

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

▶ Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

UNITED WAY OF GREATER ST LOUIS INC

43-0714167

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | | |
|----|----------------------------|-------------------------------------|---|--|----|------------|
| 1a | Form 990 check here ▶ | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 86,458,267 |
| 2a | Form 990-EZ check here ▶ | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here ▶ | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here ▶ | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here ▶ | <input type="checkbox"/> | b | Balance due (Form 8868, line 3c) | 5b | |
| 6a | Form 990-T check here ▶ | <input type="checkbox"/> | b | Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a | Form 4720 check here ▶ | <input type="checkbox"/> | b | Total tax (Form 4720, Part III, line 1) | 7b | |

Part II Declaration of Officer or Person Subject to Tax

- 8 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- 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 or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶


Signature of officer or person subject to tax

3/12/2022
Date

Vander H Corliss, CFO
Title, if applicable

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

I declare that I have reviewed the above return and that the entries on Form 8453-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 or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

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

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

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

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/2020 and ending 06/30/2021

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 \$ 95,607,292

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

H(c) Group exemption number ▶

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

J Website: ▶ helpingpeople.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1922

M State of legal domicile: MO

Part I Summary

| | | | | |
|------------------------------------|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>United Way of Greater St. Louis mobilizes the community with one goal in mind - helping people live their best possible lives.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | <u>142</u> |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | <u>142</u> |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | <u>220</u> |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | <u>600</u> |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | <u>0</u> |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | <u>0</u> | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | <u>84,534,268</u> | <u>82,122,669</u> |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>0</u> | <u>0</u> |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>2,444,992</u> | <u>4,155,461</u> |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>87,215,939</u> | <u>86,458,267</u> |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <u>69,953,734</u> | <u>60,562,844</u> |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | <u>0</u> | <u>0</u> |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>11,774,094</u> | <u>10,633,324</u> |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u>0</u> | <u>0</u> |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,287,131</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <u>5,724,097</u> | <u>5,499,957</u> |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <u>87,451,925</u> | <u>76,696,125</u> |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <u>-235,986</u> | <u>9,762,142</u> | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | <u>102,240,089</u> | <u>121,772,728</u> |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>37,458,068</u> | <u>32,036,885</u> |
| | | | <u>64,782,021</u> | <u>89,735,843</u> |

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 _____ Date _____
Vander H Corliss, CFO
 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 \$ 17,947,715 including grants of \$ 16,529,034) (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- 5,334 reported children were free from child abuse and neglect, #2- 2,052 children were ready to enter kindergarten, #3- 1,670 children and youth improved their academic performance --- [362 grants]

4b (Code:) (Expenses \$ 18,439,627 including grants of \$ 16,976,033) (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- 23,182 people experienced fewer mental, emotional, behavioral symptoms, #2- 1,822 individuals with disabilities gained independent living skills, #3- 17,905 people successfully managed their chronic health conditions --- [314 grants]

4c (Code:) (Expenses \$ 16,097,030 including grants of \$ 15,393,814) (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- 81,838 people had their immediate basic needs met, #2- 10,684 people transitioned to an improved, stable living situation, #3- 6,408 victims of domestic violence gained strategies for safety, 9 grants worth \$128,282 were specific to Covid grants --- [195 grants]

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2

(Expenses \$ 16,323,069 including grants of \$ 11,663,963) (Revenue \$ 0)

4e Total program service expenses **▶** 68,807,441

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | <input checked="" type="checkbox"/> | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | <input checked="" type="checkbox"/> | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | <input checked="" type="checkbox"/> |
| 28 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | <input checked="" type="checkbox"/> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | <input checked="" type="checkbox"/> | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | <input checked="" type="checkbox"/> | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | <input checked="" type="checkbox"/> |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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 |
|---|-------------------------------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c 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 |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 220 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | ✓ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | ✓ |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | ✓ |

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| 10b | 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? | | |
| 11a | 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"/> | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | 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"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | 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). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 16b | 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

Vander H Corliss, (314)539-4127

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michelle Tucker President-CEO | 55.00 | | | ✓ | | | 340,565 | 0 | 37,083 | |
| Vander H Corliss Chief Financial Officer | 48.00 | | | ✓ | | | 165,127 | 0 | 29,852 | |
| Heather Dawson Chief of Staff | 48.00 | | | | ✓ | | 159,786 | 0 | 29,007 | |
| Angela B Marino SVP-Marketing | 48.00 | | | | | ✓ | 148,409 | 0 | 28,824 | |
| Regina Greer SVP-Community Partnerships | 48.00 | | | | | ✓ | 130,881 | 0 | 16,421 | |
| Edward Bryant VP-Stakeholder Engagement | 48.00 | | | | | ✓ | 118,862 | 0 | 26,958 | |
| Daiva Rutsch VP-Finance & Controller | 48.00 | | | | | ✓ | 110,452 | 0 | 25,711 | |
| Sherita Haigler VP-DEI | 48.00 | | | | | ✓ | 113,448 | 0 | 12,723 | |
| Mr Michael L Moehn Board Chair | 5.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Mrs Stephen F Brauer Board Vice-Chair | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Dr Donald M Suggs Board Vice-Chair | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Lawrence E Thomas Board Vice-Chair | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Mr Pat White Jr Board Vice-Chair | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Valerie E Patton Executive Committee Board Member & Secretary | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr James R Schmersahl CPA Executive Committee Board Member & Treasurer | 2.00 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| Dr Ann Beatty Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Lynn Beckwith Jr EdD Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Tiana Berry-Jones Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Karen L Branding Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Veronica D Coleman Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Michael DeCola Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Kelly Gast Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Bruce B Holland Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Janet M Holloway Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Robert S Holmes Jr Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Peggy Lewis LeCompte Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr W Stephen Maritz Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Richard H McClure Executive Committee Board 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Kathleen T Osborn Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Terri A Owen Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Cassandra Sanford Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Richard B White MD Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mark S Wrighton PhD Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Christopher Arnold Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John K Beardslee Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Marie-Helene Bernard Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr G Carl Bisig Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Robert Bobroff Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr William Bradley Jr Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr David W Braswell Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Keith Brooks Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mrs Emily Burch Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr Thomas C Burke Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Maria Burt Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Julianne Callaway Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Jason Carter Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Stacy Clay Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Steven P Casazza Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Diane Compardo Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Rodney Crim Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Brittany Cummings Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Mark C Darrell Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Andrew Davidson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Juliette Douglas Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Laura B Ellenhorn Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Daniel E Farmer Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Amy Fields Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Timothy M Figge Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Thomas Finan Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Travis Ford Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Herb Frohock Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Lisa Gould Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Carolyn Greathouse Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Alana Green Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Ronny Griffin Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Gireesh V Gupchup Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Patricia A Hagen Ph D Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Sheena R Hamilton Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Lane Hamm Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Christopher W Hanaway Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Catherine L Hanaway Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sharonica Hardin-Bartley PhD PHR Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Howard Hayes Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Phillip E Hickman Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Jeffrey Hoelsher Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Tina M Hrevus Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Amy Hunter Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Ryan L Hyman Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Natalie Jablonski Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Andrea Jackson-Jennings Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Frank D Jacobs Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Fredrick Jamison Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Mark G Johnson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Dr Barbara R Kavalier Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Colette M Kelly Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Ryan R Kemper Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Whitney Lawson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Mark B Leadlove Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Nancy L LeVault Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Juan E Lopez Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John Lynn Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Andrew Martin Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr James McGrath Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Alan Meyer Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr David Meyer Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Sara Miller Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr James Moore Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Stacey Morse Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Traci L O'Bryan Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Lawrence K Otto Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr David Paeth Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Christine M Page Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Penelope Pennington Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Debra Pitts Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Jeff L Pittman PhD Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr James G Powers Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Nick Ragone Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Janet T Ramey Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Karlos Ramirez Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Megan Rector Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Dana Redwing Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Susan Rollins Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr Anthony G Rothermich Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Timothy L Rozar Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Margaret H Schneithorst Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Todd R Schnuck Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Rob Schwartz Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Yusef Scoggin Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Michael J Scully Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Rick Shang Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Reuben A Shelton Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Armando Siliceo-Roman Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Tiffany Slater Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Keena Smith Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Gregory R Smith Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Yvonne S Sparks Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr Rick Stevens Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John Stiffler Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Susan A Stith Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Julio Suarez Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Dan Telle Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Ellen L Theroff Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Steve Thompson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Tony Thompson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Jackie Tischler Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Christopher R Tongay Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Therese R Trelz Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Brian Ungles Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Craig A Unruh Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mrs Sandra A Van Trease Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr Harvey N Wallace CPA Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Richard B Walsh Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Carrie E Ward Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Dave B Weaver Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Wade Weitlauf Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Julie Whitehead Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Keith H Williamson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Tamara Wolford Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Roman P Wuller Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Amadou Yattassaye Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Nancy E Cross Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Jeffrey L Fox Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Brian S Kearns Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Thomas J Minogue Executive Committee Board 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ms Karen M Vangyia Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Kimberly G Walker Executive Committee Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr James A Auffenberg Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Joann M Barton Board Member | 2.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Jama L Dodson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Matthew K Harbaugh Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Michael F Hart Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Wendy J Henry CPA Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Nicole C Hudson Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| MHA Mr Impicciche JD Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Candace O Jennings Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Glenn Kage Jr Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Jeffrey B Klopfenstein Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Melissa Lackey Board Member | 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mr Edward McLaughlin Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Rick A Merluzzi Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| J Michael Pressimone EdD Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Joe Rudd Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mrs Ruth M Saphian Kinran Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Matt Schrimpf Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Shelley J Seifert Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ms Rachel Seward Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Patrick E Smith Sr Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Charles A Stewart Jr CPA Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr John P Tvrdik Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Sumit S Verma Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr Quentin Williams Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mr R Philip Stupp Jr Board Member | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
|---|--|---|------------------------|--|--------------------------------------|---|-----------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 98,427 | | | | | |
| | b | Membership dues | 1b 0 | | | | | |
| | c | Fundraising events | 1c 0 | | | | | |
| | d | Related organizations | 1d 2 | | | | | |
| | e | Government grants (contributions) | 1e 4,781,080 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 77,243,160 | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 1,214,778 | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 82,122,669 | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a | | ----- | | | | | | |
| b | | ----- | | | | | | |
| c | | ----- | | | | | | |
| d | | ----- | | | | | | |
| e | | ----- | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,466,328 | 0 | 0 | 1,466,328 | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 | |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | 6a | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | | |
| | d | Net rental income or (loss) ▶ | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | 7a | 11,824,877 | 0 | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 9,135,744 | 0 | | | |
| | c | Gain or (loss) | 7c | 2,689,133 | 0 | | | |
| | d | Net gain or (loss) ▶ | | 2,689,133 | 0 | 0 | 2,689,133 | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a | 58,156 | | | | |
| | b | Less: direct expenses | 8b | 13,281 | | | | |
| c | Net income or (loss) from fundraising events ▶ | | 44,875 | | 0 | 44,875 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | | | | | | | |
| | | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | ----- | | | | | | |
| | b | ----- | | | | | | |
| | c | ----- | | | | | | |
| | d | All other revenue | | 135,262 | 135,262 | 0 | 0 | |
| e | Total. Add lines 11a-11d ▶ | | 135,262 | | | | | |
| 12 | Total revenue. See instructions ▶ | | 86,458,267 | 135,262 | 0 | 4,200,336 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 53,159,576 | 53,159,576 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 7,403,268 | 7,403,268 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 739,908 | 55,331 | 681,155 | 3,422 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 7,362,492 | 3,907,081 | 801,579 | 2,653,832 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 668,978 | 345,564 | 97,488 | 225,926 |
| 9 | Other employee benefits | 1,276,792 | 651,916 | 201,209 | 423,667 |
| 10 | Payroll taxes | 585,154 | 293,528 | 101,466 | 190,160 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 63,909 | 34,949 | 18,006 | 10,954 |
| c | Accounting | 101,541 | 35,780 | 38,724 | 27,037 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,492,228 | 1,376,192 | 22,753 | 93,283 |
| 12 | Advertising and promotion | 342,014 | 41,878 | 6,696 | 293,440 |
| 13 | Office expenses | 1,219,818 | 354,348 | 211,010 | 654,460 |
| 14 | Information technology | 607,172 | 384,813 | 72,193 | 150,166 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 309,102 | 129,170 | 74,063 | 105,869 |
| 17 | Travel | 32,318 | 18,360 | 6,483 | 7,475 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 24,303 | 13,667 | 4,805 | 5,831 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 624,838 | 317,480 | 77,980 | 229,378 |
| 22 | Depreciation, depletion, and amortization | 345,385 | 149,030 | 66,875 | 129,480 |
| 23 | Insurance | 86,704 | 29,133 | 33,901 | 23,670 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | ----- | | | | |
| b | ----- | | | | |
| c | ----- | | | | |
| d | ----- | | | | |
| e | All other expenses ----- | 250,625 | 106,377 | 85,167 | 59,081 |
| 25 | Total functional expenses. Add lines 1 through 24e | 76,696,125 | 68,807,441 | 2,601,553 | 5,287,131 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|----------------------|-------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 2,125 | 1 | 2,100 |
| | 2 Savings and temporary cash investments | 13,991,443 | 2 | 23,173,507 |
| | 3 Pledges and grants receivable, net | 19,796,436 | 3 | 16,852,844 |
| | 4 Accounts receivable, net | 654,714 | 4 | 191,284 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 390,027 | 7 | 300,000 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 45,385 | 9 | 228,238 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,300,466 | | |
| | b Less: accumulated depreciation | 10b 4,446,229 | 3,129,760 | 10c 2,854,237 |
| | 11 Investments—publicly traded securities | 50,583,483 | 11 | 61,108,959 |
| | 12 Investments—other securities. See Part IV, line 11 | 13,163,392 | 12 | 16,578,334 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 483,324 | 15 | 483,225 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 102,240,089 | 16 | 121,772,728 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,366,362 | 17 | 1,150,736 |
| | 18 Grants payable | 26,619,450 | 18 | 25,047,735 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 2,238,000 | 24 | 2,000,000 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 7,234,256 | 25 | 3,838,414 |
| | 26 Total liabilities. Add lines 17 through 25 | 37,458,068 | 26 | 32,036,885 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 26,775,570 | 27 | 45,633,471 |
| | 28 Net assets with donor restrictions | 38,006,451 | 28 | 44,102,372 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 64,782,021 | 32 | 89,735,843 | |
| 33 Total liabilities and net assets/fund balances | 102,240,089 | 33 | 121,772,728 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 86,458,267 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 76,696,125 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9,762,142 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 64,782,021 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,932,810 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 6,258,870 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 89,735,843 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

