EXTENDED TO SEPTEMBER 15, 2023

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.

Department of the Treasury

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning NOV 1, 2021 and ending OCT 31, Check if applicable: C Name of organization D Employer identification number Address change MISSOURI HUMANITIES COUNCIL Name change 43-1103937 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 314-781-9660 105 N. MAIN 108 2,636,196. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ST. CHARLES, MO 63301 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ASHLEY BEARD-FOSNOW for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.MOHUMANITIES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Association Other > L Year of formation: 1971 M State of legal domicile: MO ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: OUR PROGRAMS STRENGTHEN THE **Activities & Governance** CIVIC FABRIC OF OUR STATE BY BRINGING US TOGETHER AND HELPING US if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 3,000,277. 2,588,603. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 3,337. 11,600. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 211,959. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,630. 11 $\overline{3,215,573}$ 2,622,833. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 988,937. 390,827. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 919,275. 744,324. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 482,800. 532,513. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,667,664. 2,391,012. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 824,561. 955,169. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 2,269,660. 3,183,944. 20 Total assets (Part X, line 16) 171,099. 252,563. 21 Total liabilities (Part X, line 26) 三年 098,561. 2,931,381 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ASHLEY BEARD-FOSNOW, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEANNE DEE P01082093 Paid self-employed Firm's name ANDERS MINKLER HUBER & HELM LLP Firm's EIN ► 43-0831507 Preparer Firm's address > 800 MARKET STREET, SUITE 500 Use Only ST. LOUIS, MO 63101-2501 Phone no. (314)655-5500 X Yes May the IRS discuss this return with the preparer shown above? See instructions

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rai	Chack if Schoolule O centains a reasonne or note to any line in this Bort III	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR PROGRAMS STRENGTHEN THE CIVIC FABRIC OF OUR STATE BY BRINGING US	
	TOGETHER AND HELPING US LEARN FROM PAST WAYS OF THINKING TO FORM A	
	BRIGHTER FUTURE FOR GENERATIONS TO COME.	
	DRIGHTHE TOTOKE TOK CEMENTITORE TO COME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ? Yes X	No
	If "Yes," describe these new services on Schedule O.] 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	If "Yes," describe these changes on Schedule O.] 110
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.	
 4а	(Code:) (Expenses \$1, 331, 260 •including grants of \$390, 827 •) (Revenue \$	
··u	MISSOURI HUMANITIES COUNCIL IS A 501(C)(3), FOUNDED IN 1971 UNDER	— <i>'</i>
	AUTHORIZING LEGISLATION FROM THE U.S. CONGRESS TO SERVE AS ONE OF THE	
	56 STATE AND TERRITORIAL HUMANITIES COUNCILS ALIATED WITH THE NATIONAL	
	ENDOWMENT FOR THE HUMANITIES. FOR OVER 50 YEARS, WE HAVE TRANSFORMED	
	LIVES AND COMMUNITIES BY PROVIDING MISSOURIANS WITH PUBLIC PROGRAMS	
	THAT ENCOURAGE CRITICAL THINKING AND DIALOGUE. THROUGH OUR SIX CORE	
	PROGRAMS AND YEARLY SIGNATURE SERIES, WE REACH OVER 150,000 MISSOURIANS	
	EACH YEAR WITH DIGITAL AND IN-PERSON PROGRAMMING OFFERING HUNDREDS OF	
	EDUCATIONAL OPPORTUNITIES AND AWARDING GRANTS TO LOCAL CULTURAL	
	ORGANIZATIONS THAT PROMOTE THE HUMANITIES.	
	WE SERVE THE ENTIRE STATE OF MISSOURI AND MISSOURIANS WITH THE	
4b	(Code:) (Expenses \$	
		— <i>'</i>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,331,260.	

Form 990 (2021) MISSOURI HUMANITIES COUNCIL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	ISBN 11-11-00-11-11-11-11-11-11-11-11-11-11-1	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	22	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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			1
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		**	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ
Fal	Check if Schodule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in her 2 of Form 1006 Enter 0 if not and inches		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21		990	(2021)

Form 990 (2021) MISSOURI HUMANITIES COUNCIL

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	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			
- Cu	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			
		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	The state of the s	7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
C		7c		x
a		76		22
d		70		Х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			122
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	อม		
10	· · · · · · · · · · · · · · · · · · ·			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	· · · · · · · · · · · · · · · · · · ·			
a h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	· · · · · · · · · · · · · · · · · · ·			
122	amounts due or received from them.) 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	ızd		
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		х
		14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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		
	n roo, complete rolli ooca.			

