Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

| A F | or th | e 202 | 0 calendar year, or tax year beginning , 2020 | , and ending | <u>g</u> | | | , 20 | | | |
|--------------------------------|-------------|-----------|---|------------------|------------|------------------------------------|-------------------|------------------|--------------|--|--|
| ъ. | | | C Name of organization | | D | Employer ide | entification | number | | | |
| B Ch | eck if ap | plicable: | PHILANTHROPY MISSOURI | | | | | | | | |
| | Addre chang | | Doing Business As | | | 43-0953 | 940 | | | | |
| X | Name | change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E | E Telephone number | | | | | |
| | Initial | return | 2 OAK KNOLL PARK | 300 | (| 314) 623 | 1-6220 | | | | |
| | Termi | nated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | |
| | Amen | | ST. LOUIS, MO 63105 | | G | Gross receipt | s \$ | 374 | ,428. | | |
| | Applic | ation | F Name and address of principal officer: DEBORAH DUBIN | | H(| a) Is this a grou subordinates? | | Yes | X No | | |
| | | 9 | 2 OAK KNOLL PARK, SUITE 300, ST. LOUIS, MO | 63105 | H(| b) Are all subordi | | Yes | No | | |
| 1 | Tax-exe | empt st | atus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) | or 527 | , | If "No," attac | h a list. (see ir | nstructions) | | | |
| J | Websit | te: 🕨 | WWW.PHILANTHROPYMISSOURI.ORG | | Н(| c) Group exemp | tion number | • | | | |
| K | Form o | of organ | nization: X Corporation Trust Association Other | L Year of | formation | : 1970 m : | State of lega | al domicile: | MO | | |
| Pa | rt I | Su | mmary | • | | <u>'</u> | | | | | |
| | 1 | Briefly | describe the organization's mission or most significant activities: PHILA | NTHROPY N | MISSOU | JRI IS A | | | | | |
| ė | | | BERSHIP ASSOCIATION FOR MISSOURI GRANTMAKERS, | | | | | | | | |
| anc | | CON | NECT, LEARN AND ACT WITH IMPACT. | | | | | | | | |
| /ern | 2 | Check | this box | ed of more tha | n 25% of | its net assets | 3. | | | | |
| Governance | | | er of voting members of the governing body (Part VI, line 1a) | | | 1 | 3 | | 16. | | |
| ⋖ŏ | | | er of independent voting members of the governing body (Part VI, line 1b) | | | | 4 | | 16. | | |
| ties | | | number of individuals employed in calendar year 2020 (Part V, line 2a) | | | | 5 | | 3. | | |
| Activities | | | number of volunteers (estimate if necessary) | | | I | 6 | | 30. | | |
| Ac | | | unrelated business revenue from Part VIII, column (C), line 12 | | | | 7a | | 0 | | |
| | | | nrelated business taxable income from Form 990-T, line 34 | | | | 7b | | 0 | | |
| | | | , | | | Prior Year | | Current Yo | ear | | |
| • | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | | 80,65 | 0. | 127 | 7,800 | | |
| u | 9 | Progra | am service revenue (Part VIII line 2g) | Y FOR | | 229,78 | 0. | 242 | 2,892 | | |
| Revenue | | | tment income (Part VIII, column (A), lines 3, 4, and 7d) | NSPECTION | | 61 | 0. | | L,955 | | |
| 8 | | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 31 | 7. | | 1,781 | | |
| | | | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 311,35 | 7. | 374 | 1,428 | | |
| | | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | | | 0. | | 0 | | |
| | | | its paid to or for members (Part IX, column (A), line 4) | | | 0. | | 0 | | | |
| S | | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 196,51 | 8. | 244 | 1,855 | | |
| Expenses | 16a | Profes | ssional fundraising fees (Part IX, column (A), line 11e) | | | | 0. | | 0 | | |
| кре | b | Total | fundraising expenses (Part IX, column (D), line 25) ▶9,355 | 5 | | | | | | | |
| Ĥ | | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 136,96 | 1. | 159 | 9,420 | | |
| | | | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 333,47 | 9. | 404 | 1,275 | | |
| | | | nue less expenses. Subtract line 18 from line 12 | | | -22,12 | 2. | -29 | 9,847 | | |
| Net Assets or Fund Balances | | | · | | Beginnin | g of Current Y | ear | End of Yea | ar | | |
| ets | 20 | Total | assets (Part X, line 16) | | | 416,53 | 5. | 460 | 0,674 | | |
| Ass d Ba | | Total | liabilities (Part X, line 26) | | | 89,76 | 0. | 163 | 3,746 | | |
| Net -unc | | | ssets or fund balances. Subtract line 21 from line 20. | | | 326,77 | 5. | 296 | 5,928 | | |
| | rt II | Sig | gnature Block | | | | | | | | |
| Unc | ler per | | of perjury, I declare that I have examined this return, including accompanying schedules | | | | my knowle | dge and be | elief, it is | | |
| true | , corre | ct, and | complete. Declaration of preparer (other than officer) is based on all information of whi | ich preparer has | s any knov | vledge. | | | | | |
| | | | | | | 11/15 | 5/2021 | | | | |
| Sig | | | Signature of officer | | | Date | | | | | |
| Her | е | | DEBORAH DUBIN CEO & | PRESIDE | NT | | | | | | |
| | | | Type or print name and title | | | | | | | | |
| | | Print/ | Type preparer's name Preparer's signature | Date | | Check | if PTIN | | | | |
| Paid | | TRO | Y A LINDSEY | 11/15, | /2021 | self-employe | ed P01 | 041237 | | | |
| Prep | | Firm's | sname BKD, LLP | <u> </u> | Fi | rm's EIN ▶ ' | 44-016 | 0260 | | | |
| use | Only | | saddress > 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733 | | | | 314-23 | L-5544 | | | |
| May | the IF | | cuss this return with the preparer shown above? (see instructions) | | | | X | Yes | No | | |
| For | Paper | rwork | Reduction Act Notice, see the separate instructions. | | - | | | Form 99 (| | | |