| | |
|---|---|
| Name of the organization UNITED WAY OF GREATER ST LOUIS INC | Employer identification number 43-0714167 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 81,409,079 | 83,194,391 | 95,324,039 | 84,534,268 | 82,122,669 | 426,584,446 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 81,409,079 | 83,194,391 | 95,324,039 | 84,534,268 | 82,122,669 | 426,584,446 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 45,984,464 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 380,599,982 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 81,409,079 | 83,194,391 | 95,324,039 | 84,534,268 | 82,122,669 | 426,584,446 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,021,980 | 1,206,205 | 1,431,327 | 1,249,396 | 1,466,328 | 6,375,236 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 196,051 | 180,435 | 177,488 | 232,148 | 58,156 | 844,278 |
| 11 Total support. Add lines 7 through 10 | | | | | | 433,803,960 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 350,045 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 87.74 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 88.75 % |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----------|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | 2b | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | |

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

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

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D—Distributions | | Current Year |
|--------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 . . . | | | |
| b Excess from 2017 . . . | | | |
| c Excess from 2018 . . . | | | |
| d Excess from 2019 . . . | | | |
| e Excess from 2020 . . . | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 for instructions and the latest information.**

Open to Public Inspection

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 UNITED WAY OF GREATER ST LOUIS INC | Employer identification number 43-0714167 |
|---|---|

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | 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"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f 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 |
| 1 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: | | | |
| a Volunteers? | | ✓ | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ✓ | | |
| c Media advertisements? | | ✓ | |
| d Mailings to members, legislators, or the public? | ✓ | | 0 |
| e Publications, or published or broadcast statements? | | ✓ | |
| f Grants to other organizations for lobbying purposes? | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 0 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ✓ | | 580 |
| i Other activities? | | ✓ | |
| j Total. Add lines 1c through 1i | | | 580 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d 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 |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 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."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 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 | |
| 5 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 - Schedule C, Part 11-B, Line 1 - The Organization participated in the Virtual Missouri Day on February 17, 2021 through a virtual event which included key cabinet members to learn more about the Administration's key policy objectives for 2021. Medicare and Earned Income Tax Credit initiatives were also on the agenda. Additionally the Organization took part in the Virtual Illinois Lobby Day event on April 7, 2021. The virtual presentation and agenda included discussions around Covid, normalizing business during and after the pandemic, and the minority and majority parties both presented.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization UNITED WAY OF GREATER ST LOUIS INC | Employer identification number 43-0714167 |
|---|---|

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|---|
| 1 Total number at end of year | 3 | 0 |
| 2 Aggregate value of contributions to (during year) | 172,000 | 0 |
| 3 Aggregate value of grants from (during year) | 111,765 | 0 |
| 4 Aggregate value at end of year | 271,476 | 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 (for example, 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 21,648,524 | 20,514,156 | 20,107,479 | 17,159,225 | 14,211,114 |
| b Contributions | 100 | 1,010,500 | 0 | 2,250,000 | 2,000,000 |
| c Net investment earnings, gains, and losses | 5,206,382 | 783,407 | 969,001 | 1,119,319 | 1,270,188 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 729,109 | 652,039 | 554,834 | 413,516 | 314,545 |
| f Administrative expenses | 3,000 | 7,500 | 7,500 | 7,579 | 7,502 |
| g End of year balance | 26,122,897 | 21,648,524 | 20,514,146 | 20,107,449 | 17,159,255 |

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 69.11 %
- c** Term endowment 30.89 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | ✓ | |
| 3a(ii) | | ✓ |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 960,000 | 0 | 960,000 |
| b Buildings | 0 | 4,030,815 | 2,516,755 | 1,514,060 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 2,297,750 | 1,929,474 | 368,276 |
| e Other | 0 | 11,901 | 0 | 11,901 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,854,237 |

Part VII Investments—Other Securities.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | 0 | |
| (2) Closely held equity interests | 0 | |
| (3) Other <u>Interest in Charitable Remainder Trust</u> | 10,218,160 | End-of-Year Market Value |
| (A) <u>Beneficial Interest in Perpetual Trust</u> | 6,331,928 | End-of-Year Market Value |
| (B) <u>Private Equity Fund</u> | 28,246 | End-of-Year Market Value |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 16,578,334 | |

Part VIII Investments—Program Related.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, 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) _____ | |
| Total. (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 | 0 |
| (2) <u>Pension & post-retirement liabilities</u> | 3,796,693 |
| (3) <u>Dues payable to United Way Worldwide</u> | 41,721 |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 3,838,414 |

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

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 84,255,879 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 8,932,810 |
| b | Donated services and use of facilities | 2b | 0 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 3,417,000 |
| e | Add lines 2a through 2d | 2e | 12,349,810 |
| 3 | Subtract line 2e from line 1 | 3 | 71,906,069 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII.) | 4b | 14,552,198 |
| c | Add lines 4a and 4b | 4c | 14,552,198 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 86,458,267 |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 62,143,927 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 0 |
| b | Prior year adjustments | 2b | 0 |
| c | Other losses | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 62,143,927 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 |
| b | Other (Describe in Part XIII.) | 4b | 14,552,198 |
| c | Add lines 4a and 4b | 4c | 14,552,198 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 76,696,125 |

Part XIII Supplemental Information.

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

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

Schedule D, Part X, Line 2 - The Organization is exempt from federal income taxes on its related, exempt activities under Section 501(c)(3) of the Internal Revenue Code. The Organization's federal tax returns for years 2018 and later remain subject to examination by taxing authorities.

Schedule D, Part XI, Line 2d - The gain of \$3,417,000 is due to the change in the value of the split interest agreements.

