Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AI	or the	e 2023 calendar year, or tax year beginning	and	enaing			
В	Check if applicabl	C Name of organization			D Employer i	dentificat	ion number
	Addre		ON OF ST. LOUI	S			
	Name chang	e Doing business as			43-60	31234	<u> </u>
	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone	number	
	Final return	6825 CLAYTON AVE., STE.	100		314-7	25-79	90
	termir ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts	\$	58,386,473.
	Amen return		5 1		H(a) Is this a g	roup retui	n
F	Applic		HENDRICKSON			dinates?	
	pendi	SAME AS C ABOVE			H(b) Are all subor		= =
$\overline{\Gamma}$	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7		t. See instructions
	Websi		(1100111101) 10 11 (u)(1)	01 021	H(c) Group ex		
		organization: X Corporation Trust Assoc	iation Other	I Year			tate of legal domicile: MO
	art I	Summary		L 1001	or formation, = P		tato or logar dominono; == •
	1	Briefly describe the organization's mission or most sig	nificant activities: PROV	IDES N	EED-BASE	D AWA	RDS AND
Se	Ι.	ADVISING TO STUDENTS PURSUI					
Activities & Governance	2	Check this box if the organization disconting					
Veri	3	Number of voting members of the governing body (Pa			, triair 20/0 01 1to		28
ģ	4	Number of independent voting members of the govern	, , , , , , , , , , , , , , , , , , , ,				28
৹	-						19
ijes	5	Total number of individuals employed in calendar year					43
Ξ̈́	6		(0) 1: 10				0.
Ac	/ a	Total unrelated business revenue from Part VIII, colum				. /a . 7b	0.
_	l D	Net unrelated business taxable income from Form 990	7-1, Part I, line 11	·····	Prior Year	. /	Current Year
		Ocatilestics and south (Dest) (III line 41)			5,710,3	17	8,263,072.
ne	8				2,272,9		2,237,583.
Revenue	9				401 0	20.	
3e	10	Investment income (Part VIII, column (A), lines 3, 4, an			-491,2		1,179,831.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			95,3		108,150.
_	12	Total revenue - add lines 8 through 11 (must equal Pa			7,587,4		11,788,636.
	13	Grants and similar amounts paid (Part IX, column (A),	ines 1-3)		5,042,0		5,787,785.
	14	Benefits paid to or for members (Part IX, column (A), li				0.	0.
S	15	Salaries, other compensation, employee benefits (Parl			1,570,0		1,915,470.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)			0.	0.
adx	b	Total fundraising expenses (Part IX, column (D), line 25	634,52	28.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)		2,430,3		1,633,921.
	18	Total expenses. Add lines 13-17 (must equal Part IX, o	olumn (A), line 25)		9,042,3		9,337,176.
	19	Revenue less expenses. Subtract line 18 from line 12			-1,454,9		2,451,460.
10 or	3			Ве	eginning of Curren		End of Year
sets	20	Total assets (Part X, line 16)			46,466,4		46,405,455.
AB	21	Total liabilities (Part X, line 26)			2,978,0		3,201,092.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line	20		43,488,3	90.	43,204,363.
	art II	Signature Block					
Und	er pena	lities of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and statem	ents, and to the be	st of my kn	owledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is	s based on all information of wh	nich preparer	has any knowledg	je.	
Sig	n	Signature of officer			Date		
Hei	е	JANET HENDRICKSON, TREASURE	<u>R</u>				
		Type or print name and title			Data		I DTIN
			eparer's signature		l i	Checkif	PTIN
Paid			NISE PISCIOTTA	A (C	05/08/24	self-employed	P00560435
	parer	Firm's name UHY ADVISORS MIDWES			Firm's	EIN 43 -	-1305800
Use	Only	Firm's address 15 SUNNEN DRIVE, SU					
		ST. LOUIS, MO 63143			Phone	no.314-	-615-1200
		RS discuss this return with the preparer shown above?					X Yes No
LH/	\ For	Paperwork Reduction Act Notice, see the separate	instructions. 332001 1	2-21-23			Form 990 (2023)

BASED ON A CONVICTION THAT AN EDUCATED SOCIETY IS ESSENTIAL TO A HEALTH DEMOCRACY, THE SCHOLARSHIP FOUNDATION OF ST. LOUIS SUPPORTS STUDENTS WITH FINANCIAL NEED TO AND THROUGH HIGHER EDUCATION BY PROVIDING SCHOLARSHIP GRANTS, INTEREST-FREE LOANS, AND STUDENT SUPPORT DIVING SCHOLARSHIP GRANTS, INTEREST-FREE LOANS, AND STUDENT SUPPORT OF DIVING SCHOLARSHIP GRANTS, INTEREST-FREE LOANS, AND STUDENT SUPPORT OF SCHOLARSHIP GRANTS ON SCHOLARSHIP GRANTS AND SCHOLARSHIP GRANTS AND SCHOLARSHIP GRANTS AND RENEWABLE INTEREST FREE, FEE-FREE LOANS TO APPLICANTS WITH SUPPORT SUPPORT SCHOLARSHIP GRANTS AND RENEWABLE INTEREST-FREE, FEE-FREE LOANS TO APPLICANTS WITH SIGNIFICANT FINANCIAL NEED WIND DEMONSTRATE SATISFACTORY ACADEMIC PROGRESS AND GOOD CHARACTER AND ARE FROM THE PROGRAM'S ELICIPED SENSOR SCHOLARSHIP GRANTS AND RENEWABLE INTEREST-FREE, FEE-FREE LOANS TO APPLICANTS WITH SIGNIFICANT FINANCIAL NEED WIND DEMONSTRATE SATISFACTORY ACADEMIC PROGRESS AND GOOD CHARACTER AND ARE FROM THE PROGRAM'S ELICIPED SENSOR SCHOLARSHIP GRANTS AND STATES AND FAMILIES, HELPING THEM NAVIGATE THE PROCESS OF APPLYING FOR FINANCIAL ALD AND MAKE ENROLLMENT DECISIONS. STUDENTS WERE AWARDED A TOTAL OF \$4,531,285 IN SCHOLARSHIP GRANTS AND \$1,256,500 IN INTEREST-FREE LOANS. 40 (COME) (COMMANDIACE AND ARE STUDENTS AND FAMILIES, HELPING THEM NAVIGATE THE PROCESS OF APPLYING FOR FINANCIAL ALD AND MAKE ENROLLMENT DECISIONS. STUDENTS WHO RECEIVE SCHOLARSHIP GRANTS OR INTEREST-FREE LOANS. 44 (COME) (COMMANDIACE AND AND FAMILIES AND STUDENT SOR INTEREST-FREE LOANS FROM THE FOUNDATION AND ASSIGNED A STUDENT SOR INTEREST-FREE LOANS FROM THE GRANTS ON ADVISION; WITH SUPPORT AND ADVISOR; WITH SUPPORT AND ADVISOR SUPPORT I	Pai	Statement of Program Service Accomplishments
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## HEALTH DEMOCRACY, THE SCHOLARSHIP FOUNDATION OF ST. LOUIS SUPPORTS STUDENTS WITH FINANCIAL NEED TO AND THROUGH HIGHER EDUCATION BY PROVIDING SCHOLARSHIP GRANTS, INTEREST—FREE LOANS, AND STUDENT SUPPORT The profession of Spore of the comparison of the conducts of the comparison of the conduction of the conducts, and profession of the conducts, and program services of the conducts, and program services of the comparison occase conducting, or make significant changes in how it conducts, any program services or Schedule O. Describe the organization cases conducting, or make significant changes in how it conducts, any program services. The conducts of it were significant changes in how it conducts, any program services. The conducts of it was a conducted or conducts of the conducts o	1	
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2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27. If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No		
prior Form 1990 or 1990 or 1990 cert		
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		Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			\ _V
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		Х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 44		+
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		x
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21		X

			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? If "Yes," complete Schedule I, Parts I and III	22	X	
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? If "Yes," complete			
	Schedule J	23	Х	
2 4a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			,,,
	Schedule L, Part I	25b		X
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%			٠,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance **Chapter if Cabacter Company of the Complete Schedule Of the Comple			
	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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	CICIO	/a a a - :