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	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			X
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			
	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 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, u	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a		
D		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10-	Did the exemination have lead charters branches as offiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	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 filed ►MO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ASHLEY BEARD-FOSNOW - (314)781-9660			
	105 N MAIN, STE 108, ST. CHARLES, MO 63301			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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.

(A) Name and title	(B) Average hours per	box	not cl , unles cer an	Pos heck i ss per	more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ASHLEY BEARD-FOSNOW	40.00			.,				00.050		2 524
EXECUTIVE DIRECTOR	1 00			Х				89,950.	0.	2,534.
(2) JOHN M. ROBINSON, III	1.00	٠,,		,,					_	_
FISCAL OFFICER	1 00	Х		Х				0.	0.	0.
(3) MARCI BENNETT SECRETARY	1.00	х		х				0.	0.	0.
(4) THOMAS M. BRANDOM	1.00							0.	0.	<u>_ </u>
DIRECTOR	1.00	x						0.	0.	0.
(5) PETRA DEWITT	1.00							•	•	•
VICE CHAIR	1100	х		x				0.	0.	0.
(6) BETTY COLEMAN	1.00	† 								
DIRECTOR		x						0.	0.	0.
(7) TRISH ERZFELD	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LAURA DIERBERG AYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SUDARSAN KANT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) NICHOLAS INMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JASON SIDES	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BLAKE SHERER	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(13) MARVIN SILLIMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARILYNN BRADFORD	1.00	ļ						_	_	_
CHAIR	+	Х		Х				0.	0.	0.
(15) PETER HOFHERR	1.00	∤								
TREASURER		Х		Х				0.	0.	0.
		Ĺ		ı	I		l	1		Form 990 (2021)

Form **990** (2021)

43-1103937

ı aı	Section A. Officers, Directors, Trus	tees, Key Em _l	<u>ploy</u>	ees,	and	<u> Hig</u>	ghes	st C	ompensated Employee	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck i	ition		one n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		(F) timate nount other pensa	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org and	om the anizati d relate anizatio	e ion ed
			-											
	Subtotal		<u> </u>					<u> </u>	89,950.		0.		2,5	34.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								89,950.		0.		2,5	34.
2	Total number of individuals (including but n	ot limited to th	iose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	0 N o
3	Did the organization list any former officer,	•		•	•	•		_	•	•				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		<u> </u>
	and related organizations greater than \$150			•								4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com									dual for services		5		Х
Sec	tion B. Independent Contractors	piete Scriedul	5 0 1 0	OI SE	<i>acii</i> ,	Jers	OII .						'	
1	Complete this table for your five highest co the organization. Report compensation for										ensat	tion fro	m	
	(A)	ine calcindar y	<u>Jai C</u>	<u> </u>	ig w	1111	JI VVI		(B)	car.		(C	;)	
	Name and business	address	NC	ONE	3			-	Description of s	services	C	ompei	nsatio	า
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lin	nited	d to t	thos (se lis	ted	above) who received mo	ore than				
												_ (200	