Schedule D, Part XI, Line 4b - \$14,552,198 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 - \$14,552,198 is associated with donor designations not included as expense on the financial statements but included with expenses in the Form 990.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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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 (add col. (a) through col. (c)) |
|--|---|-----------------------------|----------------------------|---------------------|--|
| | | Golf Outing (event type) | Trap Shoot (event type) | 0 (total number) | |
| Revenue | 1 Gross receipts | 34,889 | 23,267 | | 58,156 |
| | 2 Less: Contributions | 0 | 0 | | 0 |
| | 3 Gross income (line 1 minus line 2) | 34,889 | 23,267 | | 58,156 |
| Direct Expenses | 4 Cash prizes | 1,065 | 0 | | 1,065 |
| | 5 Noncash prizes | 0 | 0 | | 0 |
| | 6 Rent/facility costs | 8,427 | 2,002 | | 10,429 |
| | 7 Food and beverages | 0 | 1,200 | | 1,200 |
| | 8 Entertainment | 0 | 0 | | 0 |
| | 9 Other direct expenses | 98 | 489 | | 587 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 13,281 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 44,875 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

Part I General Information on Grants and Assistance

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

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

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 326
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2020

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

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

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

Schedule I, Part I, Line 1 - The organization completed Part IV as required listing organizations that received support. The purpose of the individual grants is included, when organizations received more than one grant the multiple purposes are divided by a semicolon in the response. Abbreviations are used through the "Purpose of Grant" section in the interest of space. Common abbreviations used are listed below: ALL=Allocation; AWD=Other Awards; CCS=Complete Charitable Solutions Direct Pay Designations; TPP=3rd Party Processed. All agencies receiving allocations are listed first and alphabetically - than those with other awards and then all others.

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

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

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| Name and address | Affina Healthcare 1717 Biddle St Saint Louis, MO 63106 | 43-0817642 | 100,000 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Physical Health | | | |
| Name and address | Agape Ministry of Warren County Inc 713 Powell St Warrenton, MO 63383 | 43-1746466 | 75,996 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Basic Needs; TTP-Basic Needs | | | |
| Name and address | Alcoholic Rehabilitation Community Home 1313 21st St Granite City, IL 62040 | 23-7043276 | 63,080 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Behavioral Health | | | |
| Name and address | Almost Home Inc 3200 St Vincent Ave Saint Louis, MO 63104 | 43-1645686 | 144,718 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | | |
| Name and address | Alzheimer's Disease and Related Disorders Association St Louis Chapter 9370 Olive Blvd Saint Louis, MO 63132 | 43-1237069 | 157,117 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health; TTP-Physical Health | | | |
| Name and address | American Cancer Society High Plans Division Inc 1001 Craig Rd Saint Louis, MO 63146 | 13-1788491 | 892,056 | |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health; TTP-Physical Health | | | |
| Name and address | American Heart Association - Greater St Louis Chapter 460 North Lindbergh Blvd Creve Coeur, MO 63141 | 13-5613797 | 636,353 | |
| IRC code section | 501(c)(3) | | | |

| | | | |
|--------------------------------|--|-------------------------------|-----------|
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health; TTP-Physical Health | | |
| Name and address | American Lung Association of the Plains-Gulf Region Inc 211 N Broadway St Saint Louis, MO 63102 | Central States Inc 13-1632524 | 293,032 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | American Red Cross of Eastern Missouri 10195 Corporate Square Saint Louis, MO 63132 | 53-0196605 | 1,504,113 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; TTP-Disaster Response | | |
| Name and address | American Red Cross Serving Central and Southern II 769 S Durkin Dr Springfield, IL 62704 | 53-0196605 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | Amyotrophic Lateral Sclerosis Association - St Louis Regional Chapter 1950 Craig Rd Saint Louis, MO 63146 | 43-1458163 | 206,693 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; AWD-Physical Health; CCS-Physical Health; TTP-Physical Health | | |
| Name and address | Annie Malone Children and Family Service Center 2612 Annie Malone Dr Saint Louis, MO 63113 | 43-0652652 | 190,092 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare | | |
| Name and address | Asthma and Allergy Foundation of America - St Louis Chapter 1500 South Big Bend Blvd Saint Louis, MO 63117 | 43-1484316 | 132,208 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health; TTP-Physical Health | | |
| Name and address | Big Brothers Big Sisters of Eastern Missouri 501 North Grand Ave Saint Louis, MO 63103 | 43-0669085 | 368,717 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development; TTP-Youth | | |

| Development | | | |
|--------------------------------|--|------------|-----------|
| Name and address | Big Brothers Big Sisters of Southwestern Illinois 2900 Frank Scott Parkway West Belleville, IL 62223 | 37-1095468 | 81,458 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development;AWD-Youth Development; TTP-Youth Development | | |
| Name and address | Bilingual International Assistant Services 5231 South Sixth St Rd Springfield, IL 62703 | 37-0661493 | 105,052 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; TTP-Youth Development | | |
| Name and address | Boy Scouts of America Inc - Greater St Louis Area Council 4568 West Pine Blvd Saint Louis, MO 63108 | 43-0652676 | 1,401,313 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; AWD-Youth Development; CCS-Youth Development; TTP-Youth Development | | |
| Name and address | Boys and Girls Club of Alton Inc 2512 Amelia St Alton, IL 62002 | 36-4142577 | 85,647 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development;AWD-Youth Development; TTP-Youth Development | | |
| Name and address | Boys and Girls Club of Bethalto Inc 324 East Central St Bethalto, IL 62010 | 37-0911129 | 38,286 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development; TTP-Youth Development | | |
| Name and address | Boys and Girls Clubs of Greater St Louis Inc 2901 North Grand Blvd Saint Louis, MO 63107 | 43-6061693 | 445,866 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development; TTP-Youth Development | | |
| Name and address | Boys Hope Girls Hope of St Louis 2512 Amelia St Alton, IL 62002 | 36-4142577 | 55,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL-Youth Development; AWD-Youth Development | | |
| Name and address | Call for Help Inc 9400 Lebanon Rd East Saint Louis, IL 62203 | 37-1022829 | 148,930 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services | | |
| Name and address | Cardinal Ritter Senior Services 7601 Watson Rd Saint Louis, MO 63119 | 43-0811604 | 321,683 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; AWD-Senior Services; CCS-Senior Services; TTP-Senior Services | | |
| Name and address | Caritas Family Solutions 8601 West Main St Belleville, IL 62223 | 37-0661500 | 77,622 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; AWD-Behavioral Health; CCS-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | Carondelet Community Betterment Federation 6408 Michigan Ave Saint Louis, MO 63111 | 43-1045345 | 75,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services | | |
| Name and address | Casa of Southwestern Illinois 1801 North Belt West Belleville, IL 62226 | 37-1233728 | 107,107 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare | | |
| Name and address | Casa of St Louis 105 S Central Saint Louis, MO 63105 | 43-1807059 | 100,056 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |
| Name and address | Catholic Charities of St Louis 4445 Lindell Blvd Saint Louis, MO 63108 | 43-0653270 | 432,015 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; CCS-Basic Needs; TTP-Basic Needs | | |

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Catholic Urban Programs Seven Vieux Carre Dr East Saint Louis, IL 62203 | 27-1442590 | 99,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development;AWD-Covid-19 Response; AWD-Youth Development | | |
| Name and address | Center for Hearing and Speech 9835 Manchester Rd Saint Louis, MO 63119 | 43-0652678 | 384,848 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities;AWD-Disabilities; CCS-Disabilities | | |
| Name and address | Center for Women In Transition 7716 South Broadway Saint Louis, MO 63111 | 43-1799627 | 66,425 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Financial Stability;AWD-Financial Stability; TTP-Financial Stability | | |
| Name and address | Central Institute for the Deaf 825 South Taylor Ave Saint Louis, MO 63110 | 43-0662456 | 213,619 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; CCS-Disabilities; TTP-Disabilities | | |
| Name and address | Child Center Marygrove 2705 Mullanphy Lane Florissant, MO 63031 | 43-1024440 | 294,748 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare | | |
| Name and address | Children's Home and Aid 2133 Johnson Rd Granite City, IL 62040 | 36-2167743 | 360,669 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare | | |
| Name and address | College Bound 110 North Jefferson Ave Saint Louis, MO 63103-2207 | 20-4768985 | 66,005 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Education; TTP-Education | | |
| Name and address | Community Action Agency of St Louis County 2709 Woodson Rd | 23-7037248 | 117,458 |

| | | | |
|--------------------------------|--|------------|---------|
| | Saint Louis, MO 63114 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs;AWD-Basic Needs; TTP-Basic Needs | | |
| Name and address | Community Care Center Inc 1818 Cleveland Ave Granite City, IL 62040 | 37-0752347 | 79,224 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs | | |
| Name and address | Community Council of St Charles County 427 Spencer Rd Saint Peters, MO 63376 | 43-6051722 | 94,869 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; TTP-Neighborhood Services | | |
| Name and address | Community Link 1665 North Fourth St Breese, IL 62230 | 37-0955971 | 111,114 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; CCS-Disabilities | | |
| Name and address | Community Living Inc 1040 St Peters Howell Rd Saint Peters, MO 63376 | 43-1129770 | 224,110 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Compass Health Network 1800 Community Dr Clinton, MO 64735 | 43-1032835 | 313,478 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health | | |
| Name and address | Comtrea Inc 227 Main St Festus, MO 63028 | 36-2800788 | 53,518 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health | | |
| Name and address | Coordinated Youth and Human Services 2016 Madison Ave Granite City, IL 62040 | 37-0662520 | 190,427 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL-Youth Development; AWD-Youth Development | | |
| Name and address | Cornerstone Center for Early Learning Inc 3901 Russell Blvd Saint Louis, MO 63110 | 43-0923158 | 193,485 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education;AWD-Early Childhood Education; CCS- Early Childhood Education | | |
| Name and address | Covenant House Missouri 2727 North Kingshighway Blvd Saint Louis, MO 63113 | 43-1821599 | 77,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; TTP-Child Welfare | | |
| Name and address | Crime Victim Advocacy Center of St Louis 539 North Grand Blvd Saint Louis, MO 63103 | 43-1025252 | 40,451 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Legal Services; CCS-Legal Services | | |
| Name and address | Crisis Food Center Inc 21 East 6th St Alton, IL 62002 | 37-1054276 | 51,678 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs;AWD-Basic Needs; CCS-Basic Needs | | |
| Name and address | Deaconess Faith Community Nurse Ministries 3159 Fee Fee Rd Bridgeton, MO 63044 | 46-3885766 | 95,128 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | Delta Center for Independent Living 3837 McClay Rd Saint Peters, MO 63376 | 43-1752410 | 60,583 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Delta Gamma Center for Children With Visual Impairments 1750 South Big Bend Blvd Saint Louis, MO 63117 | 43-0725282 | 106,042 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; CCS-Disabilities; TTP-Disabilities | | |
| Name and address | Down Syndrome Association of Greater St Louis | 43-1108833 | 54,255 |

| | | | |
|--------------------------------|--|------------|---------|
| | 1300 Strassner Dr Saint Louis, MO 63144 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities;AWD-Disabilities; TTP-Physical Health | | |
| Name and address | Duo Dogs Inc 10955 Linpage Place Saint Louis, MO 63132 | 43-1379801 | 133,045 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Eagle's Nest of St Clair County 5020 State St East Saint Louis, IL 62205 | 37-1359691 | 75,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs | | |
| Name and address | Easter Seals Midwest 11933 Westline Industrial Dr Saint Louis, MO 63146 | 43-0979927 | 126,684 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; CCS-Disabilities | | |
| Name and address | Emmaus Homes Inc 3731 Mueller Rd Saint Charles, MO 63301 | 43-0653309 | 255,837 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; AWD-Disabilities; CCS-Disabilities; TTP-Disabilities | | |
| Name and address | Employment Connection 2838 Market St Saint Louis, MO 63103 | 43-1106386 | 624,108 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Workforce Development; AWD-Workforce Development | | |
| Name and address | Empower Missouri 308 E High St Jefferson City, MO 65101 | 44-0547548 | 11,619 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services | | |
| Name and address | Epilepsy Foundation of Missouri and Kansas 222 S Meramec Ave Saint Louis, MO 63105 | 43-6048869 | 50,520 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant ALL-Physical Health; TTP-Physical Health