O23) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

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

22 In the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ga 19 b If a least one is reported on line 22, did the organization file all required federal employment tax returns? 28 JO the organization have unrelated business gross is some of \$1,000 or more during the year? 39 JO the organization have unrelated business gross is some of \$1,000 or more during the year? 39 JO the variable part of the common of the comm				Yes	No						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, the sit filed a Form 990 T for this year? If Yes T to line 3b, provide an explanation on Schedule 0 3b If Yes, the sit filed a Form 990 T for this year? If Yes T to line 3b, provide an explanation on Schedule 0 3b If Yes, and the organization are contributed to a share account, or definition of the organization and an account year of a signature or other authority over, a financial account in a foreign country guids as a bank account, secretic account, or definition of the provides and the secretic account. Or desired the submitted of the secretic accounts of the submitted of the secretic accounts or desired the submitted of the secretic accounts of the submitted accounts of the submitted of the secretic accounts of the secretic accoun	2a										
Same			_	37							
b If Yes, "Italia filled a Form 890.T for this year? If 'No' to line's 3p, provide an explanation on Schedule O A At any time during the calendary 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 accountry? 4a	_			X	37						
4a Al 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 accounts? 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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes' or other bank or a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' or other bank or a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' or other bank or a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' or other tax deductibles or tax deductibles a charlately contributions? 6d 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 deductibles a charlately contributions? 6d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlately contribution and partly for goods and services provided? 7 or Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' include the number of Forms 8262 filed during the year 1 or If 'Yes,' include the number of Forms 8262 filed during the year 2 or If 'Yes,' include the number of Forms 8262 filed during the year 3 or If the organization received a contribution of casts because of tangbis personal property for which it was required? 7 or If If the organization received a contribution of casts, boats, anylanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations make any taxabilided intellectual property, d					Α.						
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," other 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 prohibitor tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization file Form 8886-7? 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 D Unit the organization receive any funds, directly or indirectly, to pay premums, directly or a personal benefit contract? 7 D Unit the organization neceive any funds, directly or indirectly, to pay premums on a personal benefit contract? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-07 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Section 501(c)(12) organizations. Enter: 10 In the organization in make any taxable distributions under section 4986 form 10417 10 Section 501(c)(12) organizations. Enter: 11 In the organization inclines do to issue qualified health plans in more than			36								
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		If "Yes," complete Form 6069.									

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 **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. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Own website X Another's website X Upon request __ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

LOUIS,

MO

63139

CATHERINE HILL - (314)725-7990 6825 CLAYTON AVE. SUITE 100, ST.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)		(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	trustee or director	Institutional trustee		99/	npen		1099-NEC)	1099-1420)	and related
	below	dual t	utiona	_	oldm	st co	Je.	10001120,		organizations
	line)	Individual 1	Instit	Officer	Key employee	Highest compensated employee	Former			o o
(1) LAUREN NASH MING	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) MATT DACE	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) KAREN O. DRAKE	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MUHAMMAD ISLAM	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JANET HENDRICKSON	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) JACQUELINE MEADERS BOOTH	4.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JILL NOWAK	4.00									
MEMBER AT LARGE		Х		Х				0.	0.	0.
(8) GERALD AXELBAUM	2.00									
DIRECTOR		Х						0.	0.	0.
(9) AZMY AZMY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MARTHA ARONSON	2.00									
DIRECTOR		Х						0.	0.	0.
(11) CORY BRICKER	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CARDELIA COLLIER-ROBINSON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JENNIFER ENGELING	2.00									
DIRECTOR		Х						0.	0.	0.
(14) JENNIE JEAN-JACQUES	2.00									
DIRECTOR		X						0.	0.	0.
(15) DEBRA KENNARD	2.00									
DIRECTOR		Х						0.	0.	0.
(16) KATHERINE KREUSSER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) LAURA KIPNIS	2.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2023)

(A) Name and title	(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)						h an	(D) Reportable compensation	(E) Reportable compensation	n	l	(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	ln stitutional trustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	fi org an	other npensa rom th ganizat d relat anizati	ation e ion ed
(18) CLAYTON EVANS DIRECTOR	2.00	Х						0.		0.			0.
(19) APRIL MICKENS JOLLY	4.00												
DIRECTOR		Х				_		0.		0.	<u> </u>		0.
(20) JOAN MAGRUDER	2.00												
DIRECTOR	0.00	Х				_	_	0.		0.	<u> </u>		0.
(21) LAINIE NEIMAN	2.00	3,								^			0
DIRECTOR (22) DAVID MEYER	2.00	Х				\vdash	\vdash	0.		0.	 		0.
DIRECTOR	2.00	Х						0.		0.			0.
(23) JORDAN WATSON	2.00	22				\vdash		0.		0.			0.
DIRECTOR	2.00	х						0.		0.			0.
(24) TOM RUWITCH	2.00												
DIRECTOR		Х						0.		0.			0.
(25) BETH-ANNE YAKUBU	2.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(26) JOHN MILONAS	2.00	1											
DIRECTOR		X						0.		0.	<u> </u>		0.
1b Subtotal								741 002		0.	7	1 6	0.
c Total from continuation sheets to Part V								741,802. 741,802.		0.		4,6	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but								· · · · · · · · · · · · · · · · · · ·	000 of roportable			4,0	4/•
compensation from the organization	lot illilited to tri		iiste	u ab		<i>y</i> vvi	10 1	eceived more than \$100.				Vac	5
O Did the constitution list and formation of							. 1. 1	-1		I		Yes	No
3 Did the organization list any former office			-	-	-			•	-		3		Х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s											3		21
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	accrue comper	oo nsati	on fr	om a	anv	unre	elat	ed organization or individual	dual for services				
rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	rs t	hat received more than \$	3100,000 of comp	ensa [•]	tion fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thi	n the organization's tax y	ear.				
(A) (B) Name and business address NONE Description of services									_)) Compe	C)	n	
Name and business address NONE Description of services										Tompe	iisalio	''	
2 Total number of independent contractors	including but a	ot li-	nitos	1 + 2 +	than	o lio	+00	l abovo) who received m	are than				
2 Total number of independent contractors (iriciualrig but N	ul III	illec	ıιΟΊ	LIIOS	SE IIS	rec	above) who received m	טוכ נוומוו				