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| iling of this | form, visit www.irs.gov/e-file-providers/e-file-f | or-charities | -and-non-profits. | | | | | | |
|--------------------------------------|---|--|---|-----------------------------------|--------------------------|--|--|--|--|
| Automatic | 6-Month Extension of Time. Only subm | it original | (no copies needed). | | | | | | |
| - | ons required to file an income tax return othe orm 7004 to request an extension of time to fi | | · | 0-C filers), partnerships, REMIC | S, and trusts | | | | |
| Гуре or | Name of exempt organization or other filer, see in | structions. | | Taxpayer identification number (T | IN) | | | | |
| orint | GATEWAY CENTER FOR GIVING | | | 43-0953940 | | | | | |
| File by the lue date for | Number, street, and room or suite no. If a P.O. box | x, see instruc | ctions. | | | | | | |
| iling your | #2 OAK KNOLL PARK SUITE 300 | | | | | | | | |
| eturn. See nstructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63105 | | | | | | | | |
| Enter the Re | eturn Code for the return that this application | is for (file | a separate application fo | or each return) | 01 | | | | |
| Application | | Return | Application | | Return | | | | |
| s For | | Code | Is For | | Code | | | | |
| | r Form 990-EZ | 01 | Form 990-T (corporat | ion) | 07 | | | | |
| Form 990-Bl | | 02 | Form 1041-A | 08 | | | | | |
| Form 4720 (Form 990-PF | , | 03 04 | Form 4720 (other that Form 5227 | 10 | | | | | |
| | (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | | | |
| | (trust other than above) | 06 | Form 8870 | | 12 | | | | |
| Telephone If the orga If this is for | e No. ► 314 621-6220 anization does not have an office or place of bor a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extensions. | I ousiness in ur digit Gro i it is for pa | Fax No. ▶ the United States, checup Exemption Number (| Ck this box | If this is | | | | |
| for the ► X | est an automatic 6-month extension of time ur organization named above. The extension is calendar year 20 20 or | for the org | ganization's return for: | 21, to file the exempt organ | zation return | | | | |
| 2 If the ta | tax year beginningax year entered in line 1 is for less than 12 m thange in accounting period | onths, ched | ck reason: Initial re | | | | | | |
| nonrefu | application is for Forms 990-BL, 990-PF, 99 undable credits. See instructions. | | | 3a \$ | 0. | | | | |
| | application is for Forms 990-PF, 990-T, | | • | | 2 | | | | |
| | ted tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. Include | | | | 0. | | | | |
| | onic Federal Tax Payment System). See instru | | 2 | 3c \$ | 0. | | | | |
| | u are going to make an electronic funds withdrawa | | it) with this Form 8868, se | | | | | | |
| nstructions. | | | | | | | | | |
| or Privacy A | Act and Paperwork Reduction Act Notice, see instr | uctions. | | Form 8 | 368 (Rev. 1-2020) | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form **8868** (Rev. 1-202)

Form 990 (2020) Page 2

| Pa | | | ce Accomplishments | mt 111 | х | | | | |
|------------|---|--|---|---------------|----------|--|--|--|--|
| 1 | | e organization's miss | s a response or note to any line in this Pa | II III | | | | | |
| • | STRENGTHENING AND EXPANDING PHILANTHROPY BY PROMOTING IMPACTFUL AND | | | | | | | | |
| | INNOVATIVE PR | RACTICES. | | | | | | | |
| | | | | | | | | | |
| 2 | | | gnificant program services during the y | | | | | | |
| 3 | If "Yes," describe the | nese new services o | n Schedule O. ing, or make significant changes in | | | | | | |
| • | services? | | | | | | | | |
| 4 | Describe the organisms expenses. Section | anization's program 501(c)(3) and 501 | service accomplishments for each of (c)(4) organizations are required to re, for each program service reported. | | | | | | |
| 4a | (Code:ATTACHMENT | | 154,225. including grants of \$ |) (Revenue \$ | 244,673. | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4d | | rvices (Describe on S | • | | | | | | |
| <u>4</u> e | (Expenses \$ Total program ser | | grants of \$) (Revenue 154, 225. | ue \$) | | | | | |