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III Statement of Revenu

			Check if Schedule O contains a response	nnse ni	r note to any lir	ne in this Part VIII			
			Officer if Schedule O contains a respe	JI 136 U	Thore to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Grants ounts	1	а	Federated campaigns 1a						
		b	Membership dues 1b						
e, E		С	Fundraising events1c						
if ts			Related organizations 1d						
ni,G			Government grants (contributions) 1e	2,5	35,500.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and		•				
		•	similar amounts not included above 11		53,103.				
		~	Noncash contributions included in lines 1a-1f	Φ		-			
		_				2,588,603.			
<u>O</u> 8		11	Total. Add lines 1a-1f		Business Code	2,300,003			
				-	Business Code				
ce	2	а							
e Z		b							
S		С							
an ev		d							
Program Service Revenue		е							
P		f	All other program service revenue	L					
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, i						
	•		other similar amounts)			6,600.	6,600.		
	4		Income from investment of tax-exempt be			0,000	3,3331		
				-					
	5		Royalties(i) Rea		(ii) Personal				
				ll	(II) Personal	4			
			Gross rents 6a			_			
		b	Less: rental expenses 6b			4			
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss))				
	7	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
			assets other than inventory 7a 18,36	53.					
		b	Less: cost or other basis						
<u>o</u>			and sales expenses	53.					
Revenue		_	Gain or (loss) 7c 5,00			-			
ě		4	Net gain or (loss)			5,000.	5,000.		
<u>بر</u> ۳			Gross income from fundraising events (not	ПТ		3,000.	3,000.		
ther	8	а							
ŏ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a		4			
			Less: direct expenses	8b					
			Net income or (loss) from fundraising ever		<u></u>				
	9	а	Gross income from gaming activities. See	9					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activitie	es					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		h	Less: cost of goods sold	10b		-			
			Net income or (loss) from sales of invento						
$\overline{}$		U	THE THEOTHE OF (1055) HOTH SAIRS OF HIVEHILD		Business Code				
S				-	519100	22 630	22 630		
eo e	11		OTHER	—	213100	22,630.	22,630.		
lan en		b		— ⊦		-			
Miscellaneous Revenue		С		∤		-			
Mis		d	All other revenue	L					
		е	Total. Add lines 11a-11d			22,630.			
	12		Total revenue. See instructions)	2,622,833.	34,230.	0.	0.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 390,827. 390,827. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, 96,300. 86,670. 9,630. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 488,352. 423,373. 13,015. 51,964. Other salaries and wages 7 Pension plan accruals and contributions (include 112,721. 95,946. 6,306. 10,469. section 401(k) and 403(b) employer contributions) Other employee benefits 9 38,432. 46,951. 4,515. 4,004. 10 Payroll taxes 11 Fees for services (nonemployees): Management 4,898. 4,898. Legal 62,290. 62,290. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 29,759. 20,527. 7,137. 2,095. column (A), amount, list line 11g expenses on Sch O.) 15,170. 2,650. 451. 12,069. Advertising and promotion 12 34,912. 25,688. 5,584. 3,640. Office expenses 13 57,495. 39,659. 13,789. 4,047. Information technology 14 Royalties 15 26,227. 2,357. 22,872. 998. 16 Occupancy 43,465. 35,295. 4,413. 3,757. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 2,557. 250. 2,307. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 9,098. 7,934. 347. 817. 23 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 O.) 57,471. 52,092. 2,000. 3,379. HONORARIA PRINTING AND PUBLICATIO 39,151. 33,136. 1,239. 4,776. 32,493. 6,043. 4,444. 22,006. DUES AND SUBSCRIPTIONS 15,752. 15,752. d ADVOCACY 6,442.101,775. 51.465. 43,868. e All other expenses 1,667,664. 1,331,260. 167,367. 169,037. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

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

Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in thi	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	527,189.	1	714,966.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	1,916,898.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, dir			
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de-	efined		
		under section 4958(f)(1)), and persons described in section 4958(d	c)(3)(B)	6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	512,145.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	20 025
	15	Other assets. See Part IV, line 11	29,732.	15	39,935.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,183,944.
	17	Accounts payable and accrued expenses		17	112,843.
	18	Grants payable		18	139,720.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	- D	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedul		21	
ies	22	Loans and other payables to any current or former officer, director			
Liabilities		trustee, key employee, creator or founder, substantial contributor, controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related t			
		parties, and other liabilities not included on lines 17-24). Complete			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	171,099.	26	252,563.
		Organizations that follow FASB ASC 958, check here X			•
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,021,625.	27	1,014,483.
Bal	28	Net assets with donor restrictions	1,076,936.	28	1,916,898.
pu		Organizations that do not follow FASB ASC 958, check here	▶ □		
Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other fur		31	
Net	32	Total net assets or fund balances	2,098,561.	32	2,931,381.
	33	Total liabilities and net assets/fund balances	2,269,660.	33	3,183,944.

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,62					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66	7,6	<u>64.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	95	5,1	69.			
4								
5	Net unrealized gains (losses) on investments	5	-12	2,3	49.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,93	1,3	<u>81.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

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