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Epworth Children and Family Services Inc 110 North Elm Ave Saint Louis, MO 63119 | 43-1069741 | 516,640 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Child Welfare; TTP-Child Welfare

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Familyforward 1167 Corporate Lake Dr Saint Louis, MO 63132 | 43-0652622 | 397,229 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Behavioral Health; AWD-Child Welfare; CCS-Child Welfare; TTP-Child Welfare

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Fathers and Families Support Center 1601 Olive St Saint Louis, MO 63103 | 43-1804267 | 164,921 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Workforce Development; CCS-Workforce Development; TTP-Workforce Development

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Foster and Adoptive Care Coalition 1750 South Brentwood Blvd Brentwood, MO 63144 | 43-1570225 | 253,655 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Child Welfare; AWD-Child Welfare; CCS-Child Welfare; TTP-Child Welfare

| | | | |
|-------------------------|--|------------|-----------|
| Name and address | Gateway Region YMCA 2815 Scott Ave Saint Louis, MO 63103 | 43-0653616 | 1,306,901 |
|-------------------------|--|------------|-----------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Youth Development; AWD-Youth Development; CCS-Youth Development; TTP-Youth Development

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Gene Slay's Boys' Club of St Louis Inc 2524 South 11th St Saint Louis, MO 63104 | 43-0653261 | 187,116 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Youth Development; AWD-Youth Development; TTP-Youth Development

| | | | |
|-------------------------|---|------------|-------|
| Name and address | Girl Scouts of Central Illinois 3020 Baker Dr Springfield, IL 62703 | 37-0681529 | 5,803 |
|-------------------------|---|------------|-------|

IRC code section 501(c)(3)

| Method of valuation | | | |
|----------------------------|--|------------|---------|
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Girl Scouts of Eastern Missouri 2300 Ball Dr Saint Louis, MO 63146 | 43-0662471 | 420,743 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Girl Scouts of Southern Illinois Four Ginger Creek Parkway Glen Carbon, IL 62034 | 37-0811488 | 192,290 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Girls Incorporated of St Louis 3801 Nelson Dr Saint Louis, MO 63121 | 43-1321294 | 287,651 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Good Shephard Children and Family Services 1340 Partridge Ave Saint Louis, MO 63130 | 43-1297933 | 423,024 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Great Circle 330 North Gore Ave Saint Louis, MO 63119 | 43-0681471 | 473,110 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Guardian Angel Settlement Association 1127 North Vandeventer Ave Saint Louis, MO 63113 | 43-0652636 | 338,747 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Harris House Foundation 2706 South River Rd Saint Charles, MO 63303 | 43-1235232 | 179,975 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant ALL-Behavioral Health; CCS-Behavioral Health; TTP-Behavioral Health

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Highland Area Christian Service Ministry 900 Chestnut St Highland, IL 62249 | 36-4153849 | 40,772 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

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

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Home Sweet Home 290 Hanley Industrial Court Brentwood, MO 63144 | 47-5028899 | 50,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Basic Needs

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Humanitri 3601 Weber Rd Saint Louis, MO 63125 | 43-1470568 | 131,667 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Basic Needs

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Illinois Center for Autism 548 South Ruby Lane Fairview Heights, IL 62208 | 37-1023452 | 210,913 |
|-------------------------|---|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Disabilities;AWD-Disabilities; TTP-Disabilities

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Immigrant and Refugee Women's Program 5021 Adkins Ave Saint Louis, MO 63116 | 42-1696954 | 81,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Legal Services

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Impact Inc 2735 East Broadway Alton, IL 62002 | 37-1183032 | 50,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Disabilities

| | | | |
|-------------------------|--|------------|---------|
| Name and address | Independence Center 4245 Forest Park Ave Saint Louis, MO 63108 | 43-1195240 | 106,750 |
|-------------------------|--|------------|---------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Behavioral Health;AWD-Behavioral Health; TTP-Behavioral Health

| | | | |
|-------------------------|-----------------------|------------|--------|
| Name and address | Infant Loss Resources | 43-1344645 | 62,410 |
|-------------------------|-----------------------|------------|--------|

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|--------------------------------|---|------------|---------|
| | 1120 South Sixth St Saint Louis, MO 63104 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health | | |
| Name and address | Interfaith Residence 4385 Maryland Ave Saint Louis, MO 63108 | 43-1484279 | 106,250 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Basic Needs | | |
| Name and address | International Institute of Metropolitan St Louis 3401 Arsenal St Saint Louis, MO 63118 | 43-0652640 | 268,412 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Financial Stability; AWD-Financial Stability; CCS-Financial Stability; TTP-Financial Stability | | |
| Name and address | JDRF Kansas and Missouri Chapter Juvenile Diabetes Research Foundation 4595 Broadwaymoor Ave South East Grand Rapids, MI 49512 | 23-1907729 | 6,588 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | Jewish Community Center Two Millstone Campus Dr Saint Louis, MO 63146 | 43-0681477 | 621,170 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development; TTP-Youth Development | | |
| Name and address | Jewish Family and Children's Service 10950 Schuetz Rd Saint Louis, MO 63146 | 43-0790330 | 541,895 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | Jewish Federation of St Louis 12 Millstone Campus Dr Saint Louis, MO 63146 | 43-0652643 | 120,118 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; CCS-Neighborhood Services; TTP- Neighborhood Services | | |
| Name and address | Joe W Roberts Youth Club | 37-1208098 | 19,260 |

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|--------------------------------|---|------------|---------|
| | PO Box 196 Madison, IL 62060 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development | | |
| Name and address | Justine Petersen Housing and Reinvestment Corporation 1023 North Grand Blvd Saint Louis, MO 63106 | 43-1769074 | 101,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Workforce Development; CCS-Workforce Development | | |
| Name and address | Kids In the Middle Inc 2650 South Hanley Rd Saint Louis, MO 63144 | 43-1192510 | 192,649 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; CCS-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | Kreative Kids Learning Center 121 West Elm St Alton, IL 62002 | 37-0920860 | 30,052 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; CCS-Early Childhood Education | | |
| Name and address | Land of Lincoln Legal Aid Inc 8787 State St East Saint Louis, IL 62203 | 37-0958448 | 337,560 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Legal Services | | |
| Name and address | Legal Services of Eastern Missouri Inc 4232 Forest Park Ave Saint Louis, MO 63108 | 43-0816805 | 544,556 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Legal Services; TTP-Legal Services | | |
| Name and address | Lemay Child and Family Center 9828 South Broadway Saint Louis, MO 63125 | 43-1061831 | 160,215 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; CCS-Early Childhood Education | | |
| Name and address | Lessie Bates Davis Neighborhood House Inc 1200 North 13th St East Saint Louis, IL 62205 | 37-0662522 | 310,111 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | ALL-Neighborhood Services; CCS-Neighborhood Services | | |
| Name and address | Leu Civic Center Inc 213 North Market St Mascoutah, IL 62258 | 37-1056779 | 102,539 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development | | |
| Name and address | Lifebridge Partnership 1457 Olde Cabin Rd Saint Louis, MO 63141 | 43-0692190 | 109,769 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Lifewise 1321 South 11th St Saint Louis, MO 63104 | 43-0652648 | 485,714 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; AWD-Neighborhood Services; CCS-Neighborhood Services; TTP-Neighborhood Services | | |
| Name and address | Lincoln County Council on Aging 1380 Boone St Troy, MO 63379 | 43-1136188 | 131,531 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; AWD-Senior Services | | |
| Name and address | Lupus Foundation of America Heartland Chapter Inc 8050 Watson Rd Saint Louis, MO 63119 | 51-0192362 | 51,688 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; CCS-Physical Health; TTP-Physical Health | | |
| Name and address | Lutheran Child and Family Services of Illinois 317 West Main St Belleville, IL 62220 | 36-2167778 | 56,744 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare | | |
| Name and address | Lutheran Family and Children's Services of Missouri 9666 Olive Blvd Saint Louis, MO 63132 | 43-0652650 | 503,695 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Lutheran Senior Services 1150 Hanley Industrial Court Saint Louis, MO 63144 | 43-0654862 | 215,686 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; AWD-Senior Services; CCS-Senior Services; TTP-Senior Services | | |
| Name and address | Macoupin Center for the Developmentally Disabled 700 East Elm St Carlinville, IL 62626 | 37-6052282 | 43,384 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities;AWD-Disabilities; CCS-Disabilities | | |
| Name and address | Madison County Catholic Charities 3512 McArthur Blvd Alton, IL 62002 | 37-0661499 | 288,138 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs;AWD-Covid-19 Response; TTP-Basic Needs | | |
| Name and address | Madison County Urban League Inc 408 East Broadway Alton, IL 62002 | 37-1028276 | 176,011 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; TTP-Basic Needs | | |
| Name and address | Main Street Community Center Inc 1003 North Main St Edwardsville, IL 62025 | 37-0989006 | 12,524 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services;AWD-Senior Services; TTP-Senior Services | | |
| Name and address | Mary Ryder Home 4361 Olive St Saint Louis, MO 63108 | 43-0758611 | 312,103 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services | | |
| Name and address | Mathews - Dickey Boys' and Girls' Club 4245 North Kingshighway Blvd Saint Louis, MO 63115 | 43-6060717 | 297,462 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development;AWD-Youth Development; TTP-Youth Development | | |
| Name and address | Megan Meier Foundation 515 Jefferson St | 26-1523923 | 52,546 |