Form **990** (2020)

Form 990 (2020)
Part IV Page 3

| 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 | 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 | | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | Ė | | |
| • | complete Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 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, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in 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 | Х | |
| 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 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | Х | |
| 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 | | X |
| | 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, investment, and program service activities outside the United States, or aggregate | 446 | | v |
| 45 | 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 | 4.5 | | Х |
| 16 | for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | |
| 16 | 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 | 10 | | |
| •• | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| - | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | _ |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

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| Part | 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 | | 100 | |
| | 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 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| С | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "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 | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 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 | | | 3.5 |
| 0.4 | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i> | 31 | | |
| 32 | complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 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 |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | | v |
| | related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | | |
| 30 | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Part | | 100 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | , | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>3</u> | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 0E1030 | | Form | 990 | (2020 |
| | 4826RR K927 11/9/2021 10:42:44 AM V 20-7.6F 1203469 | | | |
| | | | | |

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| Par | 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 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3 a | 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| 7 U | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| h | If "Yes," enter the name of the foreign country | | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 o | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | | 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 60 | | Х |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | - 21 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | CL | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | Х |
| | and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | 37 |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | 37 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 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 | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against 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 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · · | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see 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 | | Х |
| _ | If "Yes," complete Form 4720, Schedule O. | | | |
| | | | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2

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

| Sect | ion 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 | 16 | | | | | |
| | 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 | 16 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business rel | ations | ship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or un | | | | | 37 | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | | | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fil | | | 4 5 | | X | | |
| 5 | 3 · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 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 ele | | | 7a | Х | | | |
| | one or more members of the governing body? | | | 1 a | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval | | | 7b | | Х | | |
| | stockholders, or persons other than the governing body? | | | 7.5 | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions under the year by the following: | епаке | n auring | | | | | |
| _ | the year by the following: The governing body? | | | 8a | Х | | | |
| a 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 | | | | | | | |
| · | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte | | | Code | .) | | | |
| | | | , | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of s | such (| chapters, | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | ırpose | s? | 10b | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil | ing th | e form? . | 11a | X | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | 37 | | | |
| 12a | 1 , , , | | | 12a | X | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests t | | - | | Х | | | |
| | rise to conflicts? | | | 12b | Λ | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the po | - | | 120 | Х | | | |
| | describe in Schedule O how this was done | | | 12c 13 | X | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 14 | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 17 | | | | |
| 15 | Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation | | - 1 | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | |
| | Other officers or key employees of the organization | | | 15b | | Х | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | r arra | ngement | | | | | |
| | with a taxable entity during the year? | | • | 16a | | Х | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization t | o eva | aluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | safeg | uard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | | | |
| Secti | on C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), | | and 990-T | (Sec | tion 5 | 01(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply the solution of the second of the seco | - | . (1) | | | | | |
| 4- | | | , | | | . P | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing document of the public during the toy year. | ents, | conflict of | rinter | est p | olicy, | | |
| 20 | and financial statements available to the public during the tax year. | ooks | and record | o b | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's beginned bubbin 2 OAK KNOLL PARK, SUITE 300 ST. LOUIS, MO 63105 | OUKS | anu record | > > | | | | |

Form **990** (2020)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week | box, | unles | Pos neck ss pe | erson | e than c is both or/trust | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|--------------------------|---|----------------------------------|-------|----------------------|--------------|---------------------------------|--------|--|--|---|--|
| | (list any hours for related organizations below dotted line) | ours for elated anizations below | | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations | |
| (1) DEBORAH DUBIN | 40.00 | | | | | | | | | | |
| CEO & PRESIDENT | 0. | | | Х | | | | 96,167. | 0. | 19,644. | |
| (2) JENNY HOELZER | 1.00 | | | | | | | , | | · · | |
| BOARD CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. | |
| (3) GREGORY GLORE | 1.00 | | | | | | | | | | |
| VICE CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. | |
| (4) VANDER CORLISS | 1.00 | | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0 | |
| (5) ANGELA BROWN | 1.00 | | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0. | |
| (6) VIANEY BELTRAN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (7)BARBARA CARSWELL | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (8) JANE CALLAHAN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (9)JULIE HARDIN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (10) WENDELL KIMBROUGH | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (11) EMILY KOENIG | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (12) DEENA LAUVER SCOTTI | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (13)AL MITCHELL | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |
| (14)D-LORI NEWSOME-PITTS | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0 | |

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| Part VII Section A. Officers, Directors, Tro | ustees, Ke | y En | nplo | ye | es, | and F | lig | hest Compensat | ed Emplo | yees (c | ontinued) | Page 8 |
|--|---|--------------------------------|-----------------------|---------------|--------------|----------------------------------|-------------|---|---|----------------|---|---------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per week (list any hours for | box, | unles | heck ss pe | erson | e than o is both tor/trust | an | Reportable compensation from the | