90065                          | 95-1904857 | 83,333  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development  |            |         |
| <b>Name and address</b>        | Magic House<br>516 South Kirkwood Road<br>Saint Louis, MO 63122   | 51-0138441 | 81,500  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Arts & Culture;CCS Designation-Arts & Culture; Private Campaign-Arts & Culture |            |         |
| <b>Name and address</b>        | American Jewish Committee<br>165 East 56th Street<br>New York, NY 10022   | 13-5563393 | 80,000  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Capacity Building  |            |         |
| <b>Name and address</b>        | Los Angeles County Museum of Art<br>5905 Wilshire Boulevard<br>Los Angeles, CA 90036  | 95-2264067 | 80,000  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |         |
| <b>Name and address</b>        | Open Roads Academy<br>1223 Wilshire Boulevard<br>Santa Monica, CA 90403   | 74-3022678 | 75,000  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | Private Campaign-Education  |            |         |
| <b>Name and address</b>        | Ranken Technical College<br>4431 Finney Avenue<br>Saint Louis, MO 63113   | 43-0471057 | 75,000  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        | CCS Designation-Education   |            |         |
| <b>Name and address</b>        | The HistoryMakers   | 36-4328170 | 75,000  |

|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | 1900 S Michigan Avenue<br>Chicago, IL 60616  |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture; Private Campaign-Arts & Culture                                     |            |        |
| <b>Name and address</b>        | Chloe and Maud Foundation<br>3505 Davis Street Northwest<br>Washington, DC 20007                       | 46-4054558 | 70,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | St Louis Story Stickers<br>6364 Forsyth Boulevard<br>Saint Louis, MO 63105                             | 61-1750223 | 66,667 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Jackie Joyner Kersee Foundation<br>101 Jackie JoynerKersee Circle<br>East Saint Louis, IL 62204        | 37-1347709 | 64,993 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; Private Campaign-Youth Development                                  |            |        |
| <b>Name and address</b>        | Friends of Jennings School District<br>District Foundation<br>2559 Dorwood Drive<br>Jennings, MO 63136 | 46-0925051 | 62,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Education   |            |        |
| <b>Name and address</b>        | Missouri Conference of the<br>United Methodist Church<br>3601 Amron Court<br>Columbia, MO 65203        | 05-0544084 | 62,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Faith-Based   |            |        |
| <b>Name and address</b>        | St Andrews Charitable Foundation<br>1001 Craig Road<br>Saint Louis, MO 63130                           | 26-0568165 | 62,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Senior Services; Private Campaign-Senior Services                                   |            |        |
| <b>Name and address</b>        | Cardinal Ritter College Prep<br>701 North Spring Avenue  | 43-1926087 | 55,000 |



|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | Saint Louis, MO 63108  |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Education   |            |        |
| <b>Name and address</b>        | St Louis Police Foundation<br>9761 Clayton Road<br>Saint Louis, MO 63124                               | 26-0326513 | 55,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development; STL Community Response-Physical Health                          |            |        |
| <b>Name and address</b>        | Care and Counseling Inc<br>12141 Ladue Road<br>Saint Louis, MO 63141                                   | 43-0914350 | 52,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Behavioral Health   |            |        |
| <b>Name and address</b>        | Habitat for Humanity St Louis<br>3830 S Grand Boulevard<br>Saint Louis, MO 63118                       | 58-1735543 | 50,880 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Basic Needs; CCS Designation-Basic Needs            |            |        |
| <b>Name and address</b>        | Habitat for Humanity of Kansas<br>City Chapter<br>1423 East Linwood Boulevard<br>Kansas City, MO 64109 | 43-1175749 | 50,400 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Basic Needs  |            |        |
| <b>Name and address</b>        | Birmingham Zoo<br>2630 Chaba Road<br>Birmingham, AL 35223  | 62-1231591 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Animals  |            |        |
| <b>Name and address</b>        | Find Your Light Foundation<br>27702 Crown Valley Parkey<br>Ladera Ranch, CA 92694                      | 20-1731840 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Place-Based Collaborations  |            |        |
| <b>Name and address</b>        | Jazz at Lincoln Center<br>3 Columbus Circle<br>New York, NY 10019                                      | 13-3888641 | 50,000 |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Laumeier Sculpture Park<br>12580 Rott Road<br>Saint Louis, MO 63127                          | 43-1131429 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture  |            |        |
| <b>Name and address</b>        | St Louis Public Schools Foundation<br>801 North 11th Street<br>Saint Louis, MO 63101         | 43-1813849 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Financial Stability   |            |        |
| <b>Name and address</b>        | United Way of Northern California<br>2280 Benton Drive Bldg B<br>Redding, CA 96003           | 94-1251675 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Neighborhood Services   |            |        |
| <b>Name and address</b>        | Urban K-Life of St Louis<br>2900 North Prairie Avenue<br>Saint Louis, MO 63107               | 20-2605251 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development   |            |        |
| <b>Name and address</b>        | St Louis American Foundation<br>2315 Pine Street<br>Saint Louis, MO 63103                    | 43-1686282 | 47,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Dolly Parton Imagination Library<br>2700 Dollywood Parks Boulevard<br>Pigeon Forge, TN 37863 | 62-1348105 | 45,860 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CI Grant-Early Childhood Education   |            |        |
| <b>Name and address</b>        | Fondos Unidos de Puerto Rico<br>PO Box 191914<br>San Juan, PR 00919                          | 66-0269222 | 45,539 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Private Campaign-Neighborhood                         |            |        |

## Services

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | Fair Saint Louis<br>301 Prospect Avenue<br>Saint Louis, MO 63110                                      | 43-1218720 | 43,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture                                       |            |        |
| <b>Name and address</b>        | The St Louis Black Repertory<br>6662 Olive Boulevard<br>Saint Louis, MO 63130                         | 43-1220180 | 41,528 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture                                       |            |        |
| <b>Name and address</b>        | Ronald Mcdonald House Charities of<br>Kansas City<br>2501 Cherry Street<br>Kansas City, MO 64108      | 43-1190760 | 41,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health   |            |        |
| <b>Name and address</b>        | La Salle Middle School<br>4145 Kennerly Avenue<br>Saint Louis, MO 63113                               | 43-1932840 | 40,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education   |            |        |
| <b>Name and address</b>        | Missouri History Museum<br>PO Box 11940<br>Saint Louis, MO 63112                                      | 43-0654866 | 39,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture;<br>Private Campaign-Arts & Culture |            |        |
| <b>Name and address</b>        | Brace for Impact 46<br>8651 Highway N<br>Lake Saint Louis, MO 63367                                   | 47-3124959 | 38,200 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Private Campaign-Neighborhood<br>Services                      |            |        |
| <b>Name and address</b>        | Franklin County Area United Way<br>301 West Front<br>Washington, MO 63090                             | 43-1124875 | 37,450 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services   |            |        |

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | Arts & Education Council of<br>Greater St Louis<br>3547 Olive Street<br>Saint Louis, MO 63103   | 43-0790672 | 35,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture   |            |        |
| <b>Name and address</b>        | Milagro Foundation<br>121 Jordan Street<br>San Rafael, CA 94901   | 94-3274541 | 35,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Education  |            |        |
| <b>Name and address</b>        | North Area Community Development<br>Corp<br>946 Spoeede Road<br>Saint Louis, MO 63146   | 43-1843632 | 35,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Private Campaign-Neighborhood Services   |            |        |
| <b>Name and address</b>        | St Louis Sports Foundation Inc<br>308 North 21st Street<br>Saint Louis, MO 63103  | 43-1646222 | 35,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development   |            |        |
| <b>Name and address</b>        | WE Charity<br>6500 Main Street<br>Williamsville, NY 14211   | 16-1533544 | 35,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; Donor Advised Fund-Youth Development   |            |        |
| <b>Name and address</b>        | Pedal the Cause<br>900 Spruce Street<br>Saint Louis, MO 63102   | 27-2233336 | 33,685 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical Health; CCS Designation-Physical Health; Private Campaign-Physical Health |            |        |
| <b>Name and address</b>        | Eta Boule Foundation<br>4383 Westminister Place<br>Saint Louis, MO 63108  | 81-3642459 | 30,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |

**Desc. of Non-Cash Asst.**

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; Private Campaign-Youth Development                           |            |        |
| <b>Name and address</b>        | Motion Picture And Television Fund<br>23388 Mulholland Drive<br>Woodland Hills, CA 91364        | 95-1652916 | 30,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |        |
| <b>Name and address</b>        | The Dominican Foundation<br>141 E 65th Street<br>New York, NY 10065                             | 26-3273636 | 30,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education   |            |        |
| <b>Name and address</b>        | Fellowship of Christian Athletes<br>1400 South Highway Drive<br>Fenton, MO 63099                | 44-0610626 | 29,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; Private Campaign-Youth Development                           |            |        |
| <b>Name and address</b>        | Gateway EITC Community Coalition<br>910 North 11th Street<br>Saint Louis, MO 63101              | 20-0323464 | 28,436 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Initiatives-Financial Stability   |            |        |
| <b>Name and address</b>        | Sinai Family Life Center<br>1200 St Louis Avenue<br>East Saint Louis, IL 62201                  | 36-4133510 | 27,585 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CI Grant-Early Childhood Education; STL Community Enhancement Grant-Youth Development           |            |        |
| <b>Name and address</b>        | The Repertory Theatre of St Louis<br>130 Edgar Road<br>Saint Louis, MO 63119                    | 43-0970273 | 27,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture  |            |        |
| <b>Name and address</b>        | American National Red Cross<br>Birmingham Chapter<br>430 17th Street NW<br>Washington, DC 20006 | 53-0196605 | 26,850 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |

**Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation Spire Employee Match Disbursement -Disaster Response; CCS Designation-Disaster Response

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | St Louis Community Foundation<br>Two Oak Knoll Park<br>Saint Louis, MO 63105 | 43-1758789 | 26,850 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation Spire Employee Match Disbursement -Neighborhood Services; CCS Designation-Neighborhood Services

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Christian Activity Center Inc<br>540 North Sixth Street<br>East Saint Louis, IL 62201 | 36-4182760 | 26,520 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CI Grant-Youth Development; STL Community Enhancement Grant-Youth Development

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Southern Research Institute<br>2000 Ninth Avenue Street<br>Birmingham, AL 35205 | 63-0288868 | 26,304 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation-Capacity Building

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | St Louis Childrens Hospital<br>Foundation<br>One Childrens Place<br>Saint Louis, MO 63110 | 43-1626863 | 25,442 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation-Physical Health; Private Campaign-Physical Health

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Nu Chi Foundation<br>PO Box 4271<br>Fairview Heights, IL 62208 | 20-5316760 | 25,440 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** STL Community Enhancement Grant-Youth Development

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | St Louis Regional Public Media Inc<br>3655 Olive Street<br>Saint Louis, MO 63108 | 43-0685345 | 25,100 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.**

**Purpose of grant** CCS Designation-Arts & Culture

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Big Brothers Big Sisters of<br>the Bay Area<br>65 Battery Street<br>San Francisco, CA 94111 | 23-7108045 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Youth Development

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Cedars-Sinai Medical Center<br>8700 Beverly Boulevard<br>Los Angeles, CA 90048 | 95-1644600 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Physical Health

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Cultural Festivals<br>225 South Meramec Avenue<br>Saint Louis, MO 63105 | 43-1647435 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Dance St Louis<br>3547 Olive St<br>Saint Louis, MO 63103 | 23-7001556 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Advised Fund-Arts &amp; Culture

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Debbie Allen Dance<br>3791 Santa Rosalia Drive<br>Los Angeles, CA 90008 | 95-4831387 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Friends of CharacterPlus<br>1460 Craig Road<br>Saint Louis, MO 63146 | 20-5696782 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Youth Development

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Gateway Housing First Inc<br>1425 S 18th Street<br>Saint Louis, MO 63104 | 47-1099681 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Advised Fund-Disabilities

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Grand Center<br>3526 Washington Avenue<br>Saint Louis, MO 63103 | 43-1450326 | 25,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

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UNITED WAY OF GREATER ST LOUIS INC

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | Miami Childrens Museum<br>23<br>980 Macarthur Causeway<br>Miami, FL 33132       | 59-2396999 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development  |            |        |
| <b>Name and address</b>        | Nat King Cole Generation Hope<br>498 Crawford Boulevard<br>Boca Raton, FL 33432 | 80-0149522 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |        |
| <b>Name and address</b>        | National Blues Museum<br>615 Washington Avenue<br>Saint Louis, MO 63101         | 27-4259743 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |        |
| <b>Name and address</b>        | Saint Louis University<br>23<br>221 North Grand Avenue<br>Saint Louis, MO 63103 | 43-0654872 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Education  |            |        |
| <b>Name and address</b>        | St Louis Art Museum Foundation<br>1 Fine Arts Drive<br>Saint Louis, MO 63110    | 43-1374479 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture               |            |        |
| <b>Name and address</b>        | Thompson Center for Autism<br>205 Portland Street<br>Columbia, MO 65201         | 20-8293152 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Behavioral Health  |            |        |
| <b>Name and address</b>        | The Crossing Church<br>114 North Eatherton Road<br>Chesterfield, MO 63005       | 43-1546804 | 24,800 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based; Donor Advised Fund-Faith-Based                     |            |        |
| <b>Name and address</b>        | COCA - Center of Creative Arts<br>St louis                                      | 43-1395056 | 23,250 |



|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | 524 Trinity Avenue<br>Saint Louis, MO 63130  |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture   |            |        |
| <b>Name and address</b>        | 100 Black Men of the Bay Area Inc<br>1632 12th St<br>Oakland, CA 94607   | 94-3065997 | 22,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development  |            |        |
| <b>Name and address</b>        | Aim High St Louis<br>755 South Price Road<br>Saint Louis, MO 63124   | 43-1582098 | 22,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education; Private Campaign-Education  |            |        |
| <b>Name and address</b>        | A G GASTON BOYS & GIRLS CLUB<br>2900 South Park Drive South West<br>Birmingham, AL 35211                                   | 63-0514348 | 22,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development  |            |        |
| <b>Name and address</b>        | Truman Heritage Habitat for<br>Humanity<br>505 North Dodgion Street<br>Independence, MO 64050                              | 43-1532266 | 21,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Basic Needs  |            |        |
| <b>Name and address</b>        | Serving In Mission<br>PO Box 7900<br>Charlotte, NC 28241   | 22-1936391 | 20,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development; Donor Advised Fund-Workforce<br>Development; Private Campaign-Workforce Development |            |        |
| <b>Name and address</b>        | Gateway Arch Park Foundation<br>1 S Memorial Drive<br>Saint Louis, MO 63102  | 27-2128072 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Environment   |            |        |
| <b>Name and address</b>        | Institute of Contemporary Arts<br>1717 East 7th Street<br>Los Angeles, CA 90021  | 95-3992968 | 20,000 |

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## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture                                      |            |        |
| <b>Name and address</b>        | International Institute of<br>Evangelism<br>PO Box 31446<br>Saint Louis, MO 63131                    | 52-1986531 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based  |            |        |
| <b>Name and address</b>        | New York City Ballet<br>New York State Theater<br>20 Lincoln Center<br>New York, NY 10025            | 13-2947386 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Railroad Park Foundation<br>1600 1st Avenue South<br>Birmingham, AL 35233                            | 63-1280818 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture   |            |        |
| <b>Name and address</b>        | World Bird Sanctuary<br>125 Bald Eagle Ridge Road<br>Valley Park, MO 63088                           | 43-1184675 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Animals   |            |        |
| <b>Name and address</b>        | Teach For America<br>1204 Washington Avenue<br>Saint Louis, MO 63103                                 | 13-3541913 | 20,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |        |
| <b>Name and address</b>        | St Louis Zoo Foundation<br>1 Government Drive<br>Saint Louis, MO 63110                               | 43-1727309 | 18,100 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Arts & Culture;<br>CCS Designation-Arts & Culture |            |        |
| <b>Name and address</b>        | Casa de Salud<br>3200 Choteau Avenue<br>Saint Louis, MO 63103  | 27-0732049 | 17,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Physical Health; Private Campaign-Physical Health

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Radio Arts Foundation<br>7711 Carondelet Avenue<br>Saint Louis, MO 63105 | 27-1297885 | 17,500 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts & Culture

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Missouri Colleges Fund<br>23<br>3401 West Truman Boulevard<br>Jefferson City, MO 65109 | 43-0680952 | 16,541 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Education

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Junior Achievement of Alabama<br>PO Box 19307<br>Birmingham, AL 35219 | 63-0340866 | 15,660 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation Spire Employee Match Disbursement -Youth Development; CCS Designation-Youth Development

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | United Way of St Francois County<br>739 East Karsch Boulevard<br>Farmington, MO 63640 | 43-1680212 | 15,361 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Neighborhood Services; TPP Designation-Neighborhood Services

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | America Needs You<br>589 8th Avenue<br>New York, NY 10018 | 27-0601596 | 15,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Education

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Cabaret Project of St Louis<br>680 Atalanta Avenue<br>Webster Groves, MO 63119 | 27-2766810 | 15,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts & Culture

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Central Brooklyn Soccer Club<br>13407 Sutter Ave<br>Jamaica, NY 11420 | 83-2605595 | 15,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Arts & Culture

**Name and address** Dream Center 41-2269686 15,000

2301 Bellevue Avenue  
Los Angeles, CA 90026

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Basic Needs

**Name and address** HCC STL Foundation 27-0167600 15,000

3611 South Grand Boulevard  
Saint Louis, MO 63118

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Education

**Name and address** Jerome and Rosemary Flance Early 46-2048313 15,000

Childhood Education Ctr  
720 Olive Street  
Saint Louis, MO 63101

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Donor Advised Fund-Early Childhood Education

**Name and address** Kershaws Challenge 45-5554866 15,000

5949 Sherry Lane  
Dallas, TX 75225

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Faith-Based

**Name and address** Lower Depth Theatre Ensemble 26-1849276 15,000

5250 North Lankershim Boulevard  
North Hollywood, CA 91601

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Arts & Culture

**Name and address** One Mind Institute 68-0359707 15,000

PO Box 680  
Rutherford, CA 94573

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Private Campaign-Physical Health

**Name and address** Rx Outreach 35-2378788 15,000

3171 Riverport Tech Center Drive  
Maryland Heights, MO 63043

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

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** CCS Designation-Physical Health

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Name and address</b>        | Saint Louis Ballet<br>218 THF Boulevard<br>Chesterfield, MO 63005                                | 23-7424849 | 15,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Donor Advised Fund-Arts & Culture                                |            |        |
| <b>Name and address</b>        | Storybook Farm<br>300 Cusseta Road<br>Opelika, AL 36801  | 63-1288683 | 15,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Behavioral Health  |            |        |
| <b>Name and address</b>        | The Opportunity Trust<br>4220 Duncan Avenue<br>Saint Louis, MO 63110                             | 82-1838644 | 15,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |        |
| <b>Name and address</b>        | USA Track & Field<br>900 Weidman Road<br>Town And Country, MO 63017                              | 43-1651895 | 15,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | University of Missouri Extension<br>Council<br>1000 W Nifong Building 7<br>Columbia, MO 65211    | 43-6003859 | 14,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Education   |            |        |
| <b>Name and address</b>        | Leukemia and Lymphoma Society<br>1972 Innerbelt Business Center<br>Saint Louis, MO 63114         | 13-5644916 | 12,550 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health; Private Campaign-Physical Health                                |            |        |
| <b>Name and address</b>        | Fox Performing Arts Charitable<br>Foundation<br>462 North Taylor Avenue<br>Saint Louis, MO 63108 | 33-1012791 | 12,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture; Private Campaign-Arts & Culture                               |            |        |
| <b>Name and address</b>        | National Urban League<br>80 Pine Street 9th Floor  | 13-1840489 | 12,500 |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | New York, NY 10005   |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Capacity Building   |            |        |
| <b>Name and address</b>        | Boys Hope Girls Hope of StLouis<br>8027 Elinor Avenue<br>Richmond Heights, MO 63117                  | 43-1202596 | 12,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development   |            |        |
| <b>Name and address</b>        | Metropolitan Community Tax<br>Coalition<br>1142 Hodiament Avenue<br>Saint Louis, MO 63112            | 26-3106371 | 12,303 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Initiatives-Financial Stability  |            |        |
| <b>Name and address</b>        | Junior Achievement of Greater<br>St Louis Inc<br>17339 North Outer 40 Road<br>Chesterfield, MO 63005 | 43-0652112 | 12,250 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development; Private Campaign-Youth<br>Development                             |            |        |
| <b>Name and address</b>        | Holy Spirit Catholic School<br>3120 Parkwood Lane<br>Maryland Heights, MO 63043                      | 77-0630762 | 11,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |        |
| <b>Name and address</b>        | St Clair County<br>10 Public Square<br>Belleville, IL 62220  | 37-6001924 | 10,992 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CI Grant-Youth Development   |            |        |
| <b>Name and address</b>        | United Way of Effingham County<br>PO Box 2<br>Effingham, IL 62401                                    | 23-7087721 | 10,970 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services  |            |        |
| <b>Name and address</b>        | United Way of Southern Illinois<br>1301 Enterprise Way<br>Marion, IL 62959                           | 37-1375842 | 10,771 |

## Schedule I, Part IV, Statement 1

## UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services  |            |        |
| <b>Name and address</b>        | Mission St Louis<br>3108 North Grand Boulevard<br>Saint Louis, MO 63107  | 20-8983607 | 10,558 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Neighborhood Services; Private Campaign-Neighborhood Services                                    |            |        |
| <b>Name and address</b>        | Vulcan Park Foundation<br>23<br>1701 Valley View Drive<br>Birmingham, AL 35209                                   | 63-1233997 | 10,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Arts & Culture;<br>CCS Designation-Arts & Culture             |            |        |
| <b>Name and address</b>        | St Louis Tax Assistance Program<br>12101 Woodcrest Executive Drive<br>Saint Louis, MO 63141                      | 43-1828350 | 10,321 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Financial Stability; Initiatives-Financial Stability   |            |        |
| <b>Name and address</b>        | Ready Readers<br>10403 Baur Boulevard<br>Saint Louis, MO 63132   | 43-1841631 | 10,010 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Early Childhood Education  |            |        |
| <b>Name and address</b>        | American Film Institute<br>2021 North Western Avenue<br>Los Angeles, CA 90027                                    | 52-6072925 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Ann & Robert H Lurie Childrens<br>Hospital Foundation of Chicago<br>225 East Chicago Avenue<br>Chicago, IL 60611 | 36-3357006 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health  |            |        |
| <b>Name and address</b>        | Brookshire Irish Fest Inc dba<br>The Kansas City Irish Fest<br>1607 Oak Street                                   | 43-1850086 | 10,000 |

|                                |   |            |        |
|--------------------------------|---|------------|--------|
|                                | Kansas City, MO 64108   |            |        |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture  |            |        |
| <b>Name and address</b>        | Business and Education Alliance<br>of Alabmama<br>PO Box 38<br>Montgomery, AL 36101 | 46-3291520 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education   |            |        |
| <b>Name and address</b>        | Camp Fire Heartland<br>1801 Main Street<br>Kansas City, MO 64108                    | 13-1623921 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Environment   |            |        |
| <b>Name and address</b>        | Camp Rosenbaum Fund<br>449 North East Emerson Street<br>Portland, OR 97211          | 93-1263998 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Youth Development  |            |        |
| <b>Name and address</b>        | Childrens Hospital Of Alabama<br>1600 Seventh Avenue South<br>Birmingham, AL 35233  | 63-0307306 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health   |            |        |
| <b>Name and address</b>        | Cinema St Louis<br>3547 Olive Street<br>Saint Louis, MO 63103                       | 43-1613176 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture   |            |        |
| <b>Name and address</b>        | Dogwood Farms Sanctuary<br>1766 W Highway U<br>Troy, MO 63379                       | 02-0739200 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Animals   |            |        |
| <b>Name and address</b>        | Endangered Wolf Center<br>23<br>PO Box 760<br>Eureka, MO 63025                      | 43-0996361 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |



## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Animals

|                         |                                 |            |        |
|-------------------------|---------------------------------|------------|--------|
| <b>Name and address</b> | Greater Kansas City Sports Fndt | 43-1530518 | 10,000 |
|-------------------------|---------------------------------|------------|--------|

Womens Intersport Network

114 West 11th Street

Kansas City, MO 64105

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Arts &amp; Culture

|                         |                            |            |        |
|-------------------------|----------------------------|------------|--------|
| <b>Name and address</b> | Green Works in Kansas City | 30-0195433 | 10,000 |
|-------------------------|----------------------------|------------|--------|

4334 Mcgee Street

Kansas City, MO 64111

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Environment

|                         |                          |            |        |
|-------------------------|--------------------------|------------|--------|
| <b>Name and address</b> | Heal Center for the Arts | 81-1033460 | 10,000 |
|-------------------------|--------------------------|------------|--------|

3224 Locust Street

Saint Louis, MO 63103

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |       |            |        |
|-------------------------|-------|------------|--------|
| <b>Name and address</b> | I-Act | 27-0469436 | 10,000 |
|-------------------------|-------|------------|--------|