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|--------------------------------|---|------------|---------|
| | Saint Charles, MO 63301 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health | | |
| Name and address | Memory Care Home Solutions 4389 West Pine Blvd Saint Louis, MO 63108 | 02-0641248 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services | | |
| Name and address | Mental Health America of Eastern Missouri 1905 South Grand Blvd Saint Louis, MO 63104 | 43-0685341 | 100,023 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; CCS-Behavioral Health | | |
| Name and address | MERS Missouri Goodwill Industries Inc 1727 Locust St Saint Louis, MO 63103 | 43-0652657 | 580,737 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Workforce Development; TTP-Workforce Development | | |
| Name and address | Mindseye 9541 Church Circle Dr Belleville, IL 62223 | 81-2553623 | 110,718 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; TTP-Disabilities | | |
| Name and address | Mission St Louis 3108 North Grand Blvd Saint Louis, MO 63107 | 20-8983607 | 120,771 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; AWD-Neighborhood Services; CCS-Neighborhood Services; TTP-Neighborhood Services | | |
| Name and address | National Council on Alcoholism and Drug Abuse - St Louis Area Inc 9355 Olive Blvd Saint Louis, MO 63132 | 43-0827852 | 343,040 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | National Kidney Foundation Inc 1001 Craig Rd Saint Louis, MO 63146 | 13-1673104 | 80,996 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | ALL-Physical Health; TTP-Physical Health | | |
| Name and address | National Multiple Sclerosis Society - Gateway Area Chapter 12125 Woodcrest Executive Dr Saint Louis, MO 63141 | 13-5661935 | 180,681 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; TTP-Physical Health | | |
| Name and address | Northside Youth and Senior Service Center Inc 4120 Maffitt Ave Saint Louis, MO 63113 | 43-1028098 | 194,040 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; AWD-Senior Services | | |
| Name and address | Npower Inc Harris Stowe State University Saint Louis, MO 63103 | 13-4145441 | 100,900 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Education; AWD-Education | | |
| Name and address | Nurses for Newborns Foundation 3 Sunnen Dr Saint Louis, MO 63143 | 43-1601329 | 133,854 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |
| Name and address | Oasis Institute 11780 Borman Dr Saint Louis, MO 63146 | 43-1830354 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services | | |
| Name and address | Oasis Women's Center 111 Market St Alton, IL 62002 | 37-1017792 | 103,068 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence; CCS-Domestic Violence | | |
| Name and address | Operation Blessing People That Care Inc 18 East Lorena Wood River, IL 62095 | 37-1206691 | 38,253 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Basic Needs; CCS-Basic Needs | | |
| Name and address | Operation Food Search Inc | 43-1241854 | 78,262 |

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|--------------------------------|--|------------|-----------|
| | 1644 Lotsie Blvd Saint Louis, MO 63132 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Covid-19 Response; CCS-Covid-19 Response; TTP-Covid-19 Response | | |
| Name and address | Paraquad Inc 5240 Oakland Ave Saint Louis, MO 63110 | 23-7112449 | 153,138 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; CCS-Disabilities | | |
| Name and address | Parents As Teachers National Center 2228 Ball Dr Saint Louis, MO 63146 | 43-1569124 | 55,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Education;AWD-Education; CCS-Education | | |
| Name and address | Peter and Paul Community Services 2612 Wyoming Saint Louis, MO 63108 | 43-1349643 | 79,200 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs;AWD-Basic Needs; CCS-Basic Needs | | |
| Name and address | Pony Bird Inc One Pony Bird Lane Mapaville, MO 63065 | 43-1188096 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Preferred Family Healthcare 4066 Dunnica Ave Saint Louis, MO 63116 | 43-1236557 | 174,056 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | Presbyterian Children's Homes and Services 1220 North Lindbergh Blvd Saint Louis, MO 63132 | 75-0818172 | 51,735 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare | | |
| Name and address | Provident Inc 2650 Olive St Saint Louis, MO 63103 | 43-0652630 | 1,302,920 |
| IRC code section | 501(c)(3) | | |

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|--------------------------------|---|------------|---------|
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health | | |
| Name and address | Queen of Peace Center 325 N Newstead Ave Saint Louis, MO 63108 | 43-1528548 | 47,100 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; CCS-Behavioral Health | | |
| Name and address | R3 Development NFP 423 N 8th St East Saint Louis, IL 62201 | 47-3017705 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Workforce Development | | |
| Name and address | Ready Readers 10403 Baur Blvd Saint Louis, MO 63132 | 43-1841631 | 50,026 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; CCS-Education | | |
| Name and address | Rebuilding Together Southwest Illinois PO Box 249 Edwardsville, IL 62025 | 37-1311197 | 18,498 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Basic Needs | | |
| Name and address | Rebuilding Together St Louis 357 Marshall Ave Saint Louis, MO 63119 | 43-1626999 | 110,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; CCS-Basic Needs | | |
| Name and address | Riverbend Family Ministries 131 East Ferguson Ave Wood River, IL 62095 | 26-0347023 | 36,848 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Place-Based Collaborations | | |
| Name and address | Riverbend Head Start and Family Services 550 Landmarks Blvd Alton, IL 62002 | 37-0681548 | 76,177 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education | | |

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UNITED WAY OF GREATER ST LOUIS INC

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| Name and address | Safe Connections | 43-1077667 | 242,978 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence | | |
| Name and address | Saint Louis Counseling 9200 Watson Rd G-101 Saint Louis, MO 63126 | 43-1338511 | 296,705 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health; TTP-Behavioral Health | | |
| Name and address | Saint Louis Crisis Nursery 11710 Administration Dr Saint Louis, MO 63146 | 43-1410297 | 188,202 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |
| Name and address | Saint Louis Effort for Aids Inc 2653 Locust St Saint Louis, MO 63103 | 39-1534049 | 285,135 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | Senior Services Plus Inc 2603 North Rodgers Ave Alton, IL 62002 | 37-0975762 | 122,691 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; CCS-Senior Services | | |
| Name and address | Sherwood Forest Camp Inc 2708 Sutton Blvd Saint Louis, MO 63143 | 43-0653401 | 285,330 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; AWD-Youth Development; CCS-Youth Development | | |
| Name and address | Society for the Blind and Visually Impaired 8770 Manchester Rd Saint Louis, MO 63144 | 43-0666768 | 84,829 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health; AWD-Physical Health | | |
| Name and address | Society of St Vincent De Paul of St Louis 1310 Papin St Saint Louis, MO 63103 | 43-0652684 | 38,643 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant ALL-Basic Needs; AWD-Covid-19 Response; CCS-Basic Needs; TTP-Neighborhood Services

Name and address Southside Early Childhood Center 43-0685348 165,277
2101 South Jefferson Ave
Saint Louis, MO 63104

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Early Childhood Education; TTP-Early Childhood Education

Name and address St Clair County Child Advocacy Center 37-1380467 83,100
300 West Main St
Belleville, IL 62220

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Child Welfare

Name and address St John's Community Care 37-1184962 28,478
222 Goethe Ave
Collinsville, IL 62234

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Senior Services; AWD-Senior Services

Name and address St Joseph Institute for the Deaf 43-0653494 100,730
1314 Strassner Dr
Brentwood, MO 63144

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Disabilities; CCS-Disabilities; TTP-Disabilities

Name and address St Louis Arc 43-0718811 819,745
1177 North Warson Rd
Saint Louis, MO 63132

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Disabilities; CCS-Disabilities; TTP-Disabilities

Name and address St Louis Area Foodbank Inc 43-1253102 557,429
70 Corporate Woods Dr
Bridgeton, MO 63044

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

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

Name and address St Louis Public Schools Foundation 43-1813849 56,560
801 North 11th St
Saint Louis, MO 63101

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant ALL-Education; CCS-Education

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UNITED WAY OF GREATER ST LOUIS INC

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|--------------------------------|--|------------|---------|
| Name and address | St Martha's Hall PO Box 4950 Saint Louis, MO 63108 | 43-1350160 | 150,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence | | |
| Name and address | St Mary's Special Services for Exceptional Children 20 Archbishop May Dr Saint Louis, MO 63119 | 32-0301060 | 90,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education | | |
| Name and address | St Patrick Center 800 North Tucker Blvd Saint Louis, MO 63101 | 43-1263499 | 682,811 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; CCS-Basic Needs; TTP-Basic Needs | | |
| Name and address | St Vincent De Paul - St Boniface Conference 3001 Save Rd Belleville, IL 62221 | 37-0959053 | 18,250 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | St Vincent Home for Children 7401 Florissant Rd Saint Louis, MO 63121 | 43-0653319 | 100,702 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; AWD-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |
| Name and address | Starkloff Disability Institute 133 S 11th St Saint Louis, MO 63102 | 84-1616567 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities | | |
| Name and address | Stl Village Inc 4501 Westminster Place Saint Louis, MO 63108 | 80-0915577 | 21,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services | | |
| Name and address | Sts Joachim and Ann Care Services 4116 McClay Rd Saint Charles, MO 63304 | 35-2203101 | 52,132 |

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|--------------------------------|--|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; TTP-Disaster Response | | |
| Name and address | The Alliance on Mental Illness - NAMI St Louis 1810 Craig Rd Saint Louis, MO 63146 | 43-1143899 | 85,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health | | |
| Name and address | The National Alliance on Mental Illness Southwestern Illinois 2100 Madison Ave Granite City, IL 62040 | 37-1322048 | 22,083 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Behavioral Health;AWD-Behavioral Health; CCS-Behavioral Health | | |
| Name and address | The Salvation Army 1130 Hampton Ave Saint Louis, MO 63139 | 36-2167910 | 910,091 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Basic Needs; CCS-Basic Needs; TTP-Basic Needs | | |
| Name and address | The Soulfisher Ministries 7267 Natural Bridge Rd Saint Louis, MO 63121 | 45-5624292 | 105,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Workforce Development; AWD-Workforce Development | | |
| Name and address | Turning Point | 43-1667293 | 125,255 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence | | |
| Name and address | United 4 Children 1310 Papin St Saint Louis, MO 63103 | 43-0953838 | 127,132 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; AWD-Early Childhood Education; CCS-Early Childhood Education; TTP-Early Childhood Education | | |
| Name and address | United Cerebral Palsy Heartland 4645 LaGuardia Dr Berkeley, MO 63134 | 44-0579903 | 507,646 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Disabilities; AWD-Disabilities; CCS-Disabilities; TTP-Disabilities | | |

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|--------------------------------|--|------------|-----------|
| Name and address | United Services for Children 4140 Old Mill Parkway Saint Peters, MO 63376 | 43-1136074 | 175,076 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; CCS-Early Childhood Education; TTP-Early Childhood Education | | |
| Name and address | University City Children's Center 6646 Vernon Ave Saint Louis, MO 63130 | 43-0958608 | 142,793 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education; AWD-Early Childhood Education; CCS-Early Childhood Education | | |
| Name and address | Unleashing Potential 1000 N Vandeventer Ave Saint Louis, MO 63113 | 43-0654857 | 453,270 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; AWD-Early Childhood Education; CCS-Neighborhood Services | | |
| Name and address | Urban League of Metropolitan St Louis 1408 North Kingshighway Saint Louis, MO 63113 | 43-0653605 | 1,607,636 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Basic Needs; AWD-Basic Needs; AWD-Neighborhood Services; CCS-Basic Needs; TTP-Basic Needs | | |
| Name and address | Violence Prevention Center of Southwestern Illinois PO Box 831 Belleville, IL 62222 | 37-1223450 | 116,117 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence; TTP-Domestic Violence | | |
| Name and address | Visiting Nurse Association of Greater St Louis 2029 Woodland Parkway Saint Louis, MO 63146 | 43-0567000 | 87,040 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Physical Health | | |
| Name and address | Voyce 8050 Watson Suite 155 Saint Louis, MO 63119 | 43-1480438 | 188,052 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Senior Services; AWD-Senior Services | | |

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|--------------------------------|---|------------|---------|
| Name and address | Webster Child Care Center at Laclede Groves 624 Lohmann Forest Lane Saint Louis, MO 63119 | 43-1014311 | 143,810 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Early Childhood Education | | |
| Name and address | Wesley House Association 4507 Lee Ave Saint Louis, MO 63115 | 43-0653613 | 134,033 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Neighborhood Services; AWD-Neighborhood Services | | |
| Name and address | Women's Safe House PO Box 63010 Saint Louis, MO 63163 | 43-1111319 | 134,547 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Domestic Violence; AWD-Domestic Violence; CCS-Domestic Violence; TTP-Domestic Violence | | |
| Name and address | Wyman Center Inc 600 Kiwanis Dr Eureka, MO 63025 | 43-0653263 | 515,027 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; CCS-Youth Development; TTP-Youth Development | | |
| Name and address | Young Men's Christian Association of Edwardsville 1200 Esic Dr Edwardsville, IL 62025 | 37-0661259 | 53,065 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; AWD-Youth Development | | |
| Name and address | Youth and Family Center 818 Cass Ave Saint Louis, MO 63106 | 43-0652663 | 339,262 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Youth Development; AWD-Youth Development | | |
| Name and address | Youth In Need 1815 Boones Lick Rd Saint Charles, MO 63301 | 43-1033862 | 440,810 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Child Welfare; CCS-Child Welfare; TTP-Child Welfare | | |
| Name and address | YWCA of Alton 304 East Third St | 37-0662608 | 70,000 |

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| | Alton, IL 62002 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Financial Stability; AWD-Financial Stability | | |
| Name and address | YWCA of Metropolitan St Louis 1155 Olivette Executive Parkway Saint Louis, MO 63132 | 43-0653618 | 937,069 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ALL-Financial Stability; AWD-Financial Stability; CCS-Financial Stability; TTP-Financial Stability | | |
| Name and address | Academy Foundation 8949 Wilshire Blvd Beverly Hills, CA 90211 | 95-2243698 | 300,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Academy Museum Foundation 6067 Wilshire Blvd Los Angeles, CA 90036 | 20-2605026 | 125,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | ACLU Foundation 125 Broadway St New York, NY 10004 | 13-6213516 | 13,905 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Legal Services | | |
| Name and address | Aim High St Louis 755 South Price Rd Saint Louis, MO 63124 | 43-1582098 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | American Diabetes Association PO Box 7023 Merrifield, VA 22116 | 13-1623888 | 5,565 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health; TTP-Disaster Response | | |
| Name and address | American Diabetes Association Gateway Chapter 15455 Conway Rd Chesterfield, MO 63017 | 13-1623888 | 28,742 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

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| Purpose of grant | CCS-Physical Health | | |
| Name and address | American Enterprise Institute 1789 Massachusetts Ave NW Washington, DC 20036 | 53-0218495 | 7,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Capacity Building | | |
| Name and address | American Film Institute 2021 North Western Ave Los Angeles, CA 90027 | 52-6072925 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | American Heart Association - Birmingham 1449 Medical Park Dr S Birmingham, AL 35213 | 13-5613797 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | American Red Cross - Birmingham 700 Caldwell Trace Birmingham, AL 35242 | 53-0196605 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Disaster Response | | |
| Name and address | American Red Cross of Greater Kansas City Chapter 6601 Winchester Ave Kansas City, MO 64133 | 53-0196605 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Disaster Response | | |
| Name and address | American Red Cross of Greater St Louis 10195 Corporate Square Saint Louis, MO 63132 | 53-0196605 | 14,816 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Disaster Response | | |
| Name and address | American Red Cross Texas Gulf Coast Region 2700 Southwest Freeway Houston, TX 77098 | 53-0196605 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Disaster Response | | |
| Name and address | Arch Grants | 27-4875945 | 52,500 |

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| | 911 Washington Ave Saint Louis, MO 63101 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Capacity Building | | |
| Name and address | Array Alliance 180 Glendale Blvd Los Angeles, CA 90026 | 82-5248574 | 520,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Arts and Education Council of Greater St Louis 3547 Olive St Saint Louis, MO 63103 | 43-0790672 | 16,382 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Association of Former Students of Texas A&M University 505 George Bush Dr College Station, TX 77840 | 74-0490865 | 6,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Beyond Housing 6506 Wright Way Saint Louis, MO 63121 | 51-0179471 | 349,705 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Financial Stability; CCS-Financial Stability; CCS-Neighborhood Services; TTP-Financial Stability | | |
| Name and address | Biblical Business Training Inc 16100 Swingley Ridge Rd Chesterfield, MO 63005 | 27-0392335 | 60,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | Birmingham Botanical Society 2612 Lane Park Rd Birmingham, AL 35223 | 63-0495111 | 5,025 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Animals; CCS-Environment | | |
| Name and address | Brookshire Irish Fest Inc DBA the Kansas City Irish Fest 1607 Oak St Kansas City, MO 64108 | 43-1850086 | 10,000 |
| IRC code section | 501(c)(3) | | |

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| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Business and Education Alliance of Alabama PO Box 38 Montgomery, AL 36101 | 46-3291520 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | Cahaba Riverkeeper 4650 Old Looney Mill Rd Birmingham, AL 35243 | 26-2623785 | 7,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Environment | | |
| Name and address | Care and Counseling Inc 12141 Ladue Rd Saint Louis, MO 63141 | 43-0914350 | 80,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Behavioral Health | | |
| Name and address | Central Missouri Community Action 807B North Providence Columbia, MO 65203 | 43-0835026 | 9,899 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Neighborhood Services | | |
| Name and address | Children's of Alabama 1600 Seventh Ave South Birmingham, AL 35233 | 63-0307306 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Child Welfare | | |
| Name and address | Christian Activity Center 540 North Sixth St East Saint Louis, IL 62201 | 36-4182760 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Covid-19 Response | | |
| Name and address | City Academy Inc 4175 North Kingshighway Blvd Saint Louis, MO 63115 | 31-1619379 | 9,380 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |

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| Name and address | Columbia Grammar and Preparatory School 5 West 93rd St New York, NY 10025 | 13-0590970 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Community Coalition for Substance Abuse Prevention and Treatment 8101 South Vermont Ave Los Angeles, CA 90044 | 95-4298811 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Behavioral Health | | |
| Name and address | Community Performance Ensemble 630 N 59th St East St Louis, IL 62203 | 37-1088980 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Behavioral Health | | |
| Name and address | Concordance Academy of Leadership 1845 Borman Court Saint Louis, MO 63146 | 43-1416762 | 137,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Congregation of the Mission Western Province 13663 Rider Trail North Earth City, MO 63045 | 43-6029948 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | Delta Area Economic Opportunity Corporation 99 Skyview Rd Portageville, MO 63873 | 43-0834206 | 6,821 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Basic Needs | | |
| Name and address | Dogwood Farms Sanctuary 1766 W Highway U Troy, MO 63379 | 02-0739200 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Animals | | |
| Name and address | Dolly Parton Imagination Library 2700 Dollywood Parks Blvd Pigeon Forge, TN 37863 | 62-1348105 | 55,604 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD-Early Childhood Education

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Donald Danforth Plant Science Center 975 North Warson Rd Saint Louis, MO 63132 | 31-1584621 | 35,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Workforce Development

| | | | |
|-------------------------|--|------------|-------|
| Name and address | Duo Dogs Inc 10955 Linpage Place Saint Louis, MO 63132 | 43-1379801 | 8,048 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Disabilities; TTP-Disabilities

| | | | |
|-------------------------|--|------------|-------|
| Name and address | East Missouri Action Agency PO Box 308 Parks Hills, MO 63601 | 43-0838255 | 9,685 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant AWD-Neighborhood Services

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Endangered Wolf Center PO Box 760 Eureka, MO 63025 | 43-0996361 | 10,000 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Animals

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Entertainment Industry Foundation 10880 Wilshire Blvd Los Angeles, CA 90024 | 95-1644609 | 477,990 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Capacity Building

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Equal Justice Initiative 122 Commerce St Montgomery, AL 36104 | 63-1135091 | 18,847 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Legal Services

| | | | |
|-------------------------|--|------------|-------|
| Name and address | Evans Scholars Foundation 2501 Patriot Blvd Glenview, IL 60026 | 36-3538303 | 5,250 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant CCS-Education

