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

OMB No. 1545-0047 **24** 2 **Open to Public** 

. Inspection

Department of the Treasury Internal Revenue Service .

| Α  | For the  | 2024 calendar year, or tax year beginning and  | ending                    |                              |              |                                  |  |  |
|--|--|--|---------------------------|------------------------------|--------------|----------------------------------|--|--|
| В  | Check if<br>applicable:  | C Name of organization   | D Employer ide            | entifica                     | ation number |                                  |  |  |
|  | Address<br>change  | THE SCHOLARSHIP FOUNDATION OF ST. LOUI   |                           |                              |              |                                  |  |  |
|  | Name<br>change   | Doing business as  |                           | 43-603                       | 123          | 4                                |  |  |
|  | Initial  | Number and street (or P.O. box if mail is not delivered to street address)                   | Room/suite                | E Telephone nu               |              |                                  |  |  |
|  | Final<br>return/   | 6825 CLAYTON AVE., STE. 100  |                           | 314-72                       | 15-7         |                                  |  |  |
| _  | termin-<br>ated  | City or town, state or province, country, and ZIP or foreign postal code                     |                           | <b>G</b> Gross receipts \$   |              | 33,136,602.                      |  |  |
| Ļ  | Amende<br>return   | 51. LOUIS, MO 03139  |                           | H(a) Is this a gro           |              |                                  |  |  |
|  | Applica-<br>tion<br>pending  | F Name and address of principal officer: JANET HENDRICKSON                                   |                           |                              |              | Yes X No                         |  |  |
|  |  | SAME AS C ABOVE  |                           | <b>H(b)</b> Are all subordin |              |                                  |  |  |
|  |  | npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)                                   | or 527                    |                              |              | st. See instructions             |  |  |
|  | Website  |  |                           | H(c) Group exem              |              |                                  |  |  |
|  |  | rganization: X Corporation Trust Association Other   | <b>L</b> Year             | of formation: 192            |              | State of legal domicile: MO      |  |  |
| F  |  | Summary  |                           |                              | 7 1.7        |                                  |  |  |
| ą  | 1 B  | riefly describe the organization's mission or most significant activities: <u>PROV</u>       |                           |                              | AW           |                                  |  |  |
| Governance   |  |  |                           |                              | +            |                                  |  |  |
| ler r  | 2 C<br>3 N   |  |                           |                              |              | 31                               |  |  |
| ģ  | 9 4 N  | umber of independent voting members of the governing body (Part VI, line 1a)                 |                           |                              | 4            | 31                               |  |  |
|  |  | otal number of individuals employed in calendar year 2024 (Part V, line 13)                  |                           |                              | 5            | 20                               |  |  |
| ties   | 6 T  | otal number of volunteers (estimate if necessary)  |                           | 6                            | 14           |                                  |  |  |
| Activities &   | 7 a T  | otal unrelated business revenue from Part VIII, column (C), line 12                          |                           |                              | 7a           | 0.                               |  |  |
| Ā  |  | et unrelated business taxable income from Form 990-T, Part I, line 11                        |                           |                              | 7b           | 0.                               |  |  |
|  |  |  |                           | Prior Year                   | 110          | Current Year                     |  |  |
|  | <b>8</b> C   | ontributions and grants (Part VIII, line 1h)   |                           | 8,263,07                     | 2.           | 7,101,414.                       |  |  |
|  | 9 P  | rogram service revenue (Part VIII, line 2g)  |                           | 2,237,58                     |              | 2,336,300.                       |  |  |
| Revenue  | <b>10</b> Ir   | vestment income (Part VIII, column (A), lines 3, 4, and 7d)                                  |                           | 1,179,83                     | 1,329,554.   |                                  |  |  |
| à  | <b>11</b> C  |  | 6d, 8c, 9c, 10c, and 11e) |                              |              | 215,663.                         |  |  |
|  | 12 T   | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)            |                           | 11,788,63                    | 6.           | 10,982,931.                      |  |  |
|  | <b>13</b> G  | rants and similar amounts paid (Part IX, column (A), lines 1-3)                              |                           | 5,787,78                     | 5.           | 6,534,444.                       |  |  |
|  | <b>14</b> B  | enefits paid to or for members (Part IX, column (A), line 4)                                 |                           |                              | 0.           | 0.                               |  |  |
| ų  | , <b>15</b> S  | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)             |                           | 1,915,47                     |              | 2,155,330.                       |  |  |
| Fxnenses   | 2 <b>16</b> a P  | rofessional fundraising fees (Part IX, column (A), line 11e)                                 |                           |                              | 0.           | 0.                               |  |  |
| a Ca   | β] b⊤  | otal fundraising expenses (Part IX, column (D), line 25) 660,8                               | 15.                       |                              |              |                                  |  |  |
| ú  | <sup>i</sup>  17 C   | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                  |                           | 1,633,92                     |              | 2,274,891.                       |  |  |
|  | <b>18</b> ⊤  | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                     |                           | 9,337,17                     |              | 10,964,665.                      |  |  |
|  |  | evenue less expenses. Subtract line 18 from line 12  |                           | 2,451,46                     |              | 18,266.                          |  |  |
| s or   | lces   |  | Be                        | ginning of Current Y         |              | End of Year                      |  |  |
| t Assets   | ਸ਼ੁੱ <b>20</b> ⊤   | otal assets (Part X, line 16)  |                           | 46,405,45                    |              | 46,287,097.                      |  |  |
| 3t As  |  | otal liabilities (Part X, line 26)   |                           | 3,201,09                     |              | 3,354,886.                       |  |  |
| DNet   |  | et assets or fund balances. Subtract line 21 from line 20                                    |                           | 43,204,36                    | 3.           | 42,932,211.                      |  |  |
|  | art II   | Signature Block  |                           |                              |              | manufacture and to the first the |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is |  |  |                           |                              |              |                                  |  |  |
| +  | true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |                           |                              |              |                                  |  |  |
| true   | e, correct,<br>I   | and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer             | has any knowledge.           |              |                                  |  |  |

| Sign  | Signature of officer   |                      | Date                             |  |  |  |  |  |  |
|---|--|----------------------|----------------------------------|--|--|--|--|--|--|
|   | JANET HENDRICKSON, TREASU  | RER                  |                                  |  |  |  |  |  |  |
|   | Type or print name and title   |                      |                                  |  |  |  |  |  |  |
|   | Preparer's name  | Preparer's signature | Date Check PTIN                  |  |  |  |  |  |  |
| Paid  | DENISE PISCIOTTA   | DENISE PISCIOTTA     | 05/09/25 self-employed P00560435 |  |  |  |  |  |  |
| Preparer  | Firm's name UHY ADVISORS MIDW  | EST, INC.            | Firm's EIN <b>43-1305800</b>     |  |  |  |  |  |  |
| Use Only  | Firm's address 15 SUNNEN DRIVE,  | SUITE 100            |                                  |  |  |  |  |  |  |
|   | ST. LOUIS, MO 631  | 43-3819              | Phone no. $314 - 615 - 1200$     |  |  |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions |  |                      |                                  |  |  |  |  |  |  |
| LHA For   | LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024) |                      |                                  |  |  |  |  |  |  |

|        | 990 (2024) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 2<br>t III Statement of Program Service Accomplishments                   |
|--------|--|
|        |  |
| 1      | Check if Schedule O contains a response or note to any line in this Part III   |
| •      | BASED ON A CONVICTION THAT AN EDUCATED SOCIETY IS ESSENTIAL TO A   |
|        | HEALTHY 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   |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|        | prior Form 990 or 990-EZ?  |
|        | If "Yes," describe these new services on Schedule O.   |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
|        | If "Yes," describe these changes on Schedule O.  |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|        | revenue, if any, for each program service reported.  |
| 4a     | (Code:) (Expenses \$ 8,579,135. including grants of \$ 6,534,444. ) (Revenue \$ 2,551,963. )   |
|        | OPERATING ON A NONDISCRIMINATORY BASIS, THE FOUNDATION AWARDS  |
|        | SCHOLARSHIP GRANTS AND RENEWABLE INTEREST-FREE, FEE-FREE LOANS TO  |
|        | APPLICANTS WITH SIGNIFICANT FINANCIAL NEED WHO DEMONSTRATE SATISFACTORY  |
|        | ACADEMIC PROGRESS AND GOOD CHARACTER AND ARE FROM THE PROGRAM'S  |
|        | ELIGIBLE SERVICE AREA OR GRADUATE FROM AN ELIGIBLE HIGH SCHOOL. DURING   |
|        | 2024, 554 STUDENTS WERE AWARDED A TOTAL OF \$5,296,994 IN SCHOLARSHIP  |
|        | GRANTS AND \$1,237,450 IN INTEREST-FREE LOANS.   |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
| 4b     | (Code:) (Expenses \$770 , 266including grants of \$) (Revenue \$)  |
|        | THE FOUNDATION'S STUDENT ADVISING PROGRAM PROVIDES GUIDANCE AND  |
|        | ASSISTANCE TO STUDENTS AND FAMILIES, HELPING THEM NAVIGATE THE PROCESS   |
|        | OF APPLYING FOR FINANCIAL AID AND MAKE ENROLLMENT DECISIONS. STUDENTS  |
|        | WHO RECEIVE SCHOLARSHIP GRANTS OR INTEREST-FREE LOANS FROM THE   |
|        | FOUNDATION ARE ASSIGNED A STUDENT ADVISOR WHO IS RESPONSIBLE FOR   |
|        | PROVIDING PERSONALIZED SUPPORT AND ADVISING THROUGHOUT COLLEGE. DURING   |
|        | 2024, FOUNDATION ADVISORS ENGAGED WITH 6,309 INDIVIDUALS, PROVIDING  |
|        | NECESSARY INFORMATION AND TIMELY RESOURCES TO SUPPORT INFORMED   |
|        | DECISION-MAKING BY STUDENTS.   |
|        |  |
|        |  |
| 4c     | (Code:) (Expenses \$ 220,610 . including grants of \$) (Revenue \$)  |
| 40     | THE FOUNDATION OFFERS STUDENTS A POLICY FELLOWSHIP PROGRAM AS PART OF  |
|        | THE ORGANIZATION'S COMMITMENT TO SUPPORTING AN EDUCATED SOCIETY.   |
|        | FOUNDATION STUDENTS ARE IN THE STRONGEST POSITION TO LEAD THIS EFFORT  |
|        | SINCE THEY ARE NAVIGATING BARRIERS TO HIGHER EDUCATION. IN 2024, THE   |
|        | FOUNDATION ENGAGED SELECTED STUDENTS IN A POLICY FELLOWSHIP PROGRAM IN   |
|        | WHICH THEY RESEARCHED SPECIFIC ISSUES, DEVELOPED THE FOUNDATION'S  |
|        | POLICY PLATFORM, AND ADVOCATED FOR ITS IMPLEMENTATION AT THE STATE,  |
|        | FEDERAL, AND CAMPUS LEVELS.  |
|        | ,  |
|        |  |
|        |  |
|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses 9,570,011.  |
|        | Form <b>990</b> (2024)   |
| 432002 | 2 12-10-24   |

| Form 990 (2 | <b>3</b> ./          | SCHOLARSHIP  | FOUNDATION | OF | ST. | LOUIS |
|-------------|----------------------|--------------|------------|----|-----|-------|
| Part IV     | Checklist of Require | ed Schedules |            |    |     |       |

|     |  |     | 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   | Х        |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                      | 2   | Х        |          |
| 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   |          | <u> </u> |
| 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  | Х        |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,    |     |          |          |
|     | as applicable.   |     |          |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,          |     | 37       |          |
| _   | 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         |     |          | v        |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |          | <u> </u> |
| с   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total          |     |          | x        |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |          |          |
| a   | 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        | 444 |          | x        |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | Х        |          |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                | 11e | <u> </u> |          |
| I   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses              | 11f |          | x        |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> |     |          |          |
| IZd |  | 12a | х        |          |
| h   | Schedule D, Parts XI and XII   | 120 | - 11     |          |
| 0   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                | 12b |          | х        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                    | 13  |          | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,              | 110 |          |          |
| ~   | 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  |          | х        |
| 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  |          | X        |
| 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  |          | X        |
| 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  |          | X        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |          | X        |
| 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  |          | Х        |

 Form 990 (2024)
 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

 Part IV
 Checklist of Required Schedules (continued)

|      |   |     | Yes       | No |
|------|---|-----|-----------|----|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                 |     |           |    |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | х         |    |
| 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         |    |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                       |     |           |    |
| 2.14 | 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  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |           |    |
|      | 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 |           |    |
| Ь    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                       | 24d |           |    |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                  |     |           |    |
| 204  | 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                    |     |           |    |
| 2    | 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                               |     |           |    |
| 20   | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                       |     |           |    |
|      | 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                   |     |           |    |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                      | 27  |           | x  |
| 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                              |     |           |    |
|      | "Yes," complete Schedule L, Part IV   | 28a |           | x  |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |           | x  |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>                               |     |           |    |
|      | "Yes," complete Schedule L, Part IV   | 28c |           | x  |
| 29   | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                                       | 29  | Х         |    |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                   |     |           |    |
|      | contributions? If "Yes," complete Schedule M  | 30  |           | x  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                            | 31  |           | x  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                              |     |           |    |
|      | Schedule N, Part II   | 32  |           | x  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                    |     |           |    |
|      | sections 301.7701-2 and 301.7701-3? 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                     |     |           |    |
|      | Part V, line 1  | 34  |           | x  |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |           | X  |
|      | 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  |           | x  |
| 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  |           | x  |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                |     |           |    |
|      |   | 38  | Х         |    |
| Pa   | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance |     |           |    |
|      | Check if Schedule O contains a response or note to any line in this Part V  |     | <u></u> . |    |
|      |   |     | Yes       | No |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30  |     |           |    |
| b    |   |     |           |    |
| с    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                            |     |           |    |

(gambling) winnings to prize winners?