1732 Aviation Boulevard

Redondo Beach, CA 90278

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Disaster Response

|                         |                              |            |        |
|-------------------------|------------------------------|------------|--------|
| <b>Name and address</b> | Initiative for a Competitive | 13-3772904 | 10,000 |
|-------------------------|------------------------------|------------|--------|

Inner City

56 Warren Street

Roxbury, MA 02119

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Workforce Development

|                         |                       |            |        |
|-------------------------|-----------------------|------------|--------|
| <b>Name and address</b> | Junior Achievement of | 44-0604809 | 10,000 |
|-------------------------|-----------------------|------------|--------|

Greater Kansas City

4001 Blue Parkway

Kansas City, MO 64130

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Youth Development

|                         |                                 |            |        |
|-------------------------|---------------------------------|------------|--------|
| <b>Name and address</b> | Junior Service Club of St Clair | 37-6036545 | 10,000 |
|-------------------------|---------------------------------|------------|--------|

County

PO Box 23114

Belleville, IL 62223

IRC code section 501(c)(3)

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS Designation-Neighborhood Services

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Kaneland Food Allergy Foundation<br>1715 Hannaford Dr<br>Sugar Grove, IL 60554 | 32-0554324 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS Designation-Physical Health

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Lemay Housing Partnership Inc<br>PO Box 16356<br>Saint Louis, MO 63125 | 43-1827775 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS Designation-Neighborhood Services

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Lift for Life Academy Inc<br>1731 S Broadway<br>Saint Louis, MO 63104 | 43-1535886 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS Designation-Education; Private Campaign-Education

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Metropolitan Museum of Art<br>1000 Fifth Avenue<br>New York, NY 10028 | 13-1624086 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Private Campaign-Arts & Culture

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Miles of Smiles Inc<br>5416 Ne Antioch Road<br>Kansas City, MO 64119 | 20-3664224 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** CCS Designation-Physical Health

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Powherful Foundation<br>134 W 26th Street<br>New York, NY 10001 | 45-2440475 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)   |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Private Campaign-Youth Development

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Prepared the Gateway of the<br>Northwest<br>6049 Clemens Avenue<br>Saint Louis, MO 63112 | 30-0274939 | 10,000 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |

**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Private Campaign-Basic Needs

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Name and address</b>        | REV Birmingham<br>505 20th Street North<br>Birmingham, AL 35203                    | 20-0763511 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Place-Based Collaborations   |            |        |
| <b>Name and address</b>        | Saint Louis Visionary Awards<br>3547 Olive Street<br>Saint Louis, MO 63103         | 35-2566717 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture; Private Campaign-Arts & Culture                    |            |        |
| <b>Name and address</b>        | Shakespeare Festival of St Louis<br>5715 Elizabeth Avenue<br>Saint Louis, MO 63110 | 43-1815139 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Donor Advised Fund-Arts & Culture  |            |        |
| <b>Name and address</b>        | St Joseph Museum Inc<br>PO Box 8096<br>Saint Joseph, MO 64508                      | 43-6038202 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture   |            |        |
| <b>Name and address</b>        | St Louis Fashion Fund<br>1533 Washington Avenue<br>Saint Louis, MO 63103           | 37-1760557 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |        |
| <b>Name and address</b>        | St Louis Police Soccer Club<br>7900 Forsyth Boulevard<br>Clayton, MO 63105         | 80-0204539 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | The Art of Elysium<br>3278 Wilshire Boulevard<br>Los Angeles, CA 90010             | 95-4673306 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        | Private Campaign-Arts & Culture  |            |        |
| <b>Name and address</b>        | Union Memorial United Methodist<br>Church<br>1141 Belt Avenue                      | 43-6003803 | 10,000 |

|                                |  |            |       |
|--------------------------------|--|------------|-------|
|                                | Saint Louis, MO 63112  |            |       |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | Private Campaign-Faith-Based   |            |       |
| <b>Name and address</b>        | Lewis & Clark Community College<br>5800 Godfrey Road<br>Godfrey, IL 62035  | 37-1000402 | 9,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |       |
| <b>Name and address</b>        | Gulf Coast Explorem Science<br>Center<br>PO Box 1968<br>Mobile, AL 36633   | 63-0762151 | 9,251 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |       |
| <b>Name and address</b>        | Hope Ministries-St Charles<br>County Food Pantry<br>206 East Elm Street<br>O Fallon, MO 63366  | 20-3845942 | 8,611 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Basic Needs  |            |       |
| <b>Name and address</b>        | OFallon Christian Church<br>9380 Veterans Memorial Parkway<br>O Fallon, MO 63366   | 23-7125208 | 8,200 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based  |            |       |
| <b>Name and address</b>        | Muscular Dystrophy Association<br>of St Louis<br>13801 Riverport Drive<br>Maryland Heights, MO 63043                                       | 13-1665552 | 8,025 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical<br>Health;CCS Designation-Physical Health; Private Campaign-Physical<br>Health |            |       |
| <b>Name and address</b>        | Drumm Center for Children Inc<br>aka Drumm Farm Center for Children<br>3210 South Lee Summit Road<br>Independence, MO 64055                | 44-0569643 | 8,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Child Welfare  |            |       |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

|                                |  |            |       |
|--------------------------------|--|------------|-------|
| <b>Name and address</b>        | United Way of South Central<br>Illinois<br>PO Box 711<br>Mount Vernon, IL 62864                    | 37-1149287 | 7,964 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services  |            |       |
| <b>Name and address</b>        | Mentors in Motion<br>1246 Gimbin Street<br>Saint Louis, MO 63147                                   | 80-0168168 | 7,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | STL Herriott Award-Education   |            |       |
| <b>Name and address</b>        | National Institute for<br>Construction Excellence<br>2405 Grand Boulevard<br>Kansas City, MO 64108 | 83-0434229 | 7,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development  |            |       |
| <b>Name and address</b>        | Pride St Louis<br>3738 Chouteau Avenue<br>Saint Louis, MO 63110                                    | 43-1331630 | 7,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Education  |            |       |
| <b>Name and address</b>        | St Louis Sports Hall of Fame<br>1400 South Third Street<br>Saint Louis, MO 63104                   | 80-0454954 | 7,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture   |            |       |
| <b>Name and address</b>        | World Pediatric Project<br>755 South New Ballas Road<br>Saint Louis, MO 63141                      | 54-1953305 | 7,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Physical Health; Private Campaign-Physical Health                                  |            |       |
| <b>Name and address</b>        | United Way of Southeast Missouri<br>1417 North Mount Auburn Road<br>Cape Girardeau, MO 63701       | 43-0991233 | 7,494 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services  |            |       |
| <b>Name and address</b>        | United Way of Central Missouri<br>205 Alameda Drive  | 44-0595184 | 7,207 |