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| Name and address | Extra Table Incorporated 3904 Hardy St Hattiesburg, MS 39402 | 27-3779135 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Basic Needs | | |
| Name and address | Fair Saint Louis 301 Prospect Ave Saint Louis, MO 63110 | 43-1218720 | 20,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Film Independent Inc 5670 Wilshire Blvd Los Angeles, CA 90036 | 95-3943485 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Forest Park Forever Inc 5595 Grand Dr Saint Louis, MO 63112 | 43-1427062 | 23,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Forest Releaf of Missouri 4168 Juaniata St Saint Louis, MO 63116 | 43-1615929 | 32,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Franklin County Area United Way 301 West Front Washington, MO 63090 | 43-1124878 | 16,104 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | Fresh Air Fund 633 Third Ave New York, NY 10017 | 13-1656653 | 109,322 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Gateway EITC Community Coalition c/o United Way of Greater St Louis 910 North 11th Street Saint Louis, MO 63101 | 20-0323464 | 25,063 |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Neighborhood Services | | |
| Name and address | Giving Is A Family Tradition PO Box 39313 Saint Louis, MO 63139 | 80-0697118 | 5,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Grace Klein Community 1678 Montgomery Hwy Birmingham, AL 35216 | 80-0569639 | 5,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | Greater Kansas City Sports Foundation Womens Intersport Network DbA Win for KC 114 West 11th St Kansas City, MO 64105 | 43-1530518 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Habitat for Humanity of Kansas City 1423 East Linwood Blvd Kansas City, MO 64109 | 43-1175749 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Basic Needs | | |
| Name and address | Habitat for Humanity St Louis 3830 South Grand Blvd Saint Louis, MO 63118 | 58-1735543 | 51,120 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Basic Needs | | |
| Name and address | Hispanic Interest Coalition of Alabama PO Box 190299 Birmingham, AL 35219 | 63-1225764 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Capacity Building | | |
| Name and address | Horatio Alger Association 99 Canal Center Plaza Alexandria, VA 22314 | 13-1669975 | 125,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | CCS-Education | | |
| Name and address | Hunter College Foundation 695 Park Ave New York, NY 10065 | 13-3598671 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Jackie Joyner Kersee Foundation 101 Jackie Joyner-Kersee Circle East Saint Louis, IL 62204 | 37-1347709 | 67,800 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Youth Development; CCS-Youth Development | | |
| Name and address | Jazz at Lincoln Center 3 Columbus Circle New York, NY 10019 | 13-3888641 | 30,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Jazz St Louis 3536 Washington Ave Saint Louis, MO 63103 | 43-1761629 | 100,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | JDRF Kansas and Missouri Chapter Juvenile Diabetes Research Foundation 215 West Pershing Rd Kansas City, MO 64108 | 23-1907729 | 10,036 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Jefferson Franklin Community Action Corporation 2 Merchant Dr Hillsboro, MO 63050 | 43-0827872 | 14,401 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Basic Needs | | |
| Name and address | Jones Valley Urban Farm 5365 1st Ave N Birmingham, AL 35203 | 52-2359003 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Junior Achievement of Alabama | 63-0340866 | 15,500 |

| | | | |
|--------------------------------|---|------------|---------|
| | PO Box 19307 Birmingham, AL 35219 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Junior Achievement of Greater Kansas City 4001 Blue Parkway Kansas City, MO 64130 | 44-0604809 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Kol Rinah 829 North Hanley Rd Saint Louis, MO 63130 | 90-1003729 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | La Salle Middle School 4145 Kennerly Ave Saint Louis, MO 63113 | 43-1932840 | 40,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Levelup Kids Inc 5416 Ne Antioch Rd Kansas City, MO 64119 | 20-3664224 | 12,572 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Lindenwood University 209 South Kingshighway St Saint Charles, MO 63301 | 43-0652649 | 340,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Love Fund for Children Inc 3030 Summit Kansas City, MO 64108 | 43-1298128 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Basic Needs | | |
| Name and address | Magnificent Missouri 4605 Olive St Saint Louis, MO 63108 | 45-5290470 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | CCS-Environment | | |
| Name and address | Massachusetts General Hospital Fund 125 Nashua St Boston, MA 02114 | 04-1564655 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Mathews - Dickey Boys and Girls Club 4245 North Kingshighway Blvd Saint Louis, MO 63115 | 43-6060717 | 8,305 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Metro Hope 515 N 80th St East St Louis, IL 62203 | 37-1378260 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Capacity Building | | |
| Name and address | Metropolitan Community Tax Coalition 1142 Hodiament Ave Saint Louis, MO 63112 | 26-3106371 | 16,782 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Financial Stability | | |
| Name and address | MICDS 101 North Warson Rd Saint Louis, MO 63124 | 43-0653366 | 270,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Miriam Foundation 501 Bacon Ave Saint Louis, MO 63119 | 43-0667478 | 316,515 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Missouri History Museum 5700 Lindell Blvd Saint Louis, MO 63112 | 43-0654866 | 7,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | Missouri River Relief | 03-0425187 | 9,000 |

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|--------------------------------|---|------------|---------|
| | PO BOX 463 Columbia, MO 65205 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Environment | | |
| Name and address | Museum of Transportation 2933 Barrett Station Rd Saint Louis, MO 63122 | 43-6052744 | 5,241 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | NAACP Legal Defense and Educational Fund Inc 40 Rector St New York, NY 10006 | 13-1655255 | 17,260 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Legal Services | | |
| Name and address | National Center for Missing and Exploited Children 699 Prince St Alexandria, VA 22314 | 52-1328557 | 115,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Child Welfare | | |
| Name and address | National Institute for Construction Excellence 2405 Grand Blvd Kansas City, MO 64108 | 83-0434229 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Workforce Development | | |
| Name and address | Nine Network of Public Media 3655 Olive St Saint Louis, MO 63108 | 43-0685345 | 223,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | North East Community Action Corporation PO Box 470 Bowling Green, MO 63334 | 43-1017571 | 9,578 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Neighborhood Services | | |
| Name and address | Nu Chi Foundation PO Box 4271 Fairview Heights, IL 62208 | 20-5316760 | 20,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | AWD-Youth Development | | |
| Name and address | Nurses for Newborns 3 Sunnen Dr Saint Louis, MO 63143 | 43-1601329 | 150,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Child Welfare | | |
| Name and address | Opera Theatre of Saint Louis 210 Hazel Ave Saint Louis, MO 63119 | 43-0821958 | 260,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | PAS Association Bryan Cave Leighton Paiser One Metropolitan Square Saint Louis, MO 63102 | 85-0969761 | 150,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Pedal the Cause 9288 Dielman Industrial Dr Saint Louis, MO 63132 | 27-2233336 | 28,508 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | People's Community Action Corporation 5701 Delmar Blvd Saint Louis, MO 63112 | 46-1027572 | 19,155 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Neighborhood Services | | |
| Name and address | Proctor Academy 204 Main St Andover, NH 03216 | 02-0222179 | 90,100 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Project Seed St Louis University 211 N Grand Ave Saint Louis, MO 63146 | 43-0654872 | 6,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Education | | |

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UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Promise Christian Academy 13260 South Outer 40 Rd Town And Country, MO 63017 | 32-0188511 | 25,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Disabilities | | |
| Name and address | Refuge and Restoration PO Box 701 Florissant, MO 63032 | 43-1855293 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Basic Needs | | |
| Name and address | Regional Business Council 7701 Forsyth Blvd Saint Louis, MO 63105 | 43-1913803 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Neighborhood Services | | |
| Name and address | Rev Birmingham Inc 5529 1st Ave S Birmingham, AL 35212 | 20-0763511 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | Ronald McDonald House Charities of Kansas City 2501 Cherry St Kansas City, MO 64108 | 43-1190760 | 45,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Rx Outreach 3171 Riverport Tech Center Dr Maryland Heights, MO 63043 | 35-2378788 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | Saint Louis University 221 North Grand Ave Saint Louis, MO 63103 | 43-0654872 | 125,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education; CCS-Physical Health | | |
| Name and address | Saint Louis University High School 4970 Oakland Saint Louis, MO 63110 | 43-0662506 | 53,263 |
| IRC code section | 501(c)(3) | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Education

Name and address

Saint Luke's Foundation
901 East 104th St
Kansas City, MO 64131

44-6014699

21,000

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Physical Health

Name and address

Serge
PO Box 96900
Washington, DC 20090

23-2223692

24,000

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Behavioral Health

Name and address

Sheldon Arts Foundation
3648 Washington Blvd
Saint Louis, MO 63108

43-1489756

355,714

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Arts & Culture

Name and address

Society of St Vincent De Paul Edwardsville
St Boniface Church
110 North Buchanan Street
Edwardsville, IL 62025

37-0706734

39,978

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Basic Needs

Name and address

Sparrow's Nest
946 Route 376
Wappingers Falls, NY 12590

46-2573747

5,256

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Basic Needs

Name and address

Ssm Cardinal Glennon Foundation
3800 Park Ave
Saint Louis, MO 63110

43-1754347

12,500

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Physical Health

Name and address

St Francis Community Services
4445 Lindell Blvd
Saint Louis, MO 63108

74-3169773

6,061

IRC code section

501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

CCS-Neighborhood Services

| | | | |
|--------------------------------|--|------------|---------|
| Name and address | St Louis Art Museum Foundation 1 Fine Arts Dr Saint Louis, MO 63110 | 43-1374479 | 5,075 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | St Louis Artists Guild 12 North Jackson Ave Saint Louis, MO 63105 | 43-0888412 | 5,050 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | St Louis Children's Hospital Foundation PO Box 955423 Saint Louis, MO 63195 | 43-1626863 | 64,976 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | St Louis Mercantile Library One University Blvd Saint Louis, MO 63121 | 43-0694564 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | St Louis Police Foundation 9761 Clayton Rd Saint Louis, MO 63124 | 26-0326513 | 35,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Workforce Development | | |
| Name and address | St Louis Symphony Orchestra 718 North Grand 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-Arts & Culture | | |
| Name and address | St Louis Tax Assistance Program 12101 Woodcrest Executive Dr Saint Louis, MO 63141 | 43-1828350 | 6,463 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Financial Stability | | |
| Name and address | St Louis Zoo Foundation 1 Government Dr Saint Louis, MO 63110 | 43-1727309 | 18,500 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|--|------------|--------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Animals | | |
| Name and address | Teach for America - St Louis 1204 Washington Ave Saint Louis, MO 63103 | 13-3541913 | 15,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | The Foundation for the Barnes-Jewish 1001 Highlands Plaza Dr W Saint Louis, MO 63110 | 43-1648435 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |
| Name and address | The Innocence Project 40 Worth St New York, NY 10013 | 32-0077563 | 19,874 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Legal Services | | |
| Name and address | The Journey Fellowship 4900 Reber Place Saint Louis, MO 63139 | 30-0174373 | 39,443 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | The Literacy Council of Central Alabama 2301 First Ave N Birmingham, AL 35203 | 63-1051186 | 16,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education; CCS-Physical Health | | |
| Name and address | The Muny One Theatre Dr Saint Louis, MO 63112 | 43-0662485 | 75,250 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | The Opportunity Trust 4220 Duncan Ave Saint Louis, MO 63110 | 82-1838644 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |

| | | | |
|--------------------------------|---|------------|--------|
| Name and address | The St Louis Black Repertory 6662 Olive Blvd Saint Louis, MO 63130 | 43-1220180 | 80,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Arts & Culture | | |
| Name and address | The Wendell Scott Foundation PO Box 3734 Danville, VA 24543 | 30-0680491 | 47,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Youth Development | | |
| Name and address | Tulane University 6823 St Charles Ave New Orleans, LA 70118 | 72-0423889 | 50,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | United Negro College Fund Inc 1805 7TH St North West Washington, DC 20001 | 13-1624241 | 15,123 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | United Way of Effingham County PO Box 2 Effingham, IL 62401 | 23-7087721 | 7,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | United Way of Larimer County Inc 525 W Oak St Fort Collins, CO 80521 | 84-6031503 | 5,352 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | United Way of New York City 205 East 42nd St New York, NY 10017 | 13-3461695 | 25,135 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | Urban K-Life of St Louis 2900 North Prairie Ave Saint Louis, MO 63107 | 20-2605251 | 25,000 |

Schedule I, Part IV, Statement 1

UNITED WAY OF GREATER ST LOUIS INC

| | | | |
|--------------------------------|---|------------|-----------|
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Faith-Based | | |
| Name and address | Variety the Children's Charity of St Louis 11840 Westline Industrial Dr Saint Louis, MO 63146 | 43-6078016 | 1,248,065 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Child Welfare; CCS-Disabilities | | |
| Name and address | Veiled Prophet Foundation 301 Prospect Ave Saint Louis, MO 63110 | 20-0008046 | 10,500 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Place-Based Collaborations | | |
| Name and address | Washington University One Brookings Dr Saint Louis, MO 63130 | 43-0653611 | 88,250 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Washington University School of Medicine 660 South Euclid Saint Louis, MO 63110 | 43-0653611 | 175,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | William L Clay Scholarship and Research Fund 6023 Waterman Blvd Saint Louis, MO 63112 | 43-1288222 | 11,153 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Education | | |
| Name and address | Women of Achievement One US Bank Plaza Saint Louis, MO 63101 | 43-1687327 | 11,300 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Capacity Building | | |
| Name and address | World Pediatric Project 1325 N Warson Rd Saint Louis, MO 63132 | 54-1953305 | 5,250 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Physical Health | | |

| | | | |
|--------------------------------|---|------------|--------|
| Name and address | World Trade Center St Louis 120 South Central Ave Saint Louis, MO 63105 | 43-1491605 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CCS-Workforce Development | | |
| Name and address | Youth Arts and Technology Center 1442 Hudson Rd Saint Louis, MO 63138 | 43-1762298 | 10,000 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | AWD-Youth Development | | |

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

| | | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|---|----------------------|--------------------|------------------------|
| Type of grant | 100 Neediest Cases Holiday Assistance Program | 4200 | 1,615,369 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Energy Assistance Program | 17998 | 5,181,850 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Emergency Assistance Payments on behalf of individuals to Landlords, Mortgage Companies and Utilities | 550 | 440,080 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Individual Development Accounts | 42 | 92,019 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Improved School Performance Hockey Program | 384 | 53,045 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Improved School Performance WWT Raceway | 300 | 15,000 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Financial Empowerment Coalition | 89 | 5,905 | 0 |
| Method of valuation | Cash | | | |
| Desc. of Non-Cash Asst. | | | | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

Part I Questions Regarding Compensation

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

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

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

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

| | (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC 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 | | | | |
| | Michelle Tucker, President-CEO | (i) 335,500 | 0 | (iii) 5,065 | 18,533 | 18,550 | 377,648 | 0 |
| 1 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Vander H Corliss, Chief Financial Officer | (i) 144,242 | 21,422 | -537 | 11,832 | 18,020 | 194,979 | 0 |
| 2 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Heather Dawson, Chief of Staff | (i) 137,613 | 20,438 | 1,735 | 11,033 | 17,974 | 188,793 | 0 |
| 3 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Angela B Marino, SVP-Marketing | (i) 129,484 | 19,230 | -305 | 10,910 | 17,914 | 177,233 | 0 |
| 4 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**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 for instructions and the latest information.**

Name of the organization

UNITED WAY OF GREATER ST LOUIS INC

Employer identification number

43-0714167

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 109 | 1,191,295 | 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 Automobile</u>) | ✓ | 1 | 23,483 | FMV |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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 109 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.

**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 for the latest information.

OMB No. 1545-0047

2020

**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, 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, 2021; #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, 2021.

Form 990, Part V, Line 2a - 220 employees includes 27 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 175 Board members listed, only the first 142 were actually serving on the Board as of June 30, 2021. Most others terminated Board involvement at the end of their terms on January 2020 while some terminated earlier. Active Board Members are listed first in Part VII's Board listing. The Board of Directors selects from its members an Executive Committee 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 Sr. - combined business relationship; Joseph R. Impicciche JD, M.H.A., Nick Ragone - combined business relationship; Jackie Tischler, Sandra A. Van Trease - combined business relationship; Brittany Cummings, Wendy J. Henry - combined business relationship; Janet T. Ramey, Harvey N. Wallace, CPA - combined business relationship; Thomas C. Burke, Amy Hunter - combined business relationship; Laura B. Ellenhorn, Tina M. Hrevus, Penelope Pennington, Lawrence E. Thomas, Veronica D. Coleman - combined business relationship; Stacy Clay, Shelly J. Seifert - combined business relationship; Amy Fields, Michael A. DeCola - combined business relationship; Catherine L. Hanaway, Gregory R. Smith - combined business relationship; Carolyn Greathouse, Karen Marie Vangyia, Andrew Davidson - combined business relationship; Rachel Seward, James Moore - combined business relationship; Janet M. Holloway, Rueben A. Shelton - combined business relationship; Michael F. Hart, Megan Proctor - combined business relationship; Julianne Callaway, Tim L. Rozar - combined business relationship; William Bradley, Jr., Natalie Jablonski, Todd R. Schnuck - combined business relationship; Mark C. Darrell, Ryan L. Hyman, Ellen L. Theroff - combined business relationship; Candace O. Jennings, Richard B. White, M.D. - combined business relationship; Ryan R. Kemper, Thomas J. Minogue, Roman P. Wuller - combined business relationship; Nicole C. Hudson, Andrew D. Martin, Mark S. Wrighton, Ph.d. - combined business relationship; Christopher W. Hanaway, Catherine L. Hanaway - family relationship; Roman P. Wuller - 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 FY21 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 990 are all posted on the organization's website, www.stl.unitedway.org in the "Who We Are" / "Our Reports" section.

Supplemental Information (Continued)

Form 990, Part IX, Line 25 - Calculation of overhead expense percentage equals the management and general expenses line 25c (\$2,601,553) plus fundraising expenses line 25d (\$5,287,131) divided by total revenue on Form 990, Part I, Line 12 (\$86,458,267) which equals 9.12%.

Form 990, Part XI, Line 9 - Total amount of \$6,258,870 includes net unrealized gain of \$3,417,000 associated with the change in value of split interest agreements and pension and post-retirement plan changes other than net periodic benefit costs of \$(2,841,870).

Reasonable Cause Explanations

Explanation

A Application for Automatic Extension of Time as file and acknowledged by the IRS.

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- 25,418 people were successfully linked with community resources, #2- 3,278 community service providers enhanced their knowledge, capacity, and performance, #3- 18,192 people were prepared for or successfully recovered from an emergency or disaster --- [350 grants] | 8,817,894 | 8,117,998 | 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- 11,327 people retained employment for at least three months, #2- 1,866 people increased their income, savings, and assets, #3- 1,866 people obtained job readiness skills --- [43 grants] | 3,843,749 | 3,545,965 | 0 |
| | Case management and navigation services are performed by 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, in addition to web chat, self-serve and texting capabilities. 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 inquirers 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 2 million calls. We serviced 99 and 9 counties in Missouri and Illinois, respectively. In 2021, contacts resulted in total combined call volume and contacts of 316,050 for basic needs, homeless prevention, shelter referrals, crisis calls, employment services and much more. | 2,442,141 | 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 the 2021 reporting year, the Volunteer Center worked with 3,026 new volunteers on 2,213+ service projects which logged 4,700+ hours to help people in our service area. We also added 60 new partnership agencies and promoted through of online volunteering portal 1,900 opportunities to volunteer. | 449,963 | 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 2021, United Way provided services to over 17 companies, foundations, non-profits and governmental partners, as well as 18 individuals. | 769,322 | 0 | 0 |
| Total: | | 16,323,069 | 11,663,963 | 0 |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER ST LOUIS INC

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

43-0714167

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|--|---------------------|---------------------------|----------------------------------|
| (1) No Market Investments LLC 910 North Eleventh Street, Saint Louis, MO 63101 | To hold and manage certain no market securities | MO | 64,040 | 0 | United Way of Greater St Louis |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) JE Williams Jr Trust at BoA, Providence, RI 02901 | Perpetual Trust | MO | N/A | T | 81,309 | 1,981,321 | 100% | | ✓ |
| (2) H Dunklin Tilden Trust at BoA, Dallas, TX 75283 | Perpetual Trust | MO | N/A | T | 18,410 | 443,677 | 100% | | ✓ |
| (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 |
|----------|--|-------------------------------------|-------------------------------------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | Gift, grant, or capital contribution to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c | Gift, grant, or capital contribution from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d | Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e | Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f | Dividends from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g | Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h | Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i | Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j | Lease of facilities, equipment, or other assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k | Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o | Sharing of paid employees with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p | Reimbursement paid to related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q | Reimbursement paid by related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r | Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s | Other transfer of cash or property from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

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

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

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

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