	JARSHIP	F'C	NU	DA	$_{\mathrm{TT}}$	<u>NO.</u>	O	F ST. LOUIS	43-603	1234
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average	, ition	1		Reportable	Reportable	Estimated			
Tunne and the	hours	(cl		allt			ly)	compensation	compensation	amount of
	per					Τ	<u>,, </u>	from	from related	other
	week					e e		the	organizations	compensation
	(list any	ctor				l ge		organization	(W-2/1099-MISC)	from the
	hours for	dire.				e en		(W-2/1099-MISC)	,	organization
	related	ee 01	stee			nsat		,		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	utior	ъ	nd me	esto	er			
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(27) BOB SCHMALZ	2.00									
DIRECTOR		х						0.	0.	0.
(28) HEIDI VERON	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(29) ROBERT FOLEY	45.00	Λ		\vdash				0.	0.	0.
	45.00					7		127 260	0	17 026
DIRECTOR OF INFORMATION TECHNOLOGY	45.00					X		137,269.	0.	17,026.
(30) TAMEKA HERRION	45.00	1						100 500	_	10 054
SENIOR DIRECTOR OF PROGRAM	<u> </u>					X		123,733.	0.	12,354.
(31) CATHERINE HILL	45.00									
DIRECTOR OF FINANCE AND CONTROLLER						X		117,788.	0.	10,014.
(32) JENNY WEBER	45.00									
DIRECTOR OF ADVANCEMENT						X		108,259.	0.	9,918.
(34) FAITH SANDLER	55.00									
EXECUTIVE DIRECTOR					X			254,753.	0.	25,315.
		1								
	-			-		\vdash	_			
						_				
						_				
		1								
				H						
		1								
	 	\vdash		\vdash						
		1								
	<u> </u>	<u> </u>								
								F44 000		
Total to Part VII, Section A, line 1c								741,802.		74,627.

		Check if Schedule O	ontains	s a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
an uni									
<u>@</u> 8		Fundraising events							
ifts Ir A		Related organizations							
nis G		Government grants (contri							
Sir		All other contributions, gifts,							
her it	-	similar amounts not included			8,263,072.				
	g				479,443.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		. <u>[-9]</u>	•	8,263,072.			
- 1					Business Code	, ,			
	2 a	STUDENT LOANS REPAIL)		900099	2,237,583.	2,237,583.		
ķ.	2 u b	-				, , ,	, , ,		
Ser	c								
E S	d								
gra Re	۰ و								
Program Service Revenue	f	All other program service	revenue						
	, ,	-				2,237,583.			
	3	Investment income (includ				, ,			
	Ū					718,973.			718,973.
	4	Income from investment of				, -			, -
	5	Royalties		-	1000000				
	Ū	rioyanios		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	(7	()				
	b		6b						
	c	Rental income or (loss)	6c						
	q	Net rental income or (loss)							
		Gross amount from sales of		(i) Securities	(ii) Other				
	, u	assets other than inventory	I —	7,058,695.	()				
	h	Less: cost or other basis	74	, , ,					
<u>o</u>		and sales expenses	7b 4	6,597,459.	378.				
eun	c	Gain or (loss)	-	461,236.					
Revenue		Net gain or (loss)				460,858.			460,858.
ther F		Gross income from fundraising				,			,
Đ Đ	0 4	including \$	•	` . I					
		contributions reported on							
		Part IV, line 18							
	b	Less: direct expenses							
		Net income or (loss) from			•				
		Gross income from gamin							
	- 4	Part IV, line 19							
	h	Less: direct expenses			1				
		Net income or (loss) from							
		Gross sales of inventory, I							
	10 u	and allowances		I .	a .				
	b	Less: cost of goods sold							
		Net income or (loss) from			-1				
\neg		2 2 (1.000) 110111			Business Code				
Snc	11 a	MISCELLANEOUS INCOME	2		900099	108,150.	108,150.		
nec	b								
Miscellaneous Revenue	С								
lisc B	d	All other revenue							
2		Total. Add lines 11a-11d				108,150.			
	12	Total revenue. See instruction				11,788,636.	2,345,733.	0.	1179831.