|                                |  |            |       |
|--------------------------------|--|------------|-------|
|                                | Jefferson City, MO 65109   |            |       |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | TPP Designation-Neighborhood Services  |            |       |
| <b>Name and address</b>        | St Jude Childrens Research Hospital<br>National Affiliate<br>501 St Jude Place<br>Memphis, TN 38105                                    | 62-0646012 | 6,716 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Physical Health;CCS Designation-Physical Health; Donor Advised Fund-Physical Health |            |       |
| <b>Name and address</b>        | St Joseph Catholic Church<br>6020 Old Antonia Rd<br>Imperial, MO 63052   | 43-0653498 | 6,670 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based  |            |       |
| <b>Name and address</b>        | New City Fellowship<br>1142 Hodiament Avenue<br>Saint Louis, MO 63112  | 43-1613716 | 6,600 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Faith-Based  |            |       |
| <b>Name and address</b>        | Hope House Independence MO<br>PO Box 577<br>Lees Summit, MO 64063  | 43-1265685 | 6,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Domestic Violence  |            |       |
| <b>Name and address</b>        | Nazareth Living Center<br>23<br>Two Nazareth Lane<br>Saint Louis, MO 63129   | 43-1450394 | 6,500 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Senior Services  |            |       |
| <b>Name and address</b>        | Cahaba Riverkeeper<br>4650 Old Looney Mill Road<br>Birmingham, AL 35243  | 26-2623785 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Environment  |            |       |
| <b>Name and address</b>        | East Alabama WIN<br>600 South Court Street   | 61-1705744 | 6,000 |

|                                |  |            |       |
|--------------------------------|--|------------|-------|
| <b>IRC code section</b>        | Montgomery, AL 36105<br>501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Place-Based Collaborations   |            |       |
| <b>Name and address</b>        | East Alabama Works<br>1130 Quintard Avenue<br>Anniston, AL 36201                                 | 63-0308398 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Workforce Development  |            |       |
| <b>Name and address</b>        | Gateway Center for Giving<br>Two Oak Knoll Park<br>Saint Louis, MO 63105                         | 43-0953940 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Capacity Building  |            |       |
| <b>Name and address</b>        | Hunting With Heroes<br>PO Box 51736<br>Casper, WY 82605  | 46-3188184 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Behavioral Health  |            |       |
| <b>Name and address</b>        | Metro East Fellowship of<br>Christian Athletes<br>331 Salem Place<br>Fairview Heights, IL 62208  | 44-0610626 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Youth Development  |            |       |
| <b>Name and address</b>        | Tower Grove Park Foundation The<br>4256 Magnolia Avenue<br>Saint Louis, MO 63110                 | 43-1392832 | 6,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation-Arts & Culture   |            |       |
| <b>Name and address</b>        | The Exceptional Foundation<br>1616 Oxmoor Road<br>Birmingham, AL 35209                           | 63-1096855 | 5,600 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |
| <b>Method of valuation</b>     |  |            |       |
| <b>Desc. of Non-Cash Asst.</b> |  |            |       |
| <b>Purpose of grant</b>        | CCS Designation Spire Employee Match Disbursement -Disabilities; CCS<br>Designation-Disabilities |            |       |
| <b>Name and address</b>        | Women of Achievement<br>One US Bank Plaza<br>Saint Louis, MO 63101                               | 43-1687327 | 5,600 |
| <b>IRC code section</b>        | 501(c)(3)  |            |       |

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Private Campaign-Arts &amp; Culture

|                         |       |            |       |
|-------------------------|-------|------------|-------|
| <b>Name and address</b> | Serge | 23-2223692 | 5,500 |
|-------------------------|-------|------------|-------|

101 West Avenue  
Jenkinstown, PA 19046

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Advised Fund-Education

|                         |                    |            |       |
|-------------------------|--------------------|------------|-------|
| <b>Name and address</b> | Kennett United Way | 43-1355376 | 5,481 |
|-------------------------|--------------------|------------|-------|

PO Box 61  
Kennett, MO 63857

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Designation-Neighborhood Services

|                         |                                  |            |       |
|-------------------------|----------------------------------|------------|-------|
| <b>Name and address</b> | Heart of Missouri United Way Inc | 43-0735827 | 5,458 |
|-------------------------|----------------------------------|------------|-------|

105 East Ash  
Columbia, MO 65203

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Designation-Neighborhood Services

|                         |             |            |       |
|-------------------------|-------------|------------|-------|
| <b>Name and address</b> | Angels Arms | 43-1894074 | 5,250 |
|-------------------------|-------------|------------|-------|

12128A Tesson Ferry Road  
Saint Louis, MO 63128

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation-Child Welfare

|                         |                           |            |       |
|-------------------------|---------------------------|------------|-------|
| <b>Name and address</b> | Special Olympics Missouri | 23-7328374 | 5,222 |
|-------------------------|---------------------------|------------|-------|

1001 Diamond Ridge  
Jefferson City, MO 65109

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant CCS Designation Spire Employee Match Disbursement -Disabilities; CCS Designation-Disabilities

|                         |   |            |       |
|-------------------------|---|------------|-------|
| <b>Name and address</b> | United Way of Decatur and<br>Mid Illinois | 37-0673475 | 5,192 |
|-------------------------|---|------------|-------|

201 West Eldorado Street  
Decatur, IL 62522

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant TPP Designation-Neighborhood Services

|                         |                               |            |       |
|-------------------------|-------------------------------|------------|-------|
| <b>Name and address</b> | United Negro College Fund Inc | 13-1624241 | 5,100 |
|-------------------------|-------------------------------|------------|-------|

601 19th Street North  
Birmingham, AL 35203

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.