1c X

| Par | Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |           |     |    |  |  |  |
|-----|---|-----------|-----|----|--|--|--|
|     |   |           | Yes | No |  |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |           |     |    |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return 2a 20   |           |     |    |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b        | Х   |    |  |  |  |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |     | Х  |  |  |  |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b        |     |    |  |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |           |     |    |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  |           |     |    |  |  |  |
| b   | If "Yes," enter the name of the foreign country   | <u>4a</u> |     |    |  |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |           |     |    |  |  |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |     | х  |  |  |  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |     | x  |  |  |  |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c        |     |    |  |  |  |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |           |     |    |  |  |  |
|     | any contributions that were not tax deductible as charitable contributions?   | 6a        |     | x  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |           |     |    |  |  |  |
|     | were not tax deductible?  | 6b        |     |    |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |           |     |    |  |  |  |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a        |     | x  |  |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |     |    |  |  |  |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |           |     |    |  |  |  |
| U   | to file Form 8282?  | 7c        |     | x  |  |  |  |
| Ь   | If "Yes," indicate the number of Forms 8282 filed during the year 7d  | 10        |     |    |  |  |  |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e        |     |    |  |  |  |
| f   |   | 76<br>7f  |     |    |  |  |  |
| g   | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7g        |     |    |  |  |  |
| -   |   |           |     |    |  |  |  |
| 8   |   |           |     |    |  |  |  |
| U   |   | 8         |     |    |  |  |  |
| 9   | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.  | -         |     |    |  |  |  |
|     |   | 9a        |     |    |  |  |  |
|     | Did the sponsoring organization make any taxable distributions under section 4966?<br>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b        |     |    |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:   | 30        |     |    |  |  |  |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a  |           |     |    |  |  |  |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |           |     |    |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:  |           |     |    |  |  |  |
|     | Gross income from members or shareholders   |           |     |    |  |  |  |
| h   | Gross income from other sources. (Do not net amounts due or paid to other sources against   |           |     |    |  |  |  |
| D.  | amounts due or received from them.)   |           |     |    |  |  |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       |     |    |  |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 120       |     |    |  |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           |     |    |  |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?  | 13a       |     |    |  |  |  |
| u   | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  | 100       |     |    |  |  |  |
| h   | Enter the amount of reserves the organization is required to maintain by the states in which the  |           |     |    |  |  |  |
| D.  | organization is licensed to issue qualified health plans  |           |     |    |  |  |  |
| ~   | Enter the amount of reserves on hand  |           |     |    |  |  |  |
|     |   | 14a       |     | X  |  |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b       |     |    |  |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |           |     |    |  |  |  |
| .0  |   | 15        |     | x  |  |  |  |
|     | excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.  |           |     |    |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16        |     | x  |  |  |  |
| 10  | If "Yes," complete Form 4720, Schedule O.   | 10        |     |    |  |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |           |     |    |  |  |  |
| .,  | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17        |     |    |  |  |  |
|     | If "Yes," complete Form 6069.   | 17        |     |    |  |  |  |
|     |   |           |     |    |  |  |  |

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Form 990 (2024)

Page 5

43-6031234

| Form 990 (2024) |
|-----------------|
|-----------------|

#### THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234

Page **6** 

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

| Check if Schedule O contains a response or note to any line in this Part VI | <br>X |
|---|-------|
| ection A. Governing Body and Management                                     |       |

| Sec | tion A. Governing Body and Management   |          |                        |       |         |          |
|-----|---|----------|------------------------|-------|---------|----------|
|     |   |          |                        |       | Yes     | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a       | 31                     |       |         |          |
|     | 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.                 |          |                        |       |         |          |
| b   | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b       | 31                     |       |         |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with a   | any other              |       |         |          |
|     | officer, director, trustee, or key employee?  |          |                        | 2     |         | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision |          |                        |       |         |          |
|     | of officers, directors, trustees, or key employees to a management company or other person?                           |          |                        | 3     |         | X<br>X   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?      |          |                        |       |         |          |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's asse               | ets?     |                        | 5     |         | X        |
| 6   | Did the organization have members or stockholders?  |          |                        | 6     |         | X        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or ap                    | point    | one or                 |       |         |          |
|     | more members of the governing body?   |          |                        | 7a    |         | X        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste                 | ockho    | lders, or              |       |         |          |
|     | persons other than the governing body?  |          |                        | 7b    |         | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       | r by the | e following:           |       |         |          |
| а   | The governing body?   |          |                        | 8a    | Х       |          |
| b   | Each committee with authority to act on behalf of the governing body?   |          |                        | 8b    | Х       |          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read            | hed a    | t the                  |       |         |          |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |          |                        | 9     |         | X        |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev                 | /enue    | Code.)                 |       |         |          |
|     |   |          |                        |       | Yes     |          |
| 10a | Did the organization have local chapters, branches, or affiliates?  |          |                        | 10a   |         | X        |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such cha              | apters   | , affiliates,          |       |         |          |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$               |          |                        | 10b   |         | <b> </b> |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | befor    | e filing the form?     | 11a   | Х       |          |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         |          |                        |       |         |          |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |          |                        | 12a   | X       | <u> </u> |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |          |                        | 12b   | Х       | L        |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 | es," d   | escribe                |       |         |          |
|     | on Schedule O how this was done   |          |                        | 12c   | X       | L        |
| 13  | Did the organization have a written whistleblower policy?   |          |                        | 13    | Х       | L        |
| 14  | Did the organization have a written document retention and destruction policy?  |          |                        | 14    | Х       | L        |
| 15  | Did the process for determining compensation of the following persons include a review and approval                   | by in    | dependent              |       |         |          |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |          |                        |       |         |          |
| а   | The organization's CEO, Executive Director, or top management official  |          |                        | 15a   | X       | L        |
| b   | Other officers or key employees of the organization   |          |                        | 15b   | Х       |          |
|     | 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 arrangem           | nent w   | ith a                  |       |         |          |
|     | taxable entity during the year?   |          |                        | 16a   |         | X        |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            | •        | •                      |       |         |          |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                |          |                        |       |         |          |
|     | exempt status with respect to such arrangements?  |          |                        | 16b   |         |          |
| Sec | tion C. Disclosure  |          |                        |       |         |          |
| 17  | List the states with which a copy of this Form 990 is required to be filedNONE  |          |                        |       |         |          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                | d 990    | -T (section 501(c)(3)s | only) | availal | ole      |
|     | for public inspection. Indicate how you made these available. Check all that apply                                    |          |                        |       |         |          |

|               | ,                   |                | 1-1-·J ·                      |
|---------------|---------------------|----------------|-------------------------------|
| X Own website | X Another's website | X Upon request | Other (explain on Schedule O) |

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

|          | · ·       | · ·  |         |        |     | ho possesses | the orga | anization's books and records |
|----------|-----------|------|---------|--------|-----|--------------|----------|-------------------------------|
| CATHE    | ERINE HII | Ъ– С | (314)72 | 25-799 | 90  |              |          |                               |
| <br>6825 | CLAYTON   | AVE. | SUITE   | 100,   | ST. | LOUIS,       | MO       | 63139                         |

| Form 990 (2024)  | THE  | SCHOLARSHIP | FOUNDATION | OF ST. | LOUIS | 43-6031234 | Page 7 |  |  |  |  |  |
|--|--|-------------|------------|--------|-------|------------|--------|--|--|--|--|--|
| Part VII Compens   | 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

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

• 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 nor any related organization compensated any current officer, director, or trustee.

| (A)                            | (B)            |                               |                      | (0      | C)     |                                 |        | (D)             | (E)             | (F)           |
|--------------------------------|----------------|-------------------------------|----------------------|---------|--------|---------------------------------|--------|-----------------|-----------------|---------------|
| Name and title                 | Average        | (-1-                          |                      | Pos     | itior  |                                 |        | Reportable      | Reportable      | Estimated     |
|                                | hours per      | box                           | , unle               | ss per  | rson i | than o<br>s both                | n an   | compensation    | compensation    | amount of     |
|                                | week           |                               | cer ar               | ıd a d  | irecto | or/trus                         | tee)   | from            | from related    | other         |
|                                | (list any      | ector                         |                      |         |        |                                 |        | the             | organizations   | compensation  |
|                                | hours for      | or dir                        | e.                   |         |        | ated                            |        | organization    | (W-2/1099-MISC/ | from the      |
|                                | related        | Istee                         | truste               |         | Ð      | bens                            |        | (W-2/1099-MISC/ | 1099-NEC)       | organization  |
|                                | organizations  | ıal tru                       | onal                 |         | ploye  | ee                              |        | 1099-NEC)       |                 | and related   |
|                                | below<br>line) | ndividual trustee or director | nstitutional trustee | Officer | ey em  | Highest compensated<br>employee | Former |                 |                 | organizations |
| (1) TOM RUWITCH                | 10.00          | -                             | <u> </u>             | 0       | ¥      | Ξē                              | Ē      |                 |                 |               |
| PRESIDENT                      |                | х                             |                      | x       |        |                                 |        | 0.              | 0.              | 0.            |
| (2) JOHN MILONAS               | 4.00           |                               |                      |         |        |                                 |        |                 |                 |               |
| VICE PRESIDENT                 |                | х                             |                      | х       |        |                                 |        | 0.              | Ο.              | 0.            |
| (3) DEBRA KENNARD              | 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) BETH-ANNE YAKUBU           | 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) MATT DACE                 | 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                       |                | х                             |                      |         |        |                                 |        | 0.              | 0.              | 0.            |
| (15) BRIAN FERNANDEZ           | 2.00           |                               |                      |         |        |                                 |        |                 |                 | -             |
| DIRECTOR                       |                | Х                             |                      |         |        |                                 |        | 0.              | 0.              | 0.            |
| (16) KATHERINE KREUSSER        | 2.00           |                               |                      |         |        |                                 |        |                 |                 | _             |
| DIRECTOR                       |                | Х                             |                      |         |        |                                 |        | 0.              | 0.              | 0.            |
| (17) LAURA KIPNIS              | 2.00           |                               |                      |         |        |                                 |        | _               |                 | <u>^</u>      |
| DIRECTOR                       |                | X                             |                      |         |        |                                 |        | 0.              | 0.              | 0.            |

|   | LARSHIP                | FC                            | DUN                   | ĺDΑ     | TI           | ON                              | C      | F ST. LO                    | UIS      | 43-60                       | 312      | 234           | Ра          | ge <b>8</b> |
|---|------------------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------|----------|-----------------------------|----------|---------------|-------------|-------------|
| Part VII Section A. Officers, Directors, Trus     | tees, Key Em           | ploy                          | ees,                  | and     | d Hig        | ghes                            | t C    | ompensated Em               | ployee   | s (continued)               |          |               |             |             |
| (A)   | (B)                    |                               |                       |         | C)           |                                 |        | (D)                         |          | (E)                         |          | (             | F)          |             |
| Name and title                                    | Average                | (do                           |                       | Pos     |              | ۱<br>than d                     | ne     | Reportable                  | e        | Reportable                  |          | Estir         | nated       | Ł           |
|   | hours per              | box                           | , unles               | ss pei  | rson i       | is both                         | n an   | compensati                  | on       | compensation                | ו ו      |               | unt o       | f           |
|   | week                   |                               | Cer an                | ia a a  | recic        | or/trus                         | lee)   | from                        |          | from related                |          |               | her         |             |
|   | (list any<br>hours for | irecto                        |                       |         |              |                                 |        | the                         |          | organizations               |          | compe         |             |             |
|   | related                | e or d                        | tee                   |         |              | sated                           |        | organizatio<br>(W-2/1099-MI |          | (W-2/1099-MISC<br>1099-NEC) | J/       | tror<br>orgar | n the       |             |
|   | organizations          | ruster                        | l trus                |         | ee           | npen                            |        | 1099-NEC                    |          | 1099-NEC)                   |          | and i         |             |             |
|   | below                  | ndividual trustee or director | Institutional trustee | -       | Key employee | st col                          | er     |                             | ,        |                             |          | organ         |             |             |
|   | line)                  | Indivi                        | Instit                | Officer | Key ei       | Highest compensated<br>employee | Former |                             |          |                             |          | Ũ             |             |             |
| (18) CLAYTON EVANS                                | 2.00                   |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| DIRECTOR  |                        | Х                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (19) APRIL MICKENS JOLLY                          | 4.00                   |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| DIRECTOR  |                        | Х                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (20) JOAN MAGRUDER                                | 2.00                   |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| DIRECTOR  |                        | Х                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (21) LAINIE NEIMAN                                | 2.00                   |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| DIRECTOR  |                        | Х                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (22) DAVID MEYER                                  | 2.00                   |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             | _           |
| DIRECTOR  |                        | Х                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (23) JORDAN WATSON                                | 2.00                   |                               |                       |         |              |                                 |        |                             | •        |                             |          |               |             | •           |
| DIRECTOR  |                        | х                             |                       |         |              | -                               |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (24) MICHAEL F JONES II                           | 2.00                   | .,                            |                       |         |              |                                 |        |                             | 0        |                             | <u> </u> |               |             | 0           |
| DIRECTOR  | 2 00                   | Х                             |                       |         |              | -                               |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| (25) PAULA D. KNIGHT<br>DIRECTOR                  | 2.00                   | x                             |                       |         |              |                                 |        |                             | ο.       |                             | 0.       |               |             | 0.          |
| (26) JACQUELIN MEADERS BOOTH                      | 2.00                   | <b>A</b>                      |                       |         |              | -                               |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| DIRECTOR  | 2.00                   | x                             |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| dh. Oshasal                                       |                        |                               |                       |         |              |                                 |        |                             | 0.       |                             | 0.       |               |             | 0.          |
| c Total from continuation sheets to Part V        |                        |                               |                       |         |              |                                 |        | 780,6                       | -        |                             | 0.       | 80            | ,08         |             |
| d Total (add lines 1b and 1c)                     |                        |                               |                       |         |              |                                 |        | 780,6                       |          |                             | 0.       | 80            | <u>, 08</u> | 5.          |
| 2 Total number of individuals (including but r    |                        |                               |                       |         |              | <br>a) wh                       | 0 re   | · · ·                       |          |                             | ••       |               | ,           | <u> </u>    |
| compensation from the organization                |                        | 030                           | 11310                 | u ac    | 0000         | <i>)</i>                        | 010    |                             | 10100,   |                             |          |               |             | 5           |
| compensation non the organization                 |                        |                               |                       |         |              |                                 |        |                             |          |                             |          | Y             | 'es         | No          |
| 3 Did the organization list any former officer    | . director. trust      | ee. k                         | kev e                 | empl    | ove          | e. or                           | hia    | hest compensate             | ed empl  | ovee on                     | ſ        |               |             |             |
| line 1a? If "Yes," complete Schedule J for s      |                        |                               |                       |         |              |                                 |        |                             |          |                             | - I      | 3             |             | х           |
| 4 For any individual listed on line 1a, is the su | um of reportabl        | le co                         | mpe                   | ensa    | tion         | and                             | oth    | er compensation             | from th  | ne organization             | ···      |               |             |             |
| and related organizations greater than \$15       |                        |                               |                       |         |              |                                 |        |                             |          |                             |          | 4             | x           |             |
| 5 Did any person listed on line 1a receive or     |                        |                               |                       |         |              |                                 |        |                             |          |                             | ſ        |               |             |             |
| rendered to the organization? If "Yes." con       |                        |                               |                       |         |              |                                 |        |                             |          |                             |          | 5             |             | Х           |
| Section B. Independent Contractors                |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| 1 Complete this table for your five highest co    | mpensated inc          | lepe                          | nder                  | nt co   | ontra        | actor                           | rs th  | nat received more           | than \$  | 100,000 of compe            | ensat    | ion from      | ı           |             |
| the organization. Report compensation for         | the calendar ye        | ear e                         | endir                 | ng w    | rith c       | or wi                           | thin   | the organization            | 's tax y | ear.                        |          |               |             |             |
| (A)   |                        |                               |                       |         |              |                                 |        |                             | (B)      |                             |          | (C)           |             |             |
| Name and business                                 | address                | NC                            | ONE                   | 3       |              |                                 |        | Descript                    | ion of s | ervices                     | C        | ompens        | ation       |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 | _      |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 | $\neg$ |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
|   |                        |                               |                       |         |              |                                 |        |                             |          |                             |          |               |             |             |
| 2 Total number of independent contractors (i      | ncludina but n         | ot lin                        | niter                 | to t    | thos         | se lis                          | ted    | above) who recei            | ived mo  | ore than                    |          |               |             |             |

| Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)       (C)       (D)       (E)         Name and title       Average<br>hours<br>per<br>week<br>(list any<br>hours for<br>organization<br>below<br>line)       Position<br>(check all that apply)       Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC)       Reportable<br>compensation<br>from tela<br>organization<br>(W-2/1099-MISC)         (27) BOB SCHMALZ       2.000       X       0.         (27) BOB SCHMALZ       2.000       X       0.         (28) HEIDI VERON       2.000       X       0.         JIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.000       X       0.         JIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.000       X       0.         JIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       0.         DIRECTOR OF INFORMATION TE       X       1227,669.         JIRECTOR OF INFORMATION TE       X       1227,416.         G(3) ROBERT FOLEY       45.00       X       1217,416.         JIRECTOR OF FINARCE AND CO       X       1241,953.         JIRECTOR OF FINANCE AND CO | ble<br>ation<br>ted<br>ions<br>MISC)<br>0.<br>0.<br>0.<br>0.<br>0. | 0<br>0<br>0<br>0   |
|---|--|--|
| Name and titleAverage<br>hours<br>per<br>week<br>(ist any<br>hours for<br>below<br>line)Position<br>(check all that apply)<br>week<br>(ist any<br>below<br>below<br>line)Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC)Reportal<br>compensation<br>from<br>(W-2/1099-MISC)(27) BOB SCHMALZ<br>DIRECTOR2.00<br>XX0.(23) HEIDI VERON<br>(29) MATHA ARONSON<br>DIRECTOR2.00<br>XX0.(23) MATHA ARONSON<br>DIRECTOR2.00<br>XX0.(30) GWENDOLYN GOOSBY MIZELL<br>DIRECTOR2.00<br>XX0.(31) KAREN O DRAKE<br>DIRECTOR2.00<br>XX0.(32) LAUREN NASH MING<br>DIRECTOR2.00<br>XX0.(33) ROBERT FOLEY<br>DIRECTOR45.00<br>XX144,517.(34) TAMEKA HERRION<br>SENIOR DIRECTOR OF FINANCE AND CO45.00<br>XX127,669.(35) CATHERINE HILL<br>DIRECTOR OF FINANCE AND CO45.00<br>XX127,416.(36) FAITH SANDLER55.00X141,953.  | ation<br>ted<br>ions<br>MISC)<br>0.<br>0.<br>0.<br>0.              | Estimated<br>amount of<br>other<br>compensation<br>from the<br>organizations<br>0<br>0<br>0<br>0 |
| hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)     (check all that apply)<br>the<br>related<br>big<br>big<br>big<br>big<br>big<br>big<br>big<br>big<br>big<br>big   | ation<br>ted<br>ions<br>MISC)<br>0.<br>0.<br>0.<br>0.              | amount of<br>other<br>compensation<br>from the<br>organizations<br>organizations                 |
| per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)per<br>week<br>(list any<br>below<br>line)from<br>the<br>organization<br>(W-2/1099-MISC)from relation<br>organization<br>(W-2/1099-MISC)(27) BOB SCHMALZ2.00<br>XX0.(27) BOB SCHMALZ2.00<br>XX0.DIRECTORX0.(28) HEIDI VERON2.00<br>XX0.DIRECTORX0.(29) MARTHA ARONSON2.00<br>XX0.DIRECTORX0.(30) GWENDOLYN GOOSEY MIZELL2.00<br>XX0.DIRECTORX0.(31) KAREN 0 DRAKE2.00<br>XX0.DIRECTORX0.(32) LAUREN NASH MING2.00<br>XX0.DIRECTORX0.(33) ROBERT FOLEY45.00<br>XX127,669.(34) TAMEKA HERRION45.00<br>XX127,416.(35) CATHERINE HILL45.00<br>XX127,416.(36) JENNY WEBER45.00<br>XX141,953.DIRECTOR OF FINANCE AND COX141,953.   | ted<br>ions<br>MISC)<br>0.<br>0.<br>0.<br>0.<br>0.                 | other<br>compensation<br>from the<br>organization<br>and related<br>organizations<br>0<br>0<br>0 |
| week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)and<br>top<br>and<br>below<br>line)the<br>organization<br>(W-2/1099-MISC)organization<br>(W-2/1099-MISC)(27) BOB SCHMALZ<br>DIRECTOR2.00<br>XX0.(27) BOB SCHMALZ<br>DIRECTOR2.00<br>XX0.(28) HEIDI VERON<br>DIRECTOR2.00<br>XX0.(29) MARTHA ARONSON<br>DIRECTOR2.00<br>XX0.(30) GWEINDOLYN GOOSBY MIZELL<br>DIRECTOR2.00<br>XX0.(31) KAREN O DRAKE<br>DIRECTOR2.00<br>XX0.(32) LAUREN NASH MING<br>DIRECTOR2.00<br>XX0.(33) ROBERT FOLEY<br>DIRECTOR OF INFORMATION TEX1244,517.(34) TAMEKA HERRION<br>SENIOR DIRECTOR OF FINANCE AND CO45.00<br>XX127,669.(35) CATHER IN HILL<br>DIRECTOR OF FINANCE AND CO45.00<br>XX127,416.(36) JENNY WEBER<br>DIRECTOR OF ADVANCEMENT45.00<br>XX141,953.   | ions<br>MISC)<br>0.<br>0.<br>0.<br>0.<br>0.                        | compensation<br>from the<br>organization<br>and related<br>organizations<br>0<br>0<br>0<br>0     |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.<br>0.<br>0.                                   | from the<br>organization<br>and related<br>organizations<br>0<br>0<br>0<br>0                     |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.<br>0.   | organization<br>and related<br>organizations<br>0<br>0<br>0<br>0                                 |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.   | and related<br>organizations<br>0<br>0<br>0<br>0   |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.   | organizations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.   | 0<br>0<br>0<br>0   |
| (27) BOB SCHMALZ       2.00       X       0.         DIRECTOR       X       0.         (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.       3.         (34) TAMEKA HERRION       45.00       X       127,416.         SENIOR DIRECTOR OF FROGRAM       X       127,416.       3.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT   | 0.<br>0.<br>0.<br>0.   | 0<br>0<br>0<br>0   |
| DIRECTORX0.(28) HEIDI VERON2.00X0.DIRECTORX0.(29) MARTHA ARONSON2.00X0.DIRECTORX0.(30) GWENDOLYN GOOSBY MIZELL2.00X0.DIRECTORX0.(31) KAREN O DRAKE2.00X0.DIRECTORX0.0.(32) LAUREN NASH MING2.00X0.DIRECTORX0.0.(33) ROBERT FOLEY45.00X144,517.DIRECTOR OF INFORMATION TEX127,669.(34) TAMEKA HERRION45.00X127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENTX141,953.  | 0.<br>0.<br>0.<br>0.   | 0<br>0<br>0<br>0   |
| (28) HEIDI VERON       2.00       X       0.         DIRECTOR       X       0.         (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       0.         DIRECTOR       X       0.         (31) KAREN O DRAKE       2.00       0.         DIRECTOR       X       0.         (32) LAUREN NASH MING       2.00       0.         DIRECTOR       X       0.         (33) ROBERT FOLEY       45.00       0.         DIRECTOR OF INFORMATION TE       X       144,517.         (34) TAMEKA HERRION       45.00       X       127,669.         SENIOR DIRECTOR OF FINGRAM       X       127,416.         (35) CATHERINE HILL       45.00       X       127,416.         DIRECTOR OF FINANCE AND CO       X       127,416.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT       X       141,953.  | 0.<br>0.<br>0.<br>0.   | 0<br>0<br>0<br>0   |
| DIRECTORX0.(29) MARTHA ARONSON2.00X0.DIRECTORX0.0.(30) GWENDOLYN GOOSBY MIZELL2.000.DIRECTORX0.(31) KAREN O DRAKE2.000.DIRECTORX0.(32) LAUREN NASH MING2.000.DIRECTORX0.(33) ROBERT FOLEY45.000.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00XSENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENTX141,953.  | 0.<br>0.<br>0.   | 0<br>0<br>0  |
| (29) MARTHA ARONSON       2.00       X       0.         DIRECTOR       X       0.         (30) GWENDOLYN GOOSBY MIZELL       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.         (34) TAMEKA HERRION       45.00       X       127,416.         (35) CATHERINE HILL       45.00       X       127,416.         DIRECTOR OF FINANCE AND CO       X       127,416.       141,953.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT       55.00       X       141,953.   | 0.<br>0.<br>0.   | 0<br>0<br>0  |
| DIRECTORX0.(30) GWENDOLYN GOOSBY MIZELL2.00X0.DIRECTORX0.0.(31) KAREN O DRAKE2.00X0.DIRECTORX0.0.(32) LAUREN NASH MING2.00X0.DIRECTORX0.0.(33) ROBERT FOLEY45.000.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00X127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENTX141,953.  | 0.   | 0  |
| (30) GWENDOLYN GOOSBY MIZELL2.00X0.DIRECTORX0.(31) KAREN O DRAKE2.00X0.DIRECTORX0.(32) LAUREN NASH MING2.000.DIRECTORX0.(32) LAUREN NASH MING2.000.DIRECTORX0.(33) ROBERT FOLEY45.000.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00X127,669.SENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENT55.00X141,953.  | 0.   | 0  |
| DIRECTORX0.(31) KAREN O DRAKE2.00X0.DIRECTORX0.(32) LAUREN NASH MING2.00X0.DIRECTORX0.(33) ROBERT FOLEY45.00X144,517.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00X127,669.SENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENT55.00X141,953.   | 0.   | 0  |
| DIRECTORX0.(31) KAREN O DRAKE2.00X0.DIRECTORX0.(32) LAUREN NASH MING2.00X0.DIRECTORX0.(33) ROBERT FOLEY45.00X144,517.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00X127,669.SENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENT55.00X141,953.   | 0.   | 0  |
| (31) KAREN O DRAKE       2.00       X       0.         DIRECTOR       X       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.         (32) LAUREN NASH MING       2.00       X       0.         DIRECTOR       X       0.       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       127,669.         (34) TAMEKA HERRION       45.00       X       127,416.         (35) CATHERINE HILL       45.00       X       127,416.         DIRECTOR OF FINANCE AND CO       X       141,953.       141,953.         (38) FAITH SANDLER       55.00       X       141,953.   | 0.   | 0  |
| DIRECTORX0.(32) LAUREN NASH MING2.000.DIRECTORX0.(33) ROBERT FOLEY45.000.DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00XSENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00XDIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00XDIRECTOR OF ADVANCEMENT55.00X   | 0.   |  |
| (32) LAUREN NASH MING2.00DIRECTORX0.(33) ROBERT FOLEY45.00DIRECTOR OF INFORMATION TEX(34) TAMEKA HERRION45.00SENIOR DIRECTOR OF PROGRAMX(35) CATHERINE HILL45.00DIRECTOR OF FINANCE AND COX(36) JENNY WEBER45.00DIRECTOR OF ADVANCEMENTX(38) FAITH SANDLER55.00   | 0.   |  |
| DIRECTOR       X       0.         (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       144,517.         (34) TAMEKA HERRION       45.00       X       127,669.         SENIOR DIRECTOR OF PROGRAM       X       127,669.         (35) CATHERINE HILL       45.00       X       127,416.         DIRECTOR OF FINANCE AND CO       X       127,416.       141,953.         (36) JENNY WEBER       45.00       X       141,953.         (38) FAITH SANDLER       55.00       X       141,953.   |  | 0  |
| (33) ROBERT FOLEY       45.00       X       144,517.         DIRECTOR OF INFORMATION TE       X       144,517.         (34) TAMEKA HERRION       45.00       X       127,669.         SENIOR DIRECTOR OF PROGRAM       X       127,669.         (35) CATHERINE HILL       45.00       X       127,416.         DIRECTOR OF FINANCE AND CO       X       127,416.         (36) JENNY WEBER       45.00       X       141,953.         DIRECTOR OF ADVANCEMENT       55.00       X       141,953.   |  |  |
| DIRECTOR OF INFORMATION TEX144,517.(34) TAMEKA HERRION45.00X127,669.SENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENT55.004141,953.  | -  |  |
| (34) TAMEKA HERRION       45.00         SENIOR DIRECTOR OF PROGRAM       X         (35) CATHERINE HILL       45.00         DIRECTOR OF FINANCE AND CO       X         (36) JENNY WEBER       45.00         DIRECTOR OF ADVANCEMENT       X         (38) FAITH SANDLER       55.00   | 0.   | 18,049   |
| SENIOR DIRECTOR OF PROGRAMX127,669.(35) CATHERINE HILL45.00X127,416.DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00X141,953.DIRECTOR OF ADVANCEMENT55.004141,953.  |  |  |
| (35) CATHERINE HILL       45.00         DIRECTOR OF FINANCE AND CO       X         (36) JENNY WEBER       45.00         DIRECTOR OF ADVANCEMENT       X         (38) FAITH SANDLER       55.00  | Ο.   | 12,871   |
| DIRECTOR OF FINANCE AND COX127,416.(36) JENNY WEBER45.00IDIRECTOR OF ADVANCEMENTX141,953.(38) FAITH SANDLER55.00I   |  |  |
| (36) JENNY WEBER     45.00       DIRECTOR OF ADVANCEMENT     X       (38) FAITH SANDLER     55.00   | 0.   | 10,622   |
| DIRECTOR OF ADVANCEMENT     X     141,953.       (38) FAITH SANDLER     55.00   |  |  |
| (38) FAITH SANDLER 55.00  | 0.   | 12,476   |
|   |  |  |
|   | 0.   | 26,067   |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  | 1  |
|   |  |  |
|   |  | 1  |
|   |  |  |
|   |  | -  |
| Total to Part VII, Section A, line 1c   |  |  |

|   |        |  |          |                | RSH      | IP FOUND           | ATION OF ST                | r. LOUIS                              | 43-6031                       | 234 Page 9                      |
|---|--------|--|----------|----------------|----------|--------------------|----------------------------|---------------------------------------|-------------------------------|---------------------------------|
| Pa  | rt VII |  |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Check if Schedule O                                | contai   | ins a resp     | onse     | or note to any lin | e in this Part VIII<br>(A) | (B)                                   | (C)                           | []<br>(D)                       |
|   |        |  |          |                |          |                    | Total revenue              | Related or exempt<br>function revenue | Unrelated<br>business revenue | Revenue excluded from tax under |
|   |        |  |          |                |          |                    |                            |                                       |                               | sections 512 - 514              |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | Federated campaigns                                |          |                |          |                    |                            |                                       |                               |                                 |
| ы<br>В  |        | Membership dues<br>Fundraising events              |          |                |          |                    |                            |                                       |                               |                                 |
| fts,  |        | Related organizations                              |          |                |          |                    |                            |                                       |                               |                                 |
| nia:  |        | Government grants (conti                           |          |                |          |                    |                            |                                       |                               |                                 |
| Sig   |        | All other contributions, gifts,                    |          |                |          |                    |                            |                                       |                               |                                 |
| but   |        | similar amounts not included                       |          |                |          | 7,101,414.         |                            |                                       |                               |                                 |
| d Tri   | g      | Noncash contributions included in                  | lines 1a | ı-1f <b>1g</b> | \$       | 86,271.            |                            |                                       |                               |                                 |
| a C   | h      | Total. Add lines 1a-1f                             | <u></u>  |                |          |                    | 7,101,414.                 |                                       |                               |                                 |
|   |        |  | _        |                |          | Business Code      |                            |                                       |                               |                                 |
| ice   | 2 a    |  | D        |                |          | 900099             | 2,336,300.                 | 2,336,300.                            |                               |                                 |
| erv   | b      |  |          |                |          |                    |                            |                                       |                               |                                 |
| m S<br>ven  | C<br>A |  |          |                |          |                    |                            |                                       |                               |                                 |
| Program Service<br>Revenue                                | d<br>e |  |          |                |          |                    |                            |                                       |                               |                                 |
| Pro   | f      | All other program service                          | reven    | ue             |          |                    |                            |                                       |                               |                                 |
|   | g      |  |          |                |          |                    | 2,336,300.                 |                                       |                               |                                 |
|   | 3      | Investment income (inclue                          |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | other similar amounts)                             |          |                |          |                    | 930,428.                   |                                       |                               | 930,428.                        |
|   | 4      | Income from investment of                          |          |                |          |                    |                            |                                       |                               |                                 |
|   | 5      | Royalties  |          |                |          |                    |                            |                                       |                               |                                 |
|   | •      | <b>a</b>   |          | (i) Re         | ai       | (ii) Personal      |                            |                                       |                               |                                 |
|   |        | Gross rents  | 6a<br>6b |                |          |                    |                            |                                       |                               |                                 |
|   | b<br>c |  | 6c       |                |          |                    |                            |                                       |                               |                                 |
|   |        | Net rental income or (loss                         |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Gross amount from sales of                         |          | (i) Secu       |          | (ii) Other         |                            |                                       |                               |                                 |
|   |        | assets other than inventory                        | 7a       | 22,552         | ,797.    |                    |                            |                                       |                               |                                 |
|   | b      | Less: cost or other basis                          |          |                |          |                    |                            |                                       |                               |                                 |
| venue   |        | and sales expenses                                 |          | 22,153         |          |                    |                            |                                       |                               |                                 |
|   |        | Gain or (loss)                                     |          |                | 180.     |                    | 200 126                    |                                       |                               | 200 126                         |
| r B   |        | Net gain or (loss)<br>Gross income from fundraisi  |          |                | ····     |                    | 399,126.                   |                                       |                               | 399,126.                        |
| Other Re  | 0 a    | including \$                                       | •        | •              |          |                    |                            |                                       |                               |                                 |
| Ŭ   |        | contributions reported on                          |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Part IV, line 18                                   |          | -              | 8a       |                    |                            |                                       |                               |                                 |
|   | b      |  |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Net income or (loss) from                          |          |                |          |                    |                            |                                       |                               |                                 |
|   | 9 a    | Gross income from gamir                            |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Part IV, line 19                                   |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Less: direct expenses<br>Net income or (loss) from |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Gross sales of inventory,                          | •        | •              | <u> </u> |                    |                            |                                       |                               |                                 |
|   | u      | and allowances                                     |          |                | 10a      | 3                  |                            |                                       |                               |                                 |
|   | b      | Less: cost of goods sold                           |          |                |          |                    |                            |                                       |                               |                                 |
|   |        | Net income or (loss) from                          |          |                |          |                    |                            |                                       |                               |                                 |
| s   |        |  |          |                |          | Business Code      |                            |                                       |                               |                                 |
| Miscellaneous<br>Revenue                                  | 11 a   |  | Έ        |                |          | 900099             | 215,663.                   | 215,663.                              |                               |                                 |
| llan  | b      |  |          |                |          |                    |                            |                                       |                               |                                 |
| sce   | c<br>d |  |          |                |          |                    |                            |                                       |                               |                                 |
| Ē   | u<br>e | All other revenue                                  |          |                |          | L                  | 215,663.                   |                                       |                               |                                 |
|   | 12     | Total revenue. See instruction                     |          |                |          |                    | 10,982,931.                |                                       | 0.                            | 1329554.                        |

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 6,534,444. 6,534,444. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 295,296. 59,059. 118,118. 118,119. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 223,366. Other salaries and wages 1,549,771. 1,001,175. 325,230. 7 8 Pension plan accruals and contributions (include 41,508. 26,713. 6,041. 8,754. section 401(k) and 403(b) employer contributions) 87,112. 138,151. 21,097. 29,942. Other employee benefits 9 130,604. 75,750. 23,770. 31,084. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 1,222. 1,222. b Legal 58,128. 58,128. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 83,773. 83,773. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 139,057. 100,875. 38,182. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 5,969. 3,462. 1,086. 1,421. 13 Office expenses 129,517. 70,735. 38,308. 20,474. 14 Information technology Royalties 15 189,362. 109,830. 34,464. 45,068. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... 124,627. 90,991. 25,580. 8,056. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 10,540. 44,286. 25,686. 8,060. Depreciation, depletion, and amortization 22 23,936. 13,883. 4,356. 5,697. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 1,070,947. 1,070,947. BAD DEBTS & ALLOWANCES а 251,986. COLLECTION FEES 251,986. h 58,241. 29,121. 14,560. 14,560. BANK SERVICE CHARGES С 22,100. 35,838. 13,738. COMMUNICATIONS d 58,002. 18,242. 11,628. 28,132. All other expenses е 10,964,665. 9,570,011. 733,839. 660,815. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

|              | THE      | SCHOLARSHIP              | FOUNDATION                | OF | ST. | LOUIS |
|--------------|----------|--------------------------|---------------------------|----|-----|-------|
| ce Sheet     |          |                          |                           |    |     |       |
| f Schedule ( | O contai | ns a response or note to | o any line in this Part X |    |     |       |

|                             |     | Check if Schedule O contains a response or no       | te to an      | / line in this Part X |                                 |            |                           |
|-----------------------------|-----|---|---------------|-----------------------|---------------------------------|------------|---------------------------|
|                             |     | · ·   |               |                       | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                         |               |                       | 99,404.                         | 1          | 103,039.                  |
|                             | 2   | Savings and temporary cash investments              |               |                       | 4,855,759.                      | 2          | 3,727,136.                |
|                             | 3   | Pledges and grants receivable, net                  |               |                       | 365,174.                        | 3          | 37,050.                   |
|                             | 4   | Accounts receivable, net                            |               |                       |                                 | 4          |                           |
|                             | 5   | Loans and other receivables from any current o      | r former      | officer, director,    |                                 |            |                           |
|                             |     | trustee, key employee, creator or founder, subs     |               |                       |                                 |            |                           |
|                             |     | controlled entity or family member of any of the    | se perso      | ons                   |                                 | 5          |                           |
|                             | 6   | Loans and other receivables from other disqual      | ified per     | sons (as defined      |                                 |            |                           |
|                             |     | under section 4958(f)(1)), and persons describe     | d in sect     | tion 4958(c)(3)(B)    |                                 | 6          |                           |
| Ś                           | 7   | Notes and loans receivable, net                     |               |                       | 19,316,050.                     | 7          | 17,146,253.               |
| Assets                      | 8   | Inventories for sale or use                         |               |                       |                                 | 8          |                           |
| As                          | 9   |   |               |                       | 76,377.                         | 9          | 67,057.                   |
|                             | 10a | Land, buildings, and equipment: cost or other       |               |                       |                                 |            |                           |
|                             |     | basis. Complete Part VI of Schedule D               | 10a           | 346,680.              |                                 |            |                           |
|                             | b   | Less: accumulated depreciation                      |               | 184,324.              | 194,473.                        | 10c        | 162,356.                  |
|                             | 11  | Investments - publicly traded securities            |               |                       | 20,860,255.                     | 11         | 24,528,218.               |
|                             | 12  | Investments - other securities. See Part IV, line   | 11            |                       |                                 | 12         |                           |
|                             | 13  | Investments - program-related. See Part IV, line    |               |                       | 13                              |            |                           |
|                             | 14  | Intangible assets                                   |               |                       |                                 | 14         |                           |
|                             | 15  | Other assets. See Part IV, line 11                  |               |                       | 637,963.                        | 15         | 515,988.                  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ      |               |                       | 46,405,455.                     | 16         | 46,287,097.               |
|                             | 17  | Accounts payable and accrued expenses               |               |                       | 713,835.                        | 17         | 779,084.                  |
|                             | 18  | Grants payable                                      |               |                       | 18                              |            |                           |
|                             | 19  | Deferred revenue                                    |               | 2,387,044.            | 19                              | 2,478,527. |                           |
|                             | 20  | Tax-exempt bond liabilities                         |               |                       | 20                              |            |                           |
|                             | 21  | Escrow or custodial account liability. Complete     | of Schedule D |                       | 21                              |            |                           |
| S                           | 22  | Loans and other payables to any current or form     | ner offic     | er, director,         |                                 |            |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, subs     | tantial c     | ontributor, or 35%    |                                 |            |                           |
| abi                         |     | controlled entity or family member of any of the    | se perso      | ons                   |                                 | 22         |                           |
|                             | 23  | Secured mortgages and notes payable to unrel        | ated thir     | d parties             |                                 | 23         |                           |
|                             | 24  | Unsecured notes and loans payable to unrelate       | d third p     | parties               |                                 | 24         |                           |
|                             | 25  | Other liabilities (including federal income tax, pa | ayables       | to related third      |                                 |            |                           |
|                             |     | parties, and other liabilities not included on line | s 17-24)      | . Complete Part X     |                                 |            |                           |
|                             |     | of Schedule D                                       |               |                       | 100,213.                        | 25         | 97,275.                   |
|                             | 26  | Total liabilities. Add lines 17 through 25          |               |                       | 3,201,092.                      | 26         | 3,354,886.                |
|                             |     | Organizations that follow FASB ASC 958, cho         | eck here      | e X                   |                                 |            |                           |
| čě                          |     | and complete lines 27, 28, 32, and 33.              |               |                       |                                 |            | 00 455 050                |
| Ilan                        | 27  |   |               |                       | 30,157,949.                     | 27         | 29,455,273.               |
| B                           | 28  | Net assets with donor restrictions                  |               |                       | 13,046,414.                     | 28         | 13,476,938.               |
| pun                         |     | Organizations that do not follow FASB ASC 9         | 958, che      | ck here               |                                 |            |                           |
| Ē                           |     | and complete lines 29 through 33.                   |               |                       |                                 |            |                           |
| Net Assets or Fund Balances | 29  | Capital stock or trust principal, or current funds  |               |                       |                                 | 29         |                           |
| set                         | 30  | Paid-in or capital surplus, or land, building, or e |               |                       |                                 | 30         |                           |
| tAś                         | 31  | Retained earnings, endowment, accumulated ir        |               |                       | 40.004.000                      | 31         | 40.000.011                |
| Ne                          | 32  | Total net assets or fund balances                   |               |                       | 43,204,363.                     | 32         | 42,932,211.               |
|                             | 33  | Total liabilities and net assets/fund balances      |               |                       | 46,405,455.                     | 33         | <u>46,287,097.</u>        |

46,287,097. Form **990** (2024)

| Form 990 ( |       |
|------------|-------|
| Part X     | Balan |

| Form | 990 (  | 2024) THE                        | SCHOLARSHIP                | FOUNDATION                | OF ST       | г.       | LOUIS               | 43-                   | 6031234   | Pa  | <sub>ge</sub> 12 |
|------|--------|----------------------------------|----------------------------|---------------------------|-------------|----------|---------------------|-----------------------|-----------|-----|------------------|
| Pa   | rt XI  | Reconciliation of Net            | t Assets                   |                           |             |          |                     |                       |           |     |                  |
|      |        | Check if Schedule O contai       | ins a response or note to  | o any line in this Part X | l           |          |                     |                       |           |     | X                |
|      |        |                                  |                            |                           |             |          |                     |                       |           |     |                  |
| 1    | Total  | revenue (must equal Part VI      | II, column (A), line 12)   |                           |             |          |                     | 1                     | 10,98     |     |                  |
| 2    | Total  | expenses (must equal Part I      | IX, column (A), line 25)   |                           |             |          |                     | 2                     | 10,96     |     |                  |
| 3    | Reve   | nue less expenses. Subtract      | line 2 from line 1         |                           |             |          |                     | 3                     |           | 8,2 |                  |
| 4    | Net a  | assets or fund balances at be    | eginning of year (must ea  | qual Part X, line 32, col | umn (A))    |          |                     | 4                     | 43,20     |     |                  |
| 5    | Net u  | unrealized gains (losses) on ir  | nvestments                 |                           |             |          |                     | 5                     | 80        | 8,4 | 32.              |
| 6    | Dona   | ated services and use of facil   | ities                      |                           |             |          |                     | 6                     |           |     |                  |
| 7    | Inves  | stment expenses                  |                            |                           |             |          |                     | 7                     |           |     |                  |
| 8    | Prior  | period adjustments               |                            |                           |             |          |                     | 8                     |           |     |                  |
| 9    | Othe   | r changes in net assets or fu    | nd balances (explain on    | Schedule O)               |             |          |                     | 9                     | -1,09     | 8,8 | 50.              |
| 10   | Net a  | assets or fund balances at en    | nd of year. Combine line   | s 3 through 9 (must eq    | ual Part X  | (, line  | 932,                |                       |           |     |                  |
|      |        | mn (B))                          | <u></u>                    |                           |             |          |                     | 10                    | 42,93     | 2,2 | <u>11.</u>       |
| Pa   | rt XII | Financial Statements             | s and Reporting            |                           |             |          |                     |                       |           |     |                  |
|      |        | Check if Schedule O contai       | ins a response or note to  | o any line in this Part X | II          |          |                     |                       |           |     | X                |
|      |        |                                  | _                          |                           |             |          |                     |                       |           | Yes | No               |
| 1    |        | ounting method used to prepa     |                            |                           |             |          | er MODIFIE          |                       | <u>SH</u> |     |                  |
|      | If the | organization changed its me      | ethod of accounting fror   | n a prior year or check   | ed "Other   | r," ex   | plain on Schedule   | e O.                  |           |     |                  |
| 2a   | Were   | the organization's financial     | statements compiled or     | reviewed by an indepe     | ndent acc   | coun     | tant?               |                       | <u>2a</u> |     | X                |
|      | lf "Y€ | es," check a box below to inc    | dicate whether the finan   | cial statements for the   | year were   | e con    | npiled or reviewed  | l on a                |           |     |                  |
|      | sepa   | rate basis, consolidated basi    | is, or both:               |                           |             |          |                     |                       |           |     |                  |
|      |        | Separate basis                   | Consolidated basis         | Both consolidate          | ed and sep  | parat    | e basis             |                       |           |     |                  |
| b    | Were   | the organization's financial     | statements audited by a    | an independent accoun     | tant?       |          |                     |                       | 2b        | X   |                  |
|      | lf "Y€ | es," check a box below to inc    | dicate whether the finan   | cial statements for the   | year were   | e aud    | lited on a separate | e basis,              |           |     |                  |
|      |        | olidated basis, or both:         |                            |                           |             |          |                     |                       |           |     |                  |
|      | X      | Separate basis                   | Consolidated basis         | Both consolidate          | ed and sep  | parat    | e basis             |                       |           |     |                  |
| С    | lf "Y€ | es" to line 2a or 2b, does the   | organization have a cor    | nmittee that assumes r    | responsib   | oility f | or oversight of the | e audit,              |           |     |                  |
|      | revie  | w, or compilation of its finance | cial statements and sele   | ection of an independer   | nt account  | itant?   | ?                   |                       | 2c        | X   |                  |
|      |        | organization changed either      | ÷ .                        | •                         | -           | -        |                     | edule O.              |           |     |                  |
| 3a   | As a   | result of a federal award, was   | s the organization requir  | red to undergo an audi    | t or audits | s as s   | set forth in the    |                       |           |     |                  |
|      |        | orm Guidance, 2 C.F.R. Part 2    |                            |                           |             |          |                     |                       | <u>3a</u> |     | X                |
| b    | lf "Y€ | es," did the organization unde   | ergo the required audit of | or audits? If the organiz | ation did   | not      | undergo the requi   | red audi <sup>.</sup> | t         |     |                  |
|      | or au  | dits, explain why on Schedu      | le O and describe any st   | teps taken to undergo     | such audi   | its      |                     |                       | 3b        |     |                  |