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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon:			ipiele coluitiit (A).	
	· 1		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
٠,	-				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	5,787,785.	5,787,785.		
•	individuals. See Part IV, line 22	3,707,703.	3,707,703.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	001 405	00 504	46 007	00 504
	trustees, and key employees	231,485.	92,594.	46,297.	92,594.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 050 564	252 225	004 450	
7	Other salaries and wages	1,379,761.	853,207.	221,170.	305,384.
8	Pension plan accruals and contributions (include	40 455	0.4 ===	E 224	40.446
	section 401(k) and 403(b) employer contributions)	42,177.	24,758.	7,001.	10,418. 35,619.
9	Other employee benefits	147,608.	85,100.	26,889.	35,619.
10	Payroll taxes	114,439.	67,176.	18,997.	28,266.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,937.		8,937.	
С	Accounting	37,791.		37,791.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	72,721.		72,721.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	111,685.	74,652.	36,433.	600.
12	Advertising and promotion				
13	Office expenses	7,239.	3,928.	1,707.	1,604. 28,442.
14	Information technology	128,147.	67,349.	32,356.	28,442.
15	Royalties				
16	Occupancy	185,004.	108,597.	30,711.	45,696.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59,197.	43,503.	10,240.	5,454.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,491.	21,420.	6,058.	9,013.
23	Insurance	21,133.	12,405.	3,508.	5,220.
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.)				
а	BAD DEBTS & ALLOWANCES	683,816.	683,816.		
b	COLLECTION FEES	138,870.	138,870.		
С	BANK SERVICE CHARGES	54,808.	27,404.	13,702.	13,702.
d	PRINTING & PUBLICATIONS	31,756.	3,807.	3,220.	24,729.
е	All other expenses	56,326.	18,289.	10,250.	27,787.
25	Total functional expenses. Add lines 1 through 24e	9,337,176.	8,114,660.	587,988.	634,528.
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 if following SOP 98-2 (ASC 958-720)				
					E 000 (0000)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		56,598.	1	99,404.	
	2	Savings and temporary cash investments			3,012,243.	2	4,855,759.
	3	Pledges and grants receivable, net			69,545.	3	365,174.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	ified per				
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			23,886,689.	7	19,316,050.
Assets	8	Inventories for sale or use			8		
As	9				65,845.	9	76,377.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	358,865.			
	b	Less: accumulated depreciation	10b	164,392.	128,165.	10c	194,473. 20,860,255.
	11	Investments - publicly traded securities			18,440,819.	11	20,860,255.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			806,528.	15	637,963.
	16	Total assets. Add lines 1 through 15 (must equ			46,466,432.	16	46,405,455.
	17	Accounts payable and accrued expenses			856,783.	17	713,835.
	18	Grants payable		18			
	19	Deferred revenue			2,016,820.	19	2,387,044.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
ij		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	404 400		100 010
		of Schedule D			104,439.		100,213.
	26				2,978,042.	26	3,201,092.
(0		Organizations that follow FASB ASC 958, che	eck her	e X			
če		and complete lines 27, 28, 32, and 33.			21 400 740		20 157 040
<u>a</u>	27	Net assets without donor restrictions			31,409,749.	27	30,157,949.
Ä	28	Net assets with donor restrictions			12,078,641.	28	13,046,414.
E E		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ϋ́		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current funds			29		
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			12 100 200	31	12 201 262
Se	32	Total net assets or fund balances			43,488,390.	32	43,204,363.
	33	Total liabilities and net assets/fund balances .			46,466,432.	33	46,405,455.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COUNT ADOUTD FOITHDATTON OF CT TOTITO Employer identification number

				P FOUNDATION					3-6031234					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,					
		city, and state:												
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed 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	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general i	oublic described in					
	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 describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)									
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	ınction with a	land-grant	college					
		or university or a non-land-g				-		-	•					
		university:	, ,	,		, ,	,	· ·						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from					
		activities related to its exem												
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)	,		•	, ,							
11		An organization organized a	•	vely to test for public saf	ety. See	section 50	09(a)(4).							
12		An organization organized a	•	•	•			rry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 5	509(a)(3). (Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.						
а		Type I. A supporting orga	* *					-	giving					
		the supported organization	•	•		-								
		organization. You must o							•					
b		Type II. A supporting org	-		ion with its	s supporte	ed organization	n(s), by hav	ving					
		control or management o	•				-		-					
		organization(s). You mus			·									
С		Type III functionally inte	-		n connect	ion with, a	and functional	ly integrate	ed with,					
		its supported organization	-					, ,						
d		Type III non-functionally		·				ted organiz	zation(s)					
		that is not functionally int						-						
		requirement (see instructi	-		•		•							
е		Check this box if the orga	•	-				I, Type III						
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.								
f	Ente	er the number of supported o												
g	Prov	vide the following information												
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ng document?	(v) Amount of	,	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)					

332021 12-21-23

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7693789.	6135213.	7082792.	5710347.	8263072.	34885213.
2	Tax revenues levied for the organ-						
	ization'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	7693789.	6135213.	7082792.	5710347.	8263072.	34885213.
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)						17809855.
6	Public support. Subtract line 5 from line 4.						17075358.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019 7693789.	(b) 2020	(c) 2021	(d) 2022 5710347.	(e) 2023	(f) Total
	Amounts from line 4	7693789.	6135213.	7082792.	5/1034/.	8263072.	34885213.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	206 500	200 220	201 724	160 502	710 072	2077210
•	and income from similar sources	386,599.	209,330.	301,724.	460,593.	718,973.	2077219.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	74,396.	102,467.	66,452.	95 300	108 150	446,765.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	74,3501	102,407	00,452.	23,300.	100,130.	37409197.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	574031376
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			
10	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	45.64 %
	Public support percentage from 2022					15	47.78 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						-
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	ourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2023. If the						7 is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b 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?
- c 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		
	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4 a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
 10b	- 000	0000

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1

3	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	ization (see
	instructions).			

2

3

4

5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2023 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2023 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Nan	ne of orga		·			nployer identification number
_		THE SCH	OLARSHIP FOUNDAT	ION OF ST. L	OUIS	43-6031234
Pa	art I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527	organization.
2	Political	campaign activity expendit	ation's direct and indirect polition ures gn activities			
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1	Enter the		incurred by the organization un			\$
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV.				
	art I-C	<u> </u>	anization is exempt und			
			by the filing organization for se			\$
2			ization's funds contributed to o			
						\$
3			. Add lines 1 and 2. Enter here	·		•
			4400 DOL (
4			1120-POL for this year?			
5			tion listed, enter the amount pa		-	
		,	omptly and directly delivered to	• •		·
			additional space is needed, pro			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and

Schedule C (Form 990) 2023	THE SCHOLAR	RSHIP FOUNDA	TION OF ST.	LOUIS 43-6	031234 Page 2
Part II-A Complete if the org	anization is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organiza	ition belongs to an af	filiated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	re of excess lobbying	expenditures).			
3 Check if the filing organiza	tion checked box A a	and "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grassroots Johhving)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure		-I\			
f Lobbying nontaxable amount. Ente	•	,			
If the amount on line 1e, column (a) o		bbying nontaxable am			
not over \$500,000,		f the amount on line 1e.			
over \$500,000 but not over \$1,000),000, \$100,0	000 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000, \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000, \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		veraging Period Under	` '		
(Some organizations t		501(h) election do not∃ rate instructions for lir	•	f the five columns b	elow.
		enditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 3 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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(I	p)
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	X		4	1,940.
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		86	5,470.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i			91	410.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	ı
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e				
7	· · ·				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	niticai	4		
_	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
	t IV Supplemental Information		5		
	de 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	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
		0		~=== ~··	
THE	E SCHOLARSHIP FOUNDATION ENGAGES EDUCATION POLICY FE	LLOWS	TO RE	SEARCE	L
PRO	POSED AND EXISTING LEGISLATION AFFECTING LOW-INCOME	POST-	SECON	DARY	
STU	JDENTS. ADVOCACY ACTIVITIES ARE TARGETED AT INFORMIN	G LEGI	SLATO:	RS OF	
THE	E EFFECTS OF LEGISLATION IN HOPES THAT SUCH INFORMAT	ION WI	LL AF	FECT	
THE	EIR DECISION MAKING. THE SCHOLARSHIP FOUNDATION SHAR	ES FIN	DINGS	WITH	

Schedule (C (Form 990) 2023	T	HE SCHOLA	RSHIP	FOU:	NDATION	OF	ST.	LOUIS	43-6031234	Page 4
Part IV	Supplemental	Informa	ation (continued)								
OTHER	NONPROFITS	AND	EXPRESSES	ADVOC	CACY	POSITIO	NS	IN :	PUBLIC		
PRESEI	NTATIONS.										