**Purpose of grant** CCS Designation Spire Employee Match Disbursement -Education; CCS  
Designation-Education

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

|                                |   | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|---|----------------------|--------------------|------------------------|
| <b>Type of grant</b>           | 100 Neediest Cases Holiday Assistance Program   | 4132                 | 1,867,180          | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |
| <b>Type of grant</b>           | Energy Assistance Programs  | 7840                 | 2,391,887          | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |
| <b>Type of grant</b>           | Emergency Assistance Payments on behalf of Individuals to Landlords, Mortgage Companies and Utilities | 1261                 | 547,258            | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |
| <b>Type of grant</b>           | Individual Development Accounts   | 78                   | 231,351            | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |
| <b>Type of grant</b>           | Improved School Performance Hockey Program  | 960                  | 150,000            | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |
| <b>Type of grant</b>           | Citi Head Start Program   | 149                  | 10,800             | 0                      |
| <b>Method of valuation</b>     |   |                      |                    |                        |
| <b>Desc. of Non-Cash Asst.</b> |   |                      |                    |                        |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <p><b>1a</b> 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<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p> |           |    |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  | <b>1b</b> |    |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>  | <b>2</b>  |    |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>                                   |           |    |
| <p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>   | <b>4a</b> | ✓  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | ✓  |
| <p><b>c</b> 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>   | <b>4c</b> | ✓  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>  |           |    |
| <p><b>5</b> 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><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5b</b> | ✓  |
| <p><b>6</b> 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><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>   | <b>6b</b> | ✓  |
| <p><b>7</b> 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>   | <b>7</b>  | ✓  |
| <p><b>8</b> 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>   | <b>8</b>  | ✓  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |    |

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

For each individual whose compensation must be reported 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 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                  | Orvin Kimbrough, President-CEO                    | (i)  | 345,105                             | 60,000                              | -215   | 27,401                  | 18,212                          | 450,503   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 2                  | Michelle Tucker, President-CEO                    | (i)  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 3                  | Vander H Corliss, Chief Financial Officer         | (i)  | 141,400                             | 13,390                              | 10   | 6,138                   | 17,664                          | 178,602   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 4                  | Erin K Budde, Chief Innovation & Strategy Officer | (i)  | 149,651                             | 18,708                              | -4,782   | 12,289                  | 17,722                          | 193,588   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 5                  | David Poe, Chief Technology Officer               | (i)  | 153,015                             | 11,829                              | -6,595   | 12,043                  | 17,746                          | 188,038   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 6                  | Heather Dawson, Chief of Staff                    | (i)  | 127,083                             | 31,835                              | 2,485  | 10,777                  | 17,746                          | 189,926   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 7                  | Julie Russell, SVP-Planning & Evaluation          | (i)  | 126,933                             | 16,920                              | -388   | 10,558                  | 17,552                          | 171,575   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 8                  | Angela B Marino, SVP-Marketing                    | (i)  | 126,933                             | 16,271                              | -1,063   | 10,528                  | 17,745                          | 170,414   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 9                  |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 10                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 11                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 12                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 13                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 14                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 15                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 16                 |   | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |   | (ii)   |                                     |                                     |  |                         |                                 |   |   |

**Part III Supplemental Information**

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

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

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

Schedule J, Part II - Michelle Tucker started as CEO with the Organization in April 2019 and for tax reporting purposes does not have reportable 2018 calendar year wages on Schedule J or 990, Part VII. Her April through June 2019 wages are included in officer wages on the Statement of Functional Expenses, 990, Part IX.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**UNITED WAY OF GREATER ST LOUIS INC**

**43-0714167**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | ✓                          | 140   | 1,737,805  | Mid Mkt Val on gift date                                  |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( <u>New Auto</u> ) . . . . .                             | ✓                          | 1   | 11,975   | 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 IV, Donee Acknowledgement . . . . .

|    |    |
|----|----|
| 29 | 29 |
|----|----|

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any 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 9 - The 140 represents the number of stock or investment 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. No gift to United Way is required in order to participate.

Multiple horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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, 2019; #2) based on their knowledge, these financial statements do not contain any untrue statement of a material fact or omit any material facts necessary which would make the statements misleading; and #3) based on their knowledge, these financial statements and other financial information included in these reports, fairly present, in all material respects, the financial condition, results of operation and cash flows of the United Way of Greater St. Louis as of, and for the year ended, June 30, 2019.

Form 990, Part V, Line 2a - 225 employees includes 24 people, hired temporarily during the fall fundraising campaign and funded with designated corporate contributions, whose purpose is to assist in managing the large number of United Way company campaigns.

Form 990, Part VI, Section A, Line 1a - The board cycle runs on a calendar year basis while the 990 is on a fiscal year ending June 30 basis. Of the 184 Board members listed, only the first 144 were actually serving on the Board as of June 30, 2019. Most others terminated Board involvement at the end of their terms on January 2019 while some terminated earlier. Active Board Members as of June 30, 2019 are listed first in Part VII's Board listing. The Board of Directors selects from its members an Executive Committee not to exceed forty persons to be comprised of the elected officers, key committee chairmen and at-large members recommended by the Nominating Committee. The Executive Committee shall have and exercise the authority of the Board of Directors in the management of the Corporation except it shall not have the power to fill vacancies, remove officers or Directors or amend the Articles or Bylaws.

Form 990, Part VI, Section A, Line 2 - Michael L Moehn, Patrick E Smith - combined business relationship; Kelly Gast, Janet Holloway, Reuben Shelton - combined business relationship; Mark E Burkhart, Dean P Mueller, Brian Ungles - combined business relationship; Janet T Ramey, Harvey N Wallace CPA - combined business relationship; Robert J Ciapciak, Lawrence E Thomas, James D Weddle, Kristin M Johnson, Alessandra D Graber, Rodney W Kinzinger, Veronica Coleman - combined business relationship; Diann D Gross, Ruth M Saphian - combined business relationship; Catherine L Hanaway, Gregory R Smith - combined business relationship; Ralph W Clermont, Carolyn Greathouse, Karen Marie Vangyia - combined business relationship; Ronny Griffin, Don L Willey - combined business relationship; Thomas C Erb, Richard B Walsh - combined business relationship; Mark Conner, Dave B Weaver - combined business relationship; Stephen L Mackin, Anthony G Rothermich, Michael V Sarli - combined business relationship; Steven P Casazza, Vicki L Felker, Elizabeth Marengo - combined business relationship; Scott C Schnuck, Todd R Schnuck - business & family relationship; Ryan Hyman, Mark C Darrell, Suzanne Sitherwood, Jessica B Willingham, Ellen L Theroff - combined business relationship; Candace O Jennings, Richard B White MD - combined business relationship; Andrea Jackson-Jennings, Yusef Scoggin - combined business relationship; Karen L Branding, Yvonne S Sparks - combined business relationship; Joann M Barton, Robert J Schwartz - combined business relationship; Jay Korte, Todd Korte - business & family relationship; Mark S Wrighton, Nicole C Hudson, Kimberly Walker - combined business relationship; David L Steward, Emily Burch - combined business relationship; Thomas Minogue, Ryan Kemper - combined business relationship; Thomas Minogue - General Counsel for United Way of Greater St. Louis.