Form 990 (2024)

| SC     | HED    | ULE A               |                      | Dublia Cha             | rity Status an  | d Dub                  |                 | innort          |                     | OMB No. 1545-0047          |
|--------|--------|---------------------|----------------------|------------------------|---|------------------------|-----------------|-----------------|---------------------|----------------------------|
| (For   | m 99   | 0)                  |                      |                        | rity Status an  |                        |                 |                 |                     | 2024                       |
|        |        |                     |                      |                        | ization is a section 501<br>47(a)(1) nonexempt cha        |                        |                 | or a section    |                     | 2024                       |
|        |        | the Treasury        |                      |                        | ttach to Form 990 or Fo                                   |                        |                 |                 |                     | Open to Public             |
|        |        | ue Service          |                      | Go to www.irs.gov/     | Form990 for instructior                                   | ns and the             | latest inf      | ormation.       |                     | Inspection                 |
| Nam    | e of t | he organizatio      |                      |                        |   | ~ ~ ~                  |                 |                 |                     | identification number      |
| De     |        | Deerer              |                      |                        | P FOUNDATION  |                        |                 |                 |                     | 3-6031234                  |
| Pa     |        |                     |                      |                        | (All organizations must c                                 |                        |                 | ee instructior  | IS.                 |                            |
|        | organi |                     | •                    | •                      | For lines 1 through 12, cl                                |                        | ,               |                 |                     |                            |
| 1      |        |                     |                      |                        | n of churches described                                   |                        | n 170(b)(1      | I)(A)(i).       |                     |                            |
| 2      |        |                     |                      |                        | Attach Schedule E (Form                                   |                        |                 |                 |                     |                            |
| 3      |        | -                   | -                    |                        | anization described in se                                 |                        |                 | -               |                     |                            |
| 4      |        |                     | -                    | ation operated in col  | njunction with a hospital                                 | described              | in sectio       | n 170(b)(1)(A   | )(III). Enter       | the hospital's name,       |
| _      |        | city, and state     | -                    |                        |   |                        |                 |                 |                     |                            |
| 5      |        | •                   | •                    |                        | llege or university owned                                 | or operate             | ed by a go      | overnmental u   | nit describe        | a in                       |
| ~      |        |                     |                      | Complete Part II.)     | a antal constant and an accident at the                   |                        | 70(1-)(4)(4)    | (.)             |                     |                            |
| 6<br>7 |        |                     |                      | -                      | nental unit described in a                                |                        |                 |                 |                     | while described is         |
| '      | 21     | •                   |                      | omplete Part II.)      | ntial part of its support fr                              | om a gove              | ernmentai       |                 | ie general p        | Sublic described in        |
| 8      |        | -                   |                      |                        | (1)(A)(vi). (Complete Par                                 | них                    |                 |                 |                     |                            |
| 9      |        | -                   |                      |                        | in section 170(b)(1)(A)(                                  | -                      | ad in coniu     | inction with a  | land-grant          | college                    |
| 5      |        | •                   | -                    |                        | ulture (see instructions).                                |                        | -               |                 | -                   | -                          |
|        |        | university:         | a normana g          | frank bolloge of agrid |   |                        | name, eny       | , and state of  | the conege          |                            |
| 10     |        | · _                 | on that norma        | llv receives (1) more  | than 33 1/3% of its supp                                  | ort from co            | ontributior     | ns. membersh    | ip fees, and        | d aross receipts from      |
|        |        |                     |                      |                        | t to certain exceptions; a                                |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        | (less section 511 tax) fro                                |                        |                 |                 |                     | -                          |
|        |        | See section &       | 509(a)(2). (Co       | mplete Part III.)      |   |                        |                 |                 |                     |                            |
| 11     |        | An organizati       | on organized a       | and operated exclusi   | vely to test for public sat                               | fety. See              | section 50      | 09(a)(4).       |                     |                            |
| 12     |        | An organizati       | on organized a       | and operated exclusi   | vely for the benefit of, to                               | perform th             | he functio      | ns of, or to ca | 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     | <b>509(a)(3).</b> ( | Check the box on           |
|        |        | lines 12a thro      | ugh 12d that         | describes the type o   | f supporting organizatior                                 | n and com              | plete lines     | 12e, 12f, and   | l 12g.              |                            |
| а      |        | <b>Type I.</b> A su | upporting orga       | anization operated, s  | upervised, or controlled                                  | by its supp            | ported org      | anization(s), t | ypically by         | giving                     |
|        |        | the support         | ed organizatio       | on(s) the power to reg | gularly appoint or elect a                                | majority o             | of the direc    | tors or truste  | es of the su        | ipporting                  |
|        |        | organizatio         | n. <b>You must c</b> | complete Part IV, Se   | ections A and B.  |                        |                 |                 |                     |                            |
| b      |        | <b>Type II.</b> A s | upporting org        | anization supervised   | or controlled in connect                                  | ion with its           | s supporte      | ed organizatio  | n(s), by hav        | ing                        |
|        |        | control or n        | nanagement o         | f the supporting orga  | anization vested in the sa                                | ame persoi             | ns that co      | ntrol or mana   | ge the supp         | ported                     |
|        |        |                     | . ,                  | t complete Part IV,    |   |                        |                 |                 |                     |                            |
| С      |        |                     |                      |                        | g organization operated                                   |                        |                 |                 | lly integrate       | d with,                    |
|        |        | 1                   |                      |                        | ). You must complete I                                    |                        |                 |                 |                     |                            |
| d      |        | ••                  | -                    | • •                    | orting organization oper                                  |                        |                 |                 | •                   |                            |
|        |        |                     | -                    |                        | ation generally must sat                                  | •                      |                 |                 | an attentiv         | reness                     |
| -      |        | 1                   |                      |                        | nplete Part IV, Sections                                  |                        |                 |                 |                     |                            |
| е      |        |                     |                      |                        | written determination from<br>nally integrated supporting |                        |                 | турет, туре     | п, туре п           |                            |
| f      | Ento   | r the number of     | -                    | • •                    |   | iy organiza            | ation.          |                 |                     |                            |
| a      |        |                     |                      | about the supporte     | d organization(s).  |                        |                 |                 |                     |                            |
|        |        | Name of suppo       |                      | (ii) EIN               | (iii) Type of organization                                |                        | nization listed | (v) Amount o    | f monetary          | (vi) Amount of other       |
|        |        | organization        |                      |                        | (described on lines 1-10<br>above (see instructions))     | in your governi<br>Yes | No              | support (see i  | nstructions)        | support (see instructions) |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |
|        |        |                     |                      |                        |   |                        |                 |                 |                     |                            |

Total

# Schedule A (Form 990) 2024 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 2 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)       | <b>(a)</b> 2020      | <b>(b)</b> 2021 | (c) 2022            | <b>(d)</b> 2023    | (e) 2024     | (f) Total |
| 1    | Gifts, grants, contributions, and             |                      |                 |                     |                    |              |           |
|      | membership fees received. (Do not             |                      |                 |                     |                    |              |           |
|      | include any "unusual grants.")                | 6135213.             | 7082792.        | 5710347.            | 8263072.           | 7101414.     | 34292838. |
| 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                  | 6135213.             | 7082792.        | 5710347.            | 8263072.           | 7101414.     | 34292838. |
| 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)                                    |                      |                 |                     |                    |              | 16997864. |
| 6    | Public support. Subtract line 5 from line 4.  |                      |                 |                     |                    |              | 17294974. |
| Sec  | tion B. Total Support                         |                      |                 |                     |                    |              |           |
| Cale | ndar year (or fiscal year beginning in)       | <b>(a)</b> 2020      | <b>(b)</b> 2021 | (c) 2022            | (d) 2023           | (e) 2024     | (f) Total |
|      | Amounts from line 4                           | 6135213.             | 7082792.        | 5710347.            | 8263072.           |              | 34292838. |
|      | Gross income from interest,                   |                      |                 |                     |                    |              |           |
|      | dividends, payments received on               |                      |                 |                     |                    |              |           |
|      | securities loans, rents, royalties,           |                      |                 |                     |                    |              |           |
|      | and income from similar sources               | 209,330.             | 301,724.        | 460,593.            | 718,973.           | 930,428.     | 2621048.  |
| 9    | Net income from unrelated business            |                      | •               | •                   |                    |              |           |
| -    | activities, whether or not the                |                      |                 |                     |                    |              |           |
|      | business is regularly carried on              |                      |                 |                     |                    |              |           |
| 10   | Other income. Do not include gain             |                      |                 |                     |                    |              |           |
|      | or loss from the sale of capital              |                      |                 |                     |                    |              |           |
|      | assets (Explain in Part VI.)                  | 102,467.             | 66,452.         | 95.300.             | 108,150.           | 215.663.     | 588.032.  |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                      | ,               |                     |                    |              | 37501918. |
|      | Gross receipts from related activities,       | etc. (see instructio | ne)             |                     |                    | 12           | <u> </u>  |
|      | First 5 years. If the Form 990 is for th      |                      |                 |                     |                    |              |           |
| 10   | organization, check this box and stop         | -                    |                 | -                   |                    |              |           |
| Sec  | tion C. Computation of Publi                  |                      |                 |                     |                    |              |           |
|      | Public support percentage for 2024 (li        |                      |                 | olumn (f))          |                    | 14           | 46.12 %   |
|      | Public support percentage from 2023           |                      | •               |                     |                    | 15           | 45.64 %   |
|      | <b>33 1/3% support test - 2024.</b> If the c  |                      |                 |                     |                    | · · · ·      |           |
|      | stop here. The organization qualifies         |                      |                 |                     |                    |              |           |
| b    | <b>33 1/3% support test - 2023.</b> If the c  |                      |                 |                     |                    |              |           |
|      | and <b>stop here.</b> The organization qual   |                      |                 |                     |                    |              |           |
| 17a  | 10% -facts-and-circumstances test             |                      | •••••           |                     |                    |              |           |
|      | and if the organization meets the facts       | •                    |                 |                     |                    |              | -         |
|      | meets the facts-and-circumstances te          |                      | -               | •                   |                    | vine organiz |           |
| h    | 10% -facts-and-circumstances test             | -                    |                 |                     | -                  |              |           |
| U.   | more, and if the organization meets th        | -                    |                 |                     |                    |              | 1070 01   |
|      | organization meets the facts-and-circu        |                      |                 |                     |                    |              |           |
| 19   | <b>Private foundation.</b> If the organizatio |                      |                 |                     |                    |              |           |
| 18   | rivate iounuation. Il the organizatio         | n diu not check a l  |                 | a, 100, 178, 01 170 | , check this box a |              | •         |

Schedule A (Form 990) 2024

# Schedule A (Form 990) 2024 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 43-6031234 Page 3

(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) 2020                    | (b) 2021                   | (c) 2022             | (d) 2023             | (e) 202       | 4 <b>(f)</b> 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<br>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                                       |                             |                            |                      |                      |               |                    |
| 10          | 3 received from disqualified persons                                      |                             |                            |                      |                      |               |                    |
| ł           | 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.)<br>ction B. Total Support |                             |                            |                      |                      |               |                    |
|             | ndar year (or fiscal year beginning in)                                   | (a) 2020                    | <b>(b)</b> 2021            | (c) 2022             | (d) 2023             | (a) 202       | 4 (f) Total        |
|             | Amounts from line 6   | (a) 2020                    | (b) 2021                   | (0) 2022             | (u) 2023             | (e) 202       |                    |
|             | Gross income from interest,   |                             |                            |                      |                      |               |                    |
| 102         | 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 the                                 | ne organization's fi        | rst, second, third,        | fourth, or fifth tax | year as a section 5  | 01(c)(3) orga | nization,          |
|             | check this box and stop here  |                             |                            |                      |                      |               |                    |
| Se          | ction C. Computation of Publi   | ic Support Per              | rcentage                   |                      |                      |               |                    |
| 15          | Public support percentage for 2024 (                                      | ine 8, column (f), c        | livided by line 13,        | column (f))          |                      | 15            | %                  |
|             | Public support percentage from 2023                                       |                             |                            |                      |                      | 16            | %                  |
|             | ction D. Computation of Inves   |                             |                            |                      |                      |               |                    |
| 17          | Investment income percentage for 20                                       | <b>)24</b> (line 10c, colur | mn (f), divided by li      | ne 13, column (f))   |                      | 17            | %                  |
|             | Investment income percentage from   |                             |                            |                      |                      | 18            | %                  |
| <b>19</b> a | a 33 1/3% support tests - 2024. If the                                    | organization did r          | not check the box          | on line 14, and line | e 15 is more than 3  | 3 1/3%, and   | line 17 is not     |
|             | more than 33 1/3%, check this box a                                       | nd <b>stop here.</b> The    | organization quali         | fies as a publicly s | supported organiza   | tion          |                    |
| k           | <b>33 1/3% support tests - 2023.</b> If the                               | organization did r          | not check a box or         | line 14 or line 19a  | a, and line 16 is mo | re than 33 1  | /3%, and           |
|             | line 18 is not more than 33 1/3%, che                                     | ck this box and <b>s</b> f  | t <b>op here.</b> The orga | nization qualifies a | as a publicly suppo  | rted organiza | ation              |
| 20          | Private foundation. If the organization                                   | on did not check a          | box on line 14, 19         | a, or 19b, check th  | nis box and see ins  | tructions     |                    |

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 4

## Schedule A (Form 990) 2024 THE S

(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.)

Yes

1

No

## Schedule A (Form 990) 2024 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 5

|     |        |   |     | Yes | No |
|-----|--------|---|-----|-----|----|
| 11  | Has t  | he organization accepted a gift or contribution from any of the following persons?                        |     |     |    |
| а   | A per  | son who directly or indirectly controls, either alone or together with persons described on lines 11b and |     |     |    |
|     | 11c b  | pelow, the governing body of a supported organization?  | 11a |     |    |
| b   | A fam  | nily member of a person described on line 11a above?  | 11b |     |    |
| с   | A 35%  | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,    |     |     |    |
|     | provia | de detail in Part VI.   | 11c |     |    |
| Sec | tion I | B. Type I Supporting Organizations  |     |     |    |
|     |        |   |     | Yes | No |
|     |        |   |     |     |    |

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

#### the supported organization(s). Section D. All Type III Supporting Organizations

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

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

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

1

2

1

Yes No

| Sche | dule A (Form 990) 2024 THE SCHOLARSHIP FOUNDAT                               |                 |                           | 43-6031234 Page 6              |
|------|--|-----------------|---------------------------|--------------------------------|
| Pa   |  |                 |                           |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ving trust on N | lov. 20, 1970 ( explain i | n Part VI). See instructions.  |
|      | All other Type III non-functionally integrated supporting organizations mu   | ust complete    | Sections A through E.     |                                |
| Sect | on A - Adjusted Net Income   |                 | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1               |                           |                                |
| 2    | Recoveries of prior-year distributions                                       | 2               |                           |                                |
| 3    | Other gross income (see instructions)  | 3               |                           |                                |
| 4    | Add lines 1 through 3.   | 4               |                           |                                |
| 5    | Depreciation and depletion   | 5               |                           |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                 |                           |                                |
|      | collection of gross income or for management, conservation, or               |                 |                           |                                |
|      | maintenance of property held for production of income (see instructions)     | 6               |                           |                                |
| 7    | Other expenses (see instructions)  | 7               |                           |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8               |                           |                                |
| Sect | on B - Minimum Asset Amount  |                 | (A) Prior Year            | (B) Current Year<br>(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              |                           |                                |
| е    | Discount claimed for blockage or other factors                               |                 |                           |                                |
|      | (explain in detail in Part VI):  |                 |                           |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2               |                           |                                |
| 3    | Subtract line 2 from line 1d.  | 3               |                           |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                 |                           |                                |
|      | see instructions).   | 4               |                           |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5               |                           |                                |
| 6    | Multiply line 5 by 0.035.  | 6               |                           |                                |
| 7    | Recoveries of prior-year distributions                                       | 7               |                           |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8               |                           |                                |
| Sect | on C - Distributable Amount  |                 |                           | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1               |                           |                                |
| 2    | Enter 0.85 of line 1.  | 2               |                           |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3               |                           |                                |
| 4    | Enter greater of line 2 or line 3.   | 4               |                           |                                |
| 5    | Income tax imposed in prior year   | 5               |                           |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                 |                           |                                |
|      | emergency temporary reduction (see instructions).                            | 6               |                           |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrate  | d Type III supporting org | anization (see                 |

instructions).