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 Inspection

Name of the organization

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number 43-6031234

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors 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?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	•	at the first of a first Or	0-
C	Number of conservation easements on a certified historic stru		2c
a	Number of conservation easements included on line 2c acquir	• • •	
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation ease	amont is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ü	etan ana velanteet neare aevetea te mentening, mepeeting, r	ianamig of Violations, and officioning con-	oor valien easoments daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	3, 1 3,		3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furtl	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Sche			DUNDATION (31234		ge 2
								(continu	<u>ed)</u>	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	following that ma	ike sigr	nificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	•	•	•	•		se in Part	XIII.		
5	During the year, did the organization solicit or		•	•				7.,		
Dai	to be sold to raise funds rather than to be maintain IV Escrow and Custodial Arrangement							Yes		No
rai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	answered "Yes	" on Fo	rm 990,	Part IV, II	ne 9, or		
10	Is the organization an agent, trustee, custodia		lian, for contribution	a or other coest	not in	aludad				—
Ia			•					Yes	X	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							_ 1es	21	NO
b	ii res, explain the arrangement iiii art Alli a	ind complete the for	lowing table.					Amount		—
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII.				-					
	rt V Endowment Funds Complete if t									
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d	i) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	6,641,027.	7,436,293.	6,589,1	90.	6,1	82,424.	4,1	.09,1	02.
b	Contributions	33,750.	150,450.	314,8	35.	1	68,600.	1,4	28,0	00.
С	Net investment earnings, gains, and losses	932,138.	-704,334.	751,7	63.	4	55,956.	6. 820,294.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	238,407.	241,382.	219,4	95.	2	17,790.	1	.74,9	72.
f	Administrative expenses									
g	End of year balance	7,368,508.	6,641,027.	7,436,2	93.	6,5	89,190.	6,1	.82,4	24.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:						
а	<u> </u>	21.2000	_%							
b		%								
С	Term endowment18.8000_9									
•	The percentages on lines 2a, 2b, and 2c shou	•								
за	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered i	for the			<u></u>	es	No
	organization by:								-	X
	(m) = 1 · · · · · · · · · · · · · · · · · ·							3a(i)	_	X
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizat		ad an Cabadula D2					3a(ii)	+	
Δ U	Describe in Part XIII the intended uses of the							SD		—
Par	rt VI Land, Buildings, and Equipme		willent fulfus.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Pa	art X, lin	ne 10.				
	Description of property	(a) Cost or o				cumulate	ed	(d) Book	value	_
	2000p.i.o c. p.opoy	basis (investn		(other)	٠,	eciation		(4, 200	7 41.0.0	
1a	Land	<u> </u>								
	Buildings									_
	Leasehold improvements		4	7,888.	3	30,7	14.	17	,17	4.
	Equipment	I		7,608.		92,8'		164		
	Other			3,369.		40,79			,57	
Catal	I Add lines to through to (O.) (A		V I' 40 I	(D))				194	47	3

Part VII Investments - Other Securities			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	174. Occ 1 6111 336, 1 art X, iiiic 13.	(b) Book value
(1)	Boomption		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities Complete if the exemplation answered "Yee"	on Form 000 Dort IV line	allo or 11f Coo Form 000 Dort V Fire 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25.	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes (2) ANNUITIES PAYABLE			1,557.
	D 다		1,337.
(4) FORWARD PROGRAM	<u> </u>		98,656.
(5)			20,030.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	(B))		100,213.
	"		

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

Schedule D (Form 990) 2023 Part XIII Supplemental Infor	THE SCHOLARSHIP (continued)	FOUNDATION	OF ST.	LOUIS	43-6031234	Page 5
FORGONE INTEREST ON					1,120,2	268.
PART XII, LINE 4B -	OTHER ADJUSTMENT	!S:				
STUDENT LOANS AWARD	ED				1,256,5	500.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE SCHOL	AKSHIP FO	ONDATION OF	ST. FOOTS	<u> </u>		I	43-6031234
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Part I\	/, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if additi	onal space is need	led.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar	nd government ord	ranizations listed in th	e line 1 table	1	1		
3 Enter total number of other organizations	-						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS FOR INTEREST-FREE STUDENT LOAN AWARD AND					
OTHER AWARD RECIPIENTS	474	4,531,285.	0.		
INTEREST-FREE AND FEE-FREE STUDENT LOAN AWARDS	185	1,256,500.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHEDULE I, PART IV LINE 1					
THE SCHOLARSHIP FOUNDATION MONITOR	S THE USE	OF LOANS	AND GRANTS	AWARDED	
TO CHIDENIES HIDOUSII CADEEIII EVALUA	штом ов п	nie editami	CONAL AND E	TNI	
TO STUDENTS THROUGH CAREFUL EVALUA	TION OF 1	HE EDUCATI	LONAL AND F	INANCIAL	
INFORMATION PROVIDED BY PERSONS AP	PLYING FO	R GRANTS C	OR LOANS AN	D BY	
REVIEW OF DOCUMENTS RECEIVED FROM	THE APPLI	CANTS AND	FROM APPLI	CANTS'	
EDUCATIONAL INSTITUTIONS.					

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number

43-6031234

Questions Regarding Compensation Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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? 2 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. Compensation committee X Written employment contract X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT FOLEY	(i)	137,269.	0.	0.	4,161.	12,865.	154,295.	0.
DIRECTOR OF INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FAITH SANDLER	(i)	229,438.	0.	25,315.	6,919.	18,396.	280,068.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)						L	<u> </u>

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number**

	THE SCHOLARS	HIP FO	UNDATION (OF ST. LOUIS	43-6	0312	34	
Par	t 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 de noncash contribu	eterminin	_	3
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	X	12	479,443.	AVE HI/LOW	STOC	K E	ZXC
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 ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durino	the tax year for c	ontributions	•			
	for which the organization completed Form 828	•						
	3	,	3			-	Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	oolicv that re	equires the review of	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties of	•	•	•				
J_U	contributions?		•			32a		Х
h	If "Yes," describe in Part II.					<u> </u>		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked.			
30	describe in Part II	S.G.IIII (0) 101	. a type or property	131 11.11011 001a11111 (a) 13 0110	J.1.04,			

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	THE S	CHOLARS	HTP F	'OUNDA	T.TON	OF ST	. FOI	ITS	43-603	31234	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informat t I, column (I dditional info	tion. Provid b), the number formation.	e the info	rmation req	uired by F ne number	Part I, line of items	es 30b, 32b received,	o, and 33, or a combi	and whether nation of bot	the organiza h. Also comp	tion olete

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number 43-6031234

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT OF THE SCHOLARSHIP FOUNDATION PROVIDES A COPY OF THE FORM 990 IN ELECTRONIC FORMAT TO EACH OF ITS OFFICERS AND DIRECTORS FOR REVIEW. TIMELINE IS ESTABLISHED DURING WHICH MANAGEMENT ADDRESSES QUESTIONS OR COMMENTS FROM BOARD MEMBERS ON THE CONTENT OF THE RETURN. ANY ADJUSTMENTS TO THE RETURN ARE SHARED WITH ALL OFFICERS AND DIRECTORS. UPON COMPLETION THE REVIEW PROCESS AND AFTER MAKING ANY PRESCRIBED CHANGES, A REPRESENTATIVE OF THE FOUNDATION SIGNS THE FORM 990 AND THE RETURN IS ELECTRONICALLY FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE SCHOLARSHIP FOUNDATION HAS A CONFLICT OF INTEREST POLICY THAT IS INCLUDED IN THE FOUNDATION'S BY-LAWS AND REVIEWED WITH ALL BOARD MEMBERS. THE SCHOLARSHIP FOUNDATION ALSO REQUIRES BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE A REPORT FORM EACH YEAR FOR REVIEW BY THE TREASURER. A COPY OF THE POLICY IS ATTACHED TO THE FORM PROVIDED TO BOARD MEMBERS. THE REPORTS AND ANY COMMENTS OR QUESTIONS ARE THEN SUBMITTED TO THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15: THERE IS NO COMPENSATION BASED ON SALES, PROFITS, OR OTHER PERFORMANCE CRITERIA FOR ANY OF THE EMPLOYEES OF THE SCHOLARSHIP FOUNDATION. THERE ARE

NO CONTINGENT COMPENSATION AGREEMENTS.

THE

THERE ARE NO BONUSES.

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization THE SCHOLARSHIP FOUNDATION OF ST. LOUIS	Employer identification number 43-6031234
EXECUTIVE DIRECTOR HAS A WRITTEN CONTRACT. THE PERFORMANCE	E OF THE
EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE PRESIDENT,	IN CONSULTATION
WITH THE EXECUTIVE COMMITTEE OF THE BOARD, IN A FORMAL PRO	CESS. PERIODIC
EXTERNAL COMPENSATION STUDIES ARE PERFORMED TO VALIDATE AN	D SUBSTANTIATE
SALARY RANGES FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST: THE SCHOLARSHIP FOUNDATION WILL MAKE ITS GOV	TERNING DOCUMENTS,
ITS CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEME	NTS AVAILABLE TO
THE PUBLIC AT THE FOUNDATION'S OFFICES DURING NORMAL BUSIN	IESS HOURS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
STUDENT LOANS REPAID	-2,237,583.
STUDENT LOANS AWARDED	1,256,500.
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLES	-2,905,740.
TOTAL TO FORM 990, PART XI, LINE 9	-3,886,823.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	