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

Form 990, Part VI, Section B, Line 12c - Historically and during FY19 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](http://www.stl.unitedway.org) in the "Who We Are" / "Our Reports" section.

Form 990, Part VII, Section A, Line 1a - Michelle Tucker started as CEO with the Organization in April 2019 and for tax reporting purposes does not have reportable 2018 calendar year wages on Schedule J or 990, Part VII. Her April through June 2019 wages are included in officer wages on the Statement of Functional Expenses, 990, Part IX.

Form 990, Part IX, Line 25 - Calculation of overhead expense percentage equals the management and general expenses line 25c (\$2,863,307) plus fundraising expenses line 25d (\$6,043,213) divided by total revenue on Form 990, Part I, Line 12 (\$98,379,972) which equals 9.05%.

Form 990, Part XI, Line 9 - Total amount of (\$1,380,225) includes net unrealized gain of \$372,104 associated with the change in value of split interest agreements and pension and post-retirement plan changes other than net periodic benefit costs of (\$1,752,329).

Other Program Services Accomplishments

| Activity Code | Description   | Expense           | Grants            | Revenue  |
|---------------|---|-------------------|-------------------|----------|
|               | PROGRAM: Strengthen Communities --- DESCRIPTION: Provides services that create and sustain strong communities through capacity building and accessible neighborhood based services, disaster relief, and affordable housing. --- SOME MAJOR OUTCOMES: , #1- 29,231 people were successfully linked with community resources, #2- 15,032 community service providers enhanced their knowledge, capacity, and performance, #3- 27,406 people were prepared for or successfully recovered from an emergency or disaster --- DIRECT # SERVED: 52,681 [590 grants]   | 17,645,949        | 16,625,792        | 0        |
|               | PROGRAM: Establish Financial Stability --- DESCRIPTION: Provides services to individuals and families to increase their income, build savings, and grow assets through post-secondary education, job training, financial literacy, and coaching. --- SOME MAJOR OUTCOMES: , #1- 26,730 people retained employment for at least three months, #2- 8,962 people increased their income, savings, and assets, #3- 26,730 people obtained job readiness skills --- DIRECT # SERVED: 34,784 [73 grants]  | 4,425,045         | 3,951,246         | 0        |
|               | Case management services are performed by United Way 2-1-1 Missouri/Southwest Illinois ( United Way 2-1-1), a 24-hour multi-channel information and referral service available to residents of Missouri and Southwest Illinois by dialing 2-1-1. United Way 2-1-1 connects callers with community resources, volunteer opportunities and critical information 24/7 and during times of disaster. Trained Community Resource Navigators also assist clients in identifying and accessing critical health and human service resources. United Way 2-1-1's database contains more than 2,500 agencies providing more than 30,000 services across its service area. Established in 2007, United Way 2-1-1 has grown steadily each year in exposure and response to its callers. Since its inaugural year, 2-1-1 has handled more than 1.8 million calls. In 2019, contacts resulted in total combined call volume and contacts of 168,719 for basic needs, homeless prevention, shelter referrals, crisis calls, employment services and much more. | 2,994,304         | 0                 | 0        |
|               | Volunteer Center: The United Way manages the region's Volunteer Center. It is focused on creating and facilitating meaningful service projects, skill-based and leadership opportunities, and family volunteer experiences that help people in our community. The Center also provides volunteer management training to equip non-profit agencies across the state of Missouri with best practices to effectively recruit, manage and retain volunteers. In calendar year 2018, the Volunteer Center worked with 20,046 volunteers on 8,980 service projects which logged 183,814 hours to help people in our service area.   | 595,731           | 0                 | 0        |
|               | Philanthropic Services: Includes expenditures relating to the creation and implementation of tailored back office and advisory services for donor-directed investments that fall outside of the traditional campaign structure, including disbursement of charitable giving, development of giving strategy, impact monitoring and reporting, and management of donor directed programming. In 2018, United Way provided services to over 70 companies, foundations, non-profits and governmental partners, as well as 42 individuals.  | 992,679           | 0                 | 0        |
| <b>Total:</b> |   | <b>26,653,708</b> | <b>20,577,038</b> | <b>0</b> |

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**UNITED WAY OF GREATER ST LOUIS INC**

Employer identification number

**43-0714167**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                      | (b)<br>Primary activity                         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|---|--|---------------------|---------------------------|----------------------------------|
| (1) <b>No Market Investments LLC</b><br>910 North Eleventh Street, Saint Louis, MO 63101 | To hold and manage certain no market securities | MO   | 716,412             | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |                                     |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|-------------------------------------|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No                                  |
| (1) <b>JE Williams Jr Trust</b><br><b>at BoA, Providence, RI 02901</b> | <b>Perpetual Trust</b>  | <b>MO</b>  | <b>N/A</b>                       | <b>T</b>   | <b>45,459</b>                | <b>1,555,655</b>                   | <b>100%</b>                 |  | <input checked="" type="checkbox"/> |
| (2) <b>H Dunklin Tilden Trust</b><br><b>at BoA, Dallas, TX 75283</b>   | <b>Perpetual Trust</b>  | <b>MO</b>  | <b>N/A</b>                       | <b>T</b>   | <b>11,910</b>                | <b>342,572</b>                     | <b>100%</b>                 |  | <input checked="" type="checkbox"/> |
| (3) .....  |                         |  |                                  |  |                              |                                    |                             |  |                                     |
| (4) .....  |                         |  |                                  |  |                              |                                    |                             |  |                                     |
| (5) .....  |                         |  |                                  |  |                              |                                    |                             |  |                                     |
| (6) .....  |                         |  |                                  |  |                              |                                    |                             |  |                                     |
| (7) .....  |                         |  |                                  |  |                              |                                    |                             |  |                                     |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | ✓   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | ✓  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | ✓  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a–s) | (c)<br>Amount involved | (d)<br>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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

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

Provide additional information for responses to questions on Schedule R. See instructions.

*(This area is intentionally left blank for supplemental information.)*