Schedule A (Form 990) 2024

### THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 7

| Par      | t V   Type III Non-Functionally Integrated 509                  | a)(3) Supporting Orga         | nizations <sub>(continu</sub>         | ied) |   |
|----------|---|-------------------------------|---------------------------------------|------|---|
| Secti    | on D - Distributions  |                               |                                       |      | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exe       |                               | 1                                     |      |   |
| 2        | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                       |      |   |
|          | organizations, in excess of income from activity                |                               |                                       | 2    |   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organization  | S                                     | 3    |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                               | 4                                     |      |   |
| 5        | Qualified set-aside amounts (prior IRS approval required - pro  | 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 2024 from Section C, line 6            |                               |                                       | 9    |   |
| 10       | Line 8 amount divided by line 9 amount                          | 1                             | 1                                     | 10   |   |
| Secti    | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2024 | IS   | (iii)<br>Distributable<br>Amount for 2024 |
| 1        | Distributable amount for 2024 from Section C, line 6            |                               |                                       |      |   |
| 2        | Underdistributions, if any, for years prior to 2024 (reason-    |                               |                                       |      |   |
|          | able cause required - explain in Part VI). See instructions.    |                               |                                       |      |   |
| 3        | Excess distributions carryover, if any, to 2024                 |                               |                                       |      |   |
| a        | From 2019   |                               |                                       |      |   |
| b        | From 2020   |                               |                                       |      |   |
| C        | From 2021   |                               |                                       |      |   |
| d        | From 2022   |                               |                                       |      |   |
| e        | From 2023   |                               |                                       |      |   |
| f        | Total of lines 3a through 3e                                    |                               |                                       |      |   |
| g        | Applied to under distributions of prior years                   |                               |                                       |      |   |
| h        | Applied to 2024 distributable amount                            |                               |                                       |      |   |
| i        | Carryover from 2019 not applied (see instructions)              |                               |                                       |      |   |
| j_       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |   |
| 4        | Distributions for 2024 from Section D,                          |                               |                                       |      |   |
|          | line 7: \$  |                               |                                       |      |   |
| <u>a</u> | Applied to underdistributions of prior years                    |                               |                                       |      |   |
|          | Applied to 2024 distributable amount                            |                               |                                       |      |   |
| C        | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |      |   |
| 5        | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h        |                               |                                       |      |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |      |   |
|          | Part VI. See instructions.                                      |                               |                                       |      |   |
| 7        | Excess distributions carryover to 2025. Add lines 3j            |                               |                                       |      |   |
|          | and 4c.   |                               |                                       |      |   |
| 8        | Breakdown of line 7:  |                               |                                       |      |   |
|          | Excess from 2020  |                               |                                       |      |   |
|          | Excess from 2021  |                               |                                       |      |   |
|          | Excess from 2022  |                               |                                       |      |   |
|          | Excess from 2023  |                               |                                       |      |   |
| e        | Excess from 2024  |                               |                                       |      |   |

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

| Schedule A | (Form 990) 2024 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 8  |
|------------|--|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |

| S | C | Н | E | D | U | L | Е | С |
|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |

Department of the Treasury

Internal Revenue Service

(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.

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 I-B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

| Name of organization [Employer iden |  |                         |  |  |  |  |
|-------------------------------------|--|-------------------------|--|--|--|--|
|                                     | THE SCHOLARSHIP FOUNDATION OF ST. LOUIS  | 43-6031234              |  |  |  |  |
| P                                   | art I-A Complete if the organization is exempt under section 501(c) or is a section 5                              | 27 organization.        |  |  |  |  |
|                                     |  |                         |  |  |  |  |
| 1                                   | Provide a description of the organization's direct and indirect political campaign activities in Part IV.          |                         |  |  |  |  |
| 2                                   | Political campaign activity expenditures   | \$                      |  |  |  |  |
| 3                                   |  |                         |  |  |  |  |
|                                     |  |                         |  |  |  |  |
| P                                   | art I-B Complete if the organization is exempt under section 501(c)(3).  |                         |  |  |  |  |
| 1                                   | Enter the amount of any excise tax incurred by the organization under section 4955                                 | \$                      |  |  |  |  |
| 2                                   | Enter the amount of any excise tax incurred by organization managers under section 4955                            | \$                      |  |  |  |  |
| 3                                   | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?                              | Yes No                  |  |  |  |  |
| 4                                   | a Was a correction made?   |                         |  |  |  |  |
|                                     | <b>b</b> If "Yes," describe in Part IV.  |                         |  |  |  |  |
| P                                   | art I-C Complete if the organization is exempt under section 501(c), except section                                | 501(c)(3).              |  |  |  |  |
| 1                                   | Enter the amount directly expended by the filing organization for section 527 exempt function activities           | \$                      |  |  |  |  |
| 2                                   | Enter the amount of the filing organization's funds contributed to other organizations for section 527             |                         |  |  |  |  |
|                                     | exempt function activities   | \$                      |  |  |  |  |
| 3                                   | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,                            |                         |  |  |  |  |
|                                     | line 17b   | \$                      |  |  |  |  |
| 4                                   | Did the filing organization file Form 1120-POL for this year?  |                         |  |  |  |  |
| 5                                   | Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization r | nade payments. For each |  |  |  |  |
|                                     |  |                         |  |  |  |  |

organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| <b>(a)</b> Name | (b) Address | (c) EIN | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0 | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |
|-----------------|-------------|---------|---|---|
|                 |             |         |   |   |
|                 |             |         |   |   |
|                 |             |         |   |   |
|                 |             |         |   |   |
|                 |             |         |   |   |
|                 |             |         |   |   |

OMB No. 1545-0047

Open to Public

Inspection

| Schedule C (Form 990) 2024                                   | THE So<br>anizatio   | CHOLAR          | SHIP FOUNDA   | TION OF ST.<br>1 501(c)(3) and file | LOUIS 43-0<br>d Form 5768 (el                 | 5031234<br>ection und        | Page <b>2</b><br>er |
|--|--|-----------------|---|-------------------------------------|---|------------------------------|---------------------|
| section 501(h)).   |  |                 | -   | ,                                   | , i   |                              |                     |
| A Check if the filing organiza                               | tion belon   | gs to an affi   | liated group (and list ir   | Part IV each affiliated             | group member's nam                            | ne, address, E               | IN,                 |
| expenses, and shar   | e of exces   | s lobbying e    | expenditures).  |                                     |   |                              | ,                   |
| B Check if the filing organiza                               | tion check   | ed box A ar     | nd "limited control" pro  | ovisions apply.                     |   |                              |                     |
|  |  | oying Expension | nditures<br>Ints paid or incurred.)                                       | )                                   | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliate<br>tota |                     |
| <b>1a</b> Total lobbying expenditures to influ               | ience nub  | lic opinion (   | arassroots lobbying)  |                                     |   |                              |                     |
| <ul> <li>b Total lobbying expenditures to influ</li> </ul>   | -  |                 |   |                                     |   |                              |                     |
| c Total lobbying expenditures (add lin                       |  | -               |   |                                     |   |                              |                     |
| d Other exempt purpose expenditure                           |  |                 |   |                                     |   |                              |                     |
| e Total exempt purpose expenditures                          |  |                 | N   |                                     |   |                              |                     |
| f Lobbying nontaxable amount. Enter                          |  |                 | · ·····   |                                     |   |                              |                     |
| IF the amount on line 1e, column (a) of                      |  |                 | he lobbying nontaxab  |                                     |   |                              |                     |
| not over \$500,000   |  |                 | the amount on line 1e.  |                                     |   |                              |                     |
| over \$500,000 but not over \$1,000                          | .000   |                 | 00 plus 15% of the exc  | ess over \$500.000.                 |   |                              |                     |
| over \$1,000,000 but not over \$1,50                         | ,  | . ,             | 00 plus 10% of the exc  |                                     |   |                              |                     |
|  | over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. |                 |   |                                     |   |                              |                     |
| over \$17,000,000  |  | \$1,000,        |   |                                     |   |                              |                     |
| g Grassroots nontaxable amount (en                           | ter 25% of   | line 1f)        |   |                                     |   |                              |                     |
| h Subtract line 1g from line 1a. If zero                     |  |                 |   |                                     |   |                              |                     |
| i Subtract line 1f from line 1c. If zero                     |  |                 |   |                                     |   |                              |                     |
| j If there is an amount other than zer                       | ro on eithe  | r line 1h or    | line 1i, did the organiza   | ation file Form 4720                |   |                              |                     |
| reporting section 4911 tax for this                          | year?  |                 |   |                                     |   | Yes                          | No                  |
| (Some organizations th                                       |  | a section 5     | eraging Period Under<br>01(h) election do not<br>ate instructions for lii | have to complete all o              | of the five columns b                         | elow.                        |                     |
|  | Lobi   | oying Expe      | nditures During 4-Yea   | ar Averaging Period                 | -   | _                            |                     |
| Calendar year<br>(or fiscal year beginning in)               | (a)  | 2021            | <b>(b)</b> 2022   | <b>(c)</b> 2023                     | <b>(d)</b> 2024                               | (e) To                       | otal                |
| 2a Lobbying nontaxable amount                                |  |                 |   |                                     |   |                              |                     |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |  |                 |   |                                     |   |                              |                     |
| <b>c</b> Total lobbying expenditures                         |  |                 |   |                                     |   |                              |                     |
| d Grassroots nontaxable amount                               |  |                 |   |                                     |   |                              |                     |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |  |                 |   |                                     |   |                              |                     |
| f Grassroots lobbying expenditures                           |  |                 |   |                                     |   |                              |                     |

Schedule C (Form 990) 2024

# Schedule C (Form 990) 2024 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   | (a)   |            | (b)  |          |  |  |
|---|---|------------|------|----------|--|--|
| of the lobbying activity.   | Yes   | No         | Amo  | unt      |  |  |
| <ul> <li>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:</li> </ul>  |   |            |      |          |  |  |
| <ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>  | X   |            |      |          |  |  |
| <ul> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>   | X   |            | 3    | ,603.    |  |  |
| <ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>   | X   |            | 54   | ,717.    |  |  |
| <ul> <li>j Total. Add lines 1c through 1i</li> <li>2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>   |   | x          | 58   | ,320.    |  |  |
| <ul> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> <li>Part III-A Complete if the organization is exempt under section 501(c)(4), section</li> </ul>  | n 501(c)(   | 5), or sec | tion |          |  |  |
| 501(c)(6).  |   |            | T    |          |  |  |
| <ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the second se</li></ol> |   | 2          | Yes  | No       |  |  |
| Part III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  | n 501(c)(   | 5), or sec |      | 3, is    |  |  |
| 1 Dues, assessments, and similar amounts from members   |   | 1          |      |          |  |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):  | cal   |            |      |          |  |  |
| a Current year  |   |            |      |          |  |  |
| b Carryover from last year  |   |            |      | <u> </u> |  |  |
| c Total   |   |            |      |          |  |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc  | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political |            |      |          |  |  |
| 5 Taxable amount of lobbying and political expenditures. See instructions   |   | 5          |      |          |  |  |
| Part IV Supplemental Information  |   |            |      |          |  |  |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.<br>PART II-B, LINE 1, LOBBYING ACTIVITIES:   |   |            |      |          |  |  |
| THE SCHOLARSHIP FOUNDATION ENGAGES EDUCATION POLICY FE  |   |            |      |          |  |  |
| PROPOSED AND EXISTING LEGISLATION AFFECTING LOW-INCOME  |   |            |      |          |  |  |
| STUDENTS. ADVOCACY ACTIVITIES ARE TARGETED AT INFORMIN  |   |            |      |          |  |  |
| THE EFFECTS OF LEGISLATION IN HOPES THAT SUCH INFORMAT<br>THEIR DECISION MAKING. THE SCHOLARSHIP FOUNDATION SHAP  |   |            |      |          |  |  |
| OTHER NONPROFITS AND EXPRESSES ADVOCACY POSITIONS IN F  |   | 29NTTOP    | WIIU |          |  |  |
| PRESENTATIONS.  | 22210   |            |      |          |  |  |

|         | HEDULE D                               |  | al Financial Statements<br>nization answered "Yes" on Form 990, |                     | OMB No. 15             | 45-0047    |
|---------|--|--|---|---------------------|------------------------|------------|
| (Rev. I | December 2024)<br>ment of the Treasury | Part IV, line 6, 7, 8, 9, 10                   | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.                    |                     | Open to                |            |
|         | Revenue Service                        | Go to www.irs.gov/Form99                       | 0 for instructions and the latest information.                  |                     | Inspection             |            |
| Nam     | e of the organizati                    |  | UNDATION OF ST. LOUIS   |                     | identification 3-60312 |            |
| Par     | t I Organiza                           |  | d Funds or Other Similar Funds or Ad                            |                     |                        |            |
|         |  | on answered "Yes" on Form 990, Part IV, lin    |   |                     |                        |            |
|         |  |  | (a) Donor advised funds   | <b>b)</b> Funds and | d other accour         | nts        |
| 1       | Total number at e                      | nd of year                                     |   |                     |                        |            |
| 2       |  | of contributions to (during year)              |   |                     |                        |            |
| 3       | Aggregate value o                      | of grants from (during year)                   |   |                     |                        |            |
| 4       | Aggregate value a                      | t end of year                                  |   |                     |                        |            |
| 5       | •                                      |  | writing that the assets held in donor advised func              |                     | _                      |            |
|         |  |  | exclusive legal control?  |                     | Yes                    | No         |
| 6       | 0                                      | <b>e</b> , , ,                                 | dvisors in writing that grant funds can be used o               | ,                   |                        |            |
|         |  |  | r donor advisor, or for any other purpose conferr               | 0                   | Vee                    |            |
| Par     | impermissible priv                     |  | ganization answered "Yes" on Form 990, Part IV,                 |                     | Yes                    | No No      |
| 1       |  | servation easements held by the organization   |   |                     |                        |            |
| •       |  | n of land for public use (for example, recrea  |   | orically impor      | tant land area         |            |
|         |  | of natural habitat                             | Preservation of a certi   |                     |                        |            |
|         |  | n of open space                                |   |                     |                        |            |
| 2       | Complete lines 2a                      | through 2d if the organization held a qualif   | fied conservation contribution in the form of a co              | nservation ea       | asement on th          | e last     |
|         | day of the tax yea                     | r.   |   | Held                | at the End of the      | e Tax Year |
| а       | Total number of c                      | onservation easements                          |   | 2a                  |                        |            |
| b       | Total acreage rest                     | ricted by conservation easements               |   | 2b                  |                        |            |
| С       |  | vation easements on a certified historic stru  |   | 2c                  |                        |            |
| d       |  | vation easements included on line 2c acqu      |   |                     |                        |            |
| •       |  |  |   | 2d                  |                        |            |
| 3       | Number of conser                       | vation easements modified, transferred, rei    | eased, extinguished, or terminated by the organi                | zation during       | the tax                |            |
| 4       |  | where property subject to conservation eas     | sement is located   |                     |                        |            |
| 5       |  | ation have a written policy regarding the per  |   |                     |                        |            |
|         | violations, and ent                    | forcement of the conservation easements it     | holds?  |                     | Yes                    | No No      |
| 6       | Staff and voluntee                     | er hours devoted to monitoring, inspecting,    | handling of violations, and enforcing conservatio               |                     |                        | ar         |
|         |  |  |   |                     |                        |            |
| 7       | Amount of expense                      | ses incurred in monitoring, inspecting, hanc   | lling of violations, and enforcing conservation eas             | sements duri        | ing the year           |            |
|         |  |  |   |                     |                        |            |
| 8       |  |  | e satisfy the requirements of section 170(h)(4)(B)(i)           |                     | <b>—</b>               | <b>—</b>   |
| •       | and section 170(h                      |  |   |                     | Yes                    | └── No     |
| 9       |  | •  | on easements in its revenue and expense statem                  |                     | 4 <b>1</b>             |            |
|         |  | counting for conservation easements.           | note to the organization's financial statements that            | at describes 1      | the                    |            |
| Par     |  |  | Art, Historical Treasures, or Other S                           | imilar Ass          | sets.                  |            |
|         |  | f the organization answered "Yes" on Form      |   |                     |                        |            |
| 1a      |  |  | 8, not to report in its revenue statement and bala              | ance sheet w        | orks                   |            |
|         | U U                                    |  | blic exhibition, education, or research in furtherar            |                     |                        |            |
|         |  |  | ncial statements that describes these items.                    | -                   |                        |            |
| b       | If the organization                    | elected, as permitted under FASB ASC 95        | 8, to report in its revenue statement and balance               | sheet works         | s of                   |            |
|         | art, historical treas                  | sures, or other similar assets held for public | exhibition, education, or research in furtherance               | of public se        | rvice,                 |            |
|         | -                                      | ing amounts relating to these items.           |   |                     |                        |            |
|         | (i) Revenue inclu                      | ided on Form 990, Part VIII, line 1            |   | \$                  |                        |            |
|         | .,                                     |  |   |                     |                        |            |
| 2       |  |  | asures, or other similar assets for financial gain, p           | orovide             |                        |            |
|         | the following amo                      | unts required to be reported under FASB A      | SC 958 relating to these items:                                 |                     |                        |            |

| b     | Assets included in Form 990, | , Part X  |                                |
|-------|------------------------------|-----------|--------------------------------|
| For F | aperwork Reduction Act No    | tice, see | the Instructions for Form 990. |

a Revenue included on Form 990, Part VIII, line 1

\$

\$

|            | dule D (Form 990) (Rev. 12-2024) THE SC:<br>t III Organizations Maintaining C | HOLARSHIP F                          | OUNDATION<br>, Historical Tre | OF ST. LO<br>asures, or Oth | UIS<br>er Sir    |          | 43-60<br><b>Assets</b> |                 |         | age <b>2</b> |
|------------|---|--------------------------------------|-------------------------------|-----------------------------|------------------|----------|------------------------|-----------------|---------|--------------|
| 3          | Using the organization's acquisition, accession                               | on, and other records                | , check any of the f          | ollowing that make          | signifi          | cant u   | ise of its             |                 |         |              |
|            | collection items (check all that apply).                                      |                                      |                               |                             |                  |          |                        |                 |         |              |
| а          | Public exhibition   | d                                    | Loan or exc                   | hange program               |                  |          |                        |                 |         |              |
| b          | b Scholarly research e Other  |                                      |                               |                             |                  |          |                        |                 |         |              |
| с          | Preservation for future generations   |                                      |                               |                             |                  |          |                        |                 |         |              |
| 4          | Provide a description of the organization's co                                | ollections and explain               | how they further th           | e organization's ex         | empt p           | ourpos   | se in Part             | XIII.           |         |              |
| 5          | During the year, did the organization solicit o                               | r receive donations of               | f art, historical treas       | sures, or other simil       | ar asse          | ets      |                        |                 |         |              |
|            | to be sold to raise funds rather than to be ma                                |                                      |                               |                             |                  |          |                        | Yes             |         | No           |
| Par        | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Par       |                                      | e if the organization         | answered "Yes" of           | n Form           | ı 990,   | Part IV, lii           | ne 9, or        |         |              |
|            |   |                                      |                               |                             |                  |          |                        |                 |         |              |
| та         | Is the organization an agent, trustee, custodi                                |                                      | •                             |                             |                  |          |                        |                 | v       | No           |
| <b>L</b>   | on Form 990, Part X?  |                                      |                               |                             |                  |          | ∟                      | Yes             | Δ       | ] NO         |
| D          | If "Yes," explain the arrangement in Part XIII                                | and complete the follo               | owing table:                  |                             | Г                |          |                        | Amoun           | +       |              |
| _          |   |                                      |                               |                             | F                | 4.       |                        | Amoun           |         |              |
|            | Beginning balance   |                                      |                               |                             |                  | 1c       |                        |                 |         |              |
|            | Additions during the year   |                                      |                               |                             |                  | 1d       |                        |                 |         |              |
| -          | Distributions during the year   |                                      |                               |                             | ····  -          | 1e<br>1f |                        |                 |         |              |
| f<br>2a    | Ending balance<br>Did the organization include an amount on Fe                |                                      |                               |                             | ∟<br>∋ili+v2     |          |                        | Yes             |         | No           |
|            | If "Yes," explain the arrangement in Part XIII.                               |                                      |                               |                             | -                |          |                        | 165             |         | ]            |
| Par        |   |                                      |                               |                             |                  |          |                        |                 |         |              |
|            |   | (a) Current year                     | (b) Prior year                | (c) Two years back          |                  | hree v   | ears back              | (e) Four        | vears   | back         |
| 1a         | Beginning of year balance   | 7,368,508.                           | 6,641,027.                    | ., ,                        | . /              |          | 89,190.                | . ,             | ,182,   |              |
|            | Contributions   | 54,800.                              | 33,750.                       | , ,                         | -                |          | 14,835.                | 168,60          |         |              |
| c<br>c     | Net investment earnings, gains, and losses                                    | 835,609.                             | 932,138.                      | ,                           | -                |          | ,<br>51,763.           | 455,9           |         |              |
| d          | Grants or scholarships  | , -                                  | 1                             | ,                           | -                |          | , -                    |                 | ,       |              |
|            | Other expenditures for facilities   |                                      |                               |                             |                  |          |                        |                 |         |              |
| Ū          | and programs  | 247,557.                             | 238,407.                      | 241,382                     |                  | 2        | 19,495.                |                 | 217,    | 790.         |
| f          | Administrative expenses   | ,                                    | ,                             | ,                           |                  |          | ,                      | <u> </u>        |         |              |
| g          | End of year balance   | 8,011,360.                           | 7,368,508.                    | 6,641,027                   |                  | 7,4      | 36,293.                | 6               | ,589,   | 190.         |
| 2          | Provide the estimated percentage of the curr                                  | · _ · ·                              |                               |                             |                  |          |                        |                 |         |              |
| a          | Board designated or quasi-endowment   | 20.9000                              | %                             | ,                           |                  |          |                        |                 |         |              |
| b          | Permanent endowment 55.9000   | %                                    |                               |                             |                  |          |                        |                 |         |              |
| c          |   | <u> </u>                             |                               |                             |                  |          |                        |                 |         |              |
|            | The percentages on lines 2a, 2b, and 2c show                                  | uld equal 100%.                      |                               |                             |                  |          |                        |                 |         |              |
| 3a         | Are there endowment funds not in the posse                                    | ssion of the organizat               | ion that are held ar          | nd administered for         | the              |          |                        |                 |         |              |
|            | organization by:  | Ũ                                    |                               |                             |                  |          |                        | ]               | Yes     | No           |
|            | (i) Unrelated organizations?  |                                      |                               |                             |                  |          |                        | 3a(i)           |         | Х            |
|            |   |                                      |                               |                             |                  |          |                        | 3a(ii)          |         | Х            |
| b          | If "Yes" on line 3a(ii), are the related organiza                             | tions listed as require              | d on Schedule R?              |                             |                  |          |                        | 3b              |         |              |
| 4          | Describe in Part XIII the intended uses of the                                | organization's endow                 |                               |                             |                  |          |                        |                 |         |              |
| Par        | t VI Land, Buildings, and Equipm  | ent                                  |                               |                             |                  |          |                        |                 |         |              |
|            | Complete if the organization answere  | d "Yes" on Form 990,                 | Part IV, line 11a. S          | ee Form 990, Part >         | X, line          | 10.      |                        |                 |         |              |
|            | Description of property   | <b>(a)</b> Cost or ot basis (investm | • •                           |                             | Accun<br>depreci |          | d                      | ( <b>d)</b> Boo | k value | Э            |
| <b>1</b> a | Land  |                                      |                               |                             |                  |          |                        |                 |         |              |
| b          | Buildings   |                                      |                               |                             |                  |          |                        |                 |         |              |
| с          | Leasehold improvements  |                                      |                               | 7,888.                      | 35               | 5,50     | )3.                    | 1               | 2,38    | 85.          |
|            | Equipment   |                                      |                               | 5,423.                      |                  | 3,40     |                        |                 | 2,01    |              |
|            | Other   |                                      | 5                             | 3,369.                      | 45               | 5,41     | L2.                    |                 | 7,9!    |              |
|            | . Add lines 1a through 1e. (Column (d) must e                                 |                                      | ( line 10c. column            | <i>(</i> B))                |                  |          |                        | 16              | 2,3!    | 56.          |
|            | ·   |                                      |                               |                             |                  |          | D (Form                | 000) (Po        | v 12    | 20241        |

chedule D (Form 990) (Rev. 12-2 24)

# Schedule D (Form 990) (Rev. 12-2024) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 3 Part VII Investments - Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (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.

| (a) Description  | (b) Book value                |
|--|-------------------------------|
| (1)  |                               |
| (2)  |                               |
| (3)  |                               |
| (4)  |                               |
| (5)  |                               |
| (6)  |                               |
| (7)  |                               |
| (8)  |                               |
| (9)  |                               |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))                   |                               |
| Part X Other Liabilities   |                               |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. S | ee Form 990, Part X, line 25. |
| (a) Description of liability   | (b) Book value                |

| 1. (a) Description of liability                                    | (b) BOOK Value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) ANNUITIES PAYABLE  | 1,458.         |
| (3) PROMISES-TO-GIVE FOR FUTURE FORWARD PROGRAM                    | 95,817.        |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990. Part X, line 25, col, (B)) | 97,275.        |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) (Rev. 12-2024)

| Sche       | dule D (Form 990) (Rev. 12-2024) THE SCHOLARSHIP FOUNDATIO  | ON OF           | ST. LOUIS               | 43-     | 6031234 Page 4                    |
|------------|---|-----------------|-------------------------|---------|-----------------------------------|
|            | t XI Reconciliation of Revenue per Audited Financial Statem   |                 |                         |         |                                   |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12   | la.             | -                       |         |                                   |
| 1          | Total revenue, gains, and other support per audited financial statements  |                 |                         | 1       | 10,396,153.                       |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                 |                         |         |                                   |
| а          | Net unrealized gains (losses) on investments  | 2a              | 808,432.                |         |                                   |
| b          | Donated services and use of facilities  |                 | 5,000.                  |         |                                   |
| c          | Recoveries of prior year grants   |                 |                         |         |                                   |
| d          |   |                 | 1,019,863.              |         |                                   |
| e          | Add lines 2a through 2d   |                 |                         | 2e      | 1,833,295.                        |
| 3          | Subtract line 2e from line 1  |                 |                         | 3       | 8,562,858.                        |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                 |                         | -       |                                   |
| a          | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a              | 83,773.                 |         |                                   |
| b          |   |                 | 2,336,300.              |         |                                   |
|            |   |                 |                         | 4c      | 2 420 073.                        |
| 5          | Add lines 4a and 4b<br>Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ) |                 |                         | 5       | 2,420,073.<br>10,982,931.         |
|            | t XII Reconciliation of Expenses per Audited Financial Stater   | nents Wit       | h Expenses per F        | -       |                                   |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12   |                 |                         |         |                                   |
| 1          | Total expenses and losses per audited financial statements  |                 |                         | 1       | 10,668,305.                       |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                 |                         |         |                                   |
| ے<br>a     | Donated services and use of facilities  | 2a              | 5,000.                  |         |                                   |
| b          | Prior year adjustments  |                 |                         |         |                                   |
| 0          |   |                 |                         | -       |                                   |
| с<br>4     | Other losses<br>Other (Describe in Part XIII.)  |                 | 1,019,863.              | -       |                                   |
| d          |   |                 |                         | 2e      | 1 024 863                         |
| -          | •   |                 |                         | 3       | <u>1,024,863</u> .<br>9,643,442.  |
| 3          | Subtract line 2e from line 1  |                 |                         | 3       | 5,045,4420                        |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                 | 83,773.                 |         |                                   |
| a          | Investment expenses not included on Form 990, Part VIII, line 7b  |                 | 1,237,450.              | -       |                                   |
|            | Other (Describe in Part XIII.)  |                 |                         |         | 1 201 002                         |
|            | Add lines 4a and 4b   |                 |                         | 4c<br>5 | <u>1,321,223</u> .<br>10,964,665. |
| 5<br>Pa    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)<br><b>t XIII</b> Supplemental Information    |                 |                         | 5       | 10,904,005.                       |
|            | ••  | ut IV/ lines of | h and Oh: Daut V line 4 | . Daut  | V line Q Dert VI                  |
|            | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa                                     |                 |                         | , Part  | A, line 2, Part Al,               |
|            | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac   | aditional info  | rmation.                |         |                                   |
| TH         | <u>RT V, LINE 4:</u><br>E ENDOWMENT PRINCIPAL IS INVESTED IN PERPH  | עשדנושי         | INCOME EAR              | חיזא    |                                   |
|            | LATED INVESTMENTS IS USED FOR AWARDS OF IN  |                 |                         | -       | -                                 |
|            | ANTS, AND ASSOCIATED EXPENSES.  |                 | -FREE STODE             | TAT     | DOANS,                            |
| GRI        | MID, AND ADDOCTATED EXPENSES.   |                 |                         |         |                                   |
| PAT        | RT XI, LINE 2D - OTHER ADJUSTMENTS:   |                 |                         |         |                                   |
|            | GONE INTEREST ON STUDENT LOANS  |                 |                         |         | 1,019,863.                        |
| 101        |   |                 |                         |         | 1,019,003.                        |
| PAT        | RT XI, LINE 4B - OTHER ADJUSTMENTS:   |                 |                         |         |                                   |
|            | JDENT LOANS REPAID  |                 |                         |         | 2,336,300.                        |
| <u>D1(</u> |   |                 |                         |         | 2,550,500                         |
| PAT        | RT XII, LINE 2D - OTHER ADJUSTMENTS:  |                 |                         |         |                                   |
|            | RGONE INTEREST ON STUDENT LOANS   |                 |                         |         | 1,019,863.                        |
| 101        |   |                 |                         |         | 1,019,003.                        |
| PAT        | RT XII, LINE 4B - OTHER ADJUSTMENTS:  |                 |                         |         |                                   |
|            | JDENT LOANS AWARDED   |                 |                         |         | 1,237,450.                        |
| <u></u>    |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |
|            |   |                 |                         |         |                                   |

| Schedule D (Form 990) (Rev. 12-2024) <b>THE</b>                            | SCHOLARSHIP          | FOUNDATION | OF | ST. | LOUIS | 43-6031234 | Page 5 |
|--|----------------------|------------|----|-----|-------|------------|--------|
| Schedule D (Form 990) (Rev. 12-2024) THE Part XIII Supplemental Informatio | <b>n</b> (continued) |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |
|  |                      |            |    |     |       |            |        |

| SCHEDULE I<br>(Form 990)<br>(Rev. December 2024)       | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                  |                                    |                                     |  |   |                                       |                | OMB No. 1545                     | 5-0047 |
|--|--|------------------|------------------------------------|-------------------------------------|--|---|---------------------------------------|----------------|----------------------------------|--------|
| Department of the Treasury<br>Internal Revenue Service |  | G                | o to www.irs.gov/For               | Attach to Forn<br>m990 for instruct |  | t information.  |                                       |                | Open to Pu<br>Inspection         |        |
| Name of the organizati                                 |  | ARSHIP FO        | UNDATION OF                        | ST. LOUIS                           | 5                                      |   |                                       | Employer       | identification<br>43-6031        |        |
| Part I General Ir                                      | nformation on Grants a   | nd Assistance    |                                    |                                     |  |   |                                       |                |                                  |        |
|  | zation maintain records t<br>ward the grants or assis  |                  |                                    |                                     |  |   |                                       | ion            | X Yes                            |        |
|  | IV the organization's pro  |                  | oring the use of grant             | funds in the United                 | l States                               |   |                                       |                | 121 165                          |        |
| Part II Grants an                                      | d Other Assistance to<br>hat received more than \$   | Domestic Organiz | ations and Domestic                | Governments.                        | Complete if the org                    | anization answered "Y   | ′es" on Form 990, Par                 | t IV, line 21, | for any                          |        |
| • • •  | dress of organization<br>vernment  | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash grant            | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance |                | Purpose of gran<br>or assistance | nt     |
|  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |
|  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |
|  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |
| _  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |
|  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |
|  |  |                  |                                    |                                     |  |   |                                       |                |                                  |        |

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

### Schedule I (Form 990) (Rev. 12-2024) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

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

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
|  |                          |                             |                                       |  |                                       |
| RANTS FOR INTEREST-FREE STUDENT LOAN AWARD AND                         |                          |                             |                                       |  |                                       |
| THER AWARD RECIPIENTS  | 521                      | 5,296,994.                  | 0.                                    |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
| NTEREST-FREE AND FEE-FREE STUDENT LOAN AWARDS                          | 163                      | 1,237,450.                  | 0.                                    |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
| Part IV Supplemental Information. Provide the information re           | quired in Part I, lin    | e 2; Part III, column       | (b); and any other ac                 | ditional information.                                    |                                       |
| CHEDULE I, PART IV LINE 1  |                          |                             |                                       |  |                                       |
| HE SCHOLARSHIP FOUNDATION MONITOR                                      |                          |                             |                                       |  |                                       |
| O STUDENTS THROUGH CAREFUL EVALUA<br>NFORMATION PROVIDED BY PERSONS AF |                          |                             |                                       |  |                                       |
| EVIEW OF DOCUMENTS RECEIVED FROM                                       |                          |                             |                                       |  |                                       |
| DUCATIONAL INSTITUTIONS.   | THE APPLI                | CAN'IS AND                  | FROM APPLI                            | CANTS  |                                       |
| DOCATIONAL INSTITUTIONS.   |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |
|  |                          |                             |                                       |  |                                       |

43-6031234

Page 2

|        | CHEDULE J         Compensation Information           Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees |  |           |                              |        | 047   |  |
|--------|---|--|-----------|------------------------------|--------|-------|--|
| -      | December 2024)<br>tment of the Treasury   | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>Attach to Form 990.   |           | Open to Public<br>Inspection |        |       |  |
| Intern | al Revenue Service  | Go to www.irs.gov/Form990 for instructions and the latest information.   |           | -                            |        |       |  |
| Nan    | e of the organization   |  |           | identificatio                |        | nber  |  |
|        |   | THE SCHOLARSHIP FOUNDATION OF ST. LOUIS  | 43-0      | 6031234                      | 4      |       |  |
| Ра     | rt I Question   | s Regarding Compensation   |           |                              |        |       |  |
|        |   |  |           |                              | Yes    | No    |  |
| 1a     |   | ate box(es) if the organization provided any of the following to or for a person listed on Form  | 990,      |                              |        |       |  |
|        |   | line 1a. Complete Part III to provide any relevant information regarding these items.  |           |                              |        |       |  |
|        | First-class or c  |  |           |                              |        |       |  |
|        | Travel for com  |  |           |                              |        |       |  |
|        |   | ation and gross-up payments  |           |                              |        |       |  |
|        | Discretionary   | spending account Personal services (such as maid, chauffer   | ır, chef) |                              |        |       |  |
|        |   |  |           |                              |        |       |  |
| b      | •   | on line 1a are checked, did the organization follow a written policy regarding payment or  |           |                              |        |       |  |
| •      |   | rovision of all of the expenses described above? If "No," complete Part III to explain   |           | 1b                           |        |       |  |
| 2      |   | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |           |                              |        |       |  |
|        | trustees, and office  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?  |           | 2                            |        |       |  |
| 2      | Indianta which if a   | w, of the following the experiantion used to establish the compensation of the experiantion's  |           |                              |        |       |  |
| 3      |   | ny, of the following the organization used to establish the compensation of the organization's<br>actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec |           |                              |        |       |  |
|        |   |  | SHLO      |                              |        |       |  |
|        | ·   | ation of the CEO/Executive Director, but explain in Part III.  |           |                              |        |       |  |
|        | Compensation  | ompensation consultant $X$ Compensation survey or study  |           |                              |        |       |  |
|        |   | ther organizations $X$ Approval by the board or compensation of $X$  | ommittoo  |                              |        |       |  |
|        |   |  | ommittee  |                              |        |       |  |
| 4      | During the year did   | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |           |                              |        |       |  |
| -      | organization or a re  |  |           |                              |        |       |  |
| а      | -   | e payment or change-of-control payment?  |           | 4a                           |        | x     |  |
| b      |   | eive payment from a supplemental nonqualified retirement plan?   |           |                              |        | X     |  |
| c      | -   | eive payment from an equity-based compensation arrangement?  |           |                              |        | x     |  |
| -      | •   | les 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.   |           |                              |        |       |  |
| 5      |   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  | n         |                              |        |       |  |
|        | contingent on the r   |  |           |                              |        |       |  |
| а      | The organization?   |  |           | 5a                           |        | X     |  |
| b      | Any related organiz   | ation?   |           | 5b                           |        | X     |  |
|        |   | r 5b, describe in Part III.  |           |                              |        |       |  |
| 6      | For persons listed of   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic   | n         |                              |        |       |  |
|        | contingent on the r   | et earnings of:  |           |                              |        |       |  |
| а      | a The organization?   |  |           |                              |        |       |  |
| b      | b Any related organization?   |  |           |                              |        |       |  |
|        |   | r 6b, describe in Part III.  |           |                              |        |       |  |
| 7      | For persons listed of   | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments   | <b>i</b>  |                              |        |       |  |
|        | not described on lir  | es 5 and 6? If "Yes," describe in Part III   |           | 7                            |        | X     |  |
| 8      |   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th  |           |                              |        |       |  |
|        | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   |  |           |                              |        | X     |  |
| 9      | If "Yes" on line 8, d   | d the organization also follow the rebuttable presumption procedure described in   |           |                              |        |       |  |
|        | Regulations section   | 53.4958-6(c)?  | <u></u>   | 9                            |        |       |  |
| For    |   |  |           | rm 990) (Re                  | v. 12- | 2024) |  |

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

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

| (A) Name and Title         |      | (B) Breakdown of W    | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|----------------------------|------|-----------------------|---|---|----------------|-------------------------|------------------------------------|---|
|                            |      | (i) Base compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) ROBERT FOLEY           | (i)  | 144,517.              | 0.  | 0.  | 4,371.         | 13,678.                 | 162,566.                           | 0.  |
| DIRECTOR OF INFORMATION TE | (ii) | 0.                    | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (2) JENNY WEBER            | (i)  | 141,953.              | 0.  | 0.  | 4,318.         | 8,158.                  | 154,429.                           | 0.  |
| DIRECTOR OF ADVANCEMENT    | (ii) | 0.                    | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (3) FAITH SANDLER          | (i)  | 239,118.              | 0.  | 0.  | 6,942.         | 19,125.                 | 265,185.                           | 0.  |
| EXECUTIVE DIRECTOR         | (ii) | 0.                    | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |
|                            | (i)  |                       |   |   |                |                         |                                    |   |
|                            | (ii) |                       |   |   |                |                         |                                    |   |

#### Part III Supplemental Information

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

Schedule J (Form 990) (Rev. 12-2024)

|          | THE SCHOLARS   | HIP FO                        | UNDATION (  | OF ST. LOUIS  | 5             | 43-                                  | 6031       | 234     |        |
|----------|--|-------------------------------|---|---|---------------|--------------------------------------|------------|---------|--------|
| Par      | t I Types of Property  |                               |   |   |               |                                      |            |         |        |
|          |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribut<br>amounts reported<br>Form 990, Part VIII, li | on            | (c<br>Method of c<br>noncash contrib | determin   |         | ts     |
| 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                             | 9   | 86,2  | 71.AV         | E HI/LOW                             | STO        | CK      | EXC    |
| 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 $\ldots$   |                               |   |   |               |                                      |            |         |        |
| 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   |                               |   |   |               |                                      |            |         |        |
|          | for which the organization completed Form 82   | 83, Part V, L                 | onee Acknowledg   | ement2  | 9             |                                      |            | X       | T      |
| 00-      |  |                               |   | anta di un David I. Kana d  | the second of | 0 44 - 1 11                          |            | Yes     | No     |
| 30a      | During the year, did the organization receive by   | -                             | •••••   |   | -             | 8, that it                           |            |         |        |
|          | must hold for at least 3 years from the date of  |                               |   | •   |               |                                      | 202        |         | x      |
| <b>h</b> | exempt purposes for the entire holding period?   | ۲                             |   |   |               |                                      | <u>30a</u> |         |        |
|          | If "Yes," describe the arrangement in Part II.<br>Does the organization have a gift acceptance p | policy that re                | ouiros the review   | of any ponetandard co   | ntribution    | <u>,</u> ,                           | 24         | Х       |        |
| 31       |  |                               | •   | •   |               |                                      | 31         | <u></u> | +      |
| JZd      | Does the organization hire or use third parties contributions?                                   |                               | •   | · •   |               |                                      | 32a        |         | x      |
| b        | If "Yes," describe in Part II.   |                               |   |   |               |                                      |            |         |        |
| 33       | If the organization didn't report an amount in c describe in Part II.                            | olumn (c) fo                  | r a type of property                                      | r for which column (a)  | is checked    | l,                                   |            |         |        |
| For F    | aperwork Reduction Act Notice, see the Inst  | ructions for                  | Form 990.   |   |               | Schedule                             | M (Form    | n 990   | ) 2024 |
|          |  |                               |   |   |               |                                      | •          |         | -      |

## **Noncash Contributions**

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

Department of the Treasury Internal Revenue Service

7U **Open to Public** 

Attach to Form 990.

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

Name of the organization

SCHEDULE M (Form 990)

| OMB No. | 1545-0047 |
|---------|-----------|
|         |           |

Inspection

Employer identification number

| 43-6031234 |  |
|------------|--|
|            |  |
| ( 1)       |  |

סי

| n Col | ntribu | itions | S       |               |  |
|-------|--------|--------|---------|---------------|--|
|       |        |        | Devt IV | line 20 or 20 |  |

| Schedule M (Form 990) 2024 | THE   | SCHOLARSHIP            | FOUNDATION            | OF     | ST.       | LOUIS          | 43-6031234                  | Page <b>2</b> |
|----------------------------|-------|------------------------|-----------------------|--------|-----------|----------------|-----------------------------|---------------|
| Part II Supplementa        | Infor | nation. Provide the in | formation required by | Part I | . lines 3 | 0b. 32b. and 3 | 3. and whether the organiza | tion          |

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

| SCHEDULE O<br>(Form 990)                             | Supplemental Information to Form 990 or 990-EZ   | OMB No. 1545-0047                |
|--|--|----------------------------------|
| (Rev. December 2024)                                 | Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information. |                                  |
| Department of the Treasury                           | Attach to Form 990 or Form 990-EZ.   | Open to Public<br>Inspection     |
| Internal Revenue Service<br>Name of the organization | Go to www.irs.gov/Form990 for instructions and the latest information.   | identification number            |
| Name of the organization                             |  | 031234                           |
| FORM 990, PA   |  | 001201                           |
| SERVICES.  |  |                                  |
|  |  |                                  |
| FORM 990, PA   |  |                                  |
| MANAGEMENT O   |  | FORM 990 IN                      |
| ELECTRONIC FO  | ORMAT TO EACH OF ITS OFFICERS AND DIRECTORS FOR REVI<br>ESTABLISHED DURING WHICH MANAGEMENT ADDRESSES QUESTI                           |                                  |
|  |  | DJUSTMENTS                       |
|  |  | COMPLETION                       |
| OF THE REVIEW  |  |                                  |
| REPRESENTATI   | VE OF THE FOUNDATION SIGNS THE FORM 990 AND THE RETU   | RN IS                            |
| ELECTRONICAL   | LY FILED WITH THE IRS.   |                                  |
|  |  |                                  |
| FORM 990, PA   |  | т та                             |
| THE SCHOLARS   | HIP FOUNDATION HAS A CONFLICT OF INTEREST POLICY THA<br>THE FOUNDATION'S BY-LAWS AND REVIEWED WITH ALL BOARD                           |                                  |
|  |  | MPLOYEES TO                      |
|  |  | COPY OF                          |
|  |  | HE REPORTS                       |
| AND ANY COMM   | ENTS OR QUESTIONS ARE THEN SUBMITTED TO THE EXECUTIV   | E                                |
| COMMITTEE.   |  |                                  |
|  |  |                                  |
|  | RT VI, SECTION B, LINE 15:<br>COMPENSATION BASED ON SALES, PROFITS, OR OTHER PERFO   | DMANCE                           |
|  | COMPENSATION BASED ON SALES, PROFITS, OR OTHER PERFO<br>ANY OF THE EMPLOYEES OF THE SCHOLARSHIP FOUNDATION.                            | THERE ARE                        |
|  |  | HE                               |
|  |  | HE                               |
| EXECUTIVE DI   | ,<br>,   | SULTATION                        |
|  | CUTIVE COMMITTEE OF THE BOARD, IN A FORMAL PROCESS.  | PERIODIC                         |
|  | PENSATION STUDIES ARE PERFORMED TO VALIDATE AND SUBS   | TANTIATE                         |
| SALARY RANGE   | S FOR ALL POSITIONS.   |                                  |
|  | RT VI, SECTION C, LINE 19:   |                                  |
|  | : THE SCHOLARSHIP FOUNDATION WILL MAKE ITS GOVERNING   | DOCUMENTS.                       |
|  | OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AV.   |                                  |
| THE PUBLIC A   | T THE FOUNDATION'S OFFICES DURING NORMAL BUSINESS HO   | URS.                             |
|  |  |                                  |
|  | RT XI, LINE 9, CHANGES IN NET ASSETS:  | 0 000 000                        |
| STUDENT LOAN   |  | <u>-2,336,300.</u><br>1,237,450. |
|  | FFECT OF CHANGE IN ACCOUNTING PRINCIPLES   | 1,237,430.                       |
|  |  | -1,098,850.                      |
| 101112 10 1010                                       |  |                                  |
| FORM 990, PA   | RT XII, LINE 2C:   |                                  |
| NO CHANGE FRO  | OM PRIOR YEAR.   |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 432211 01-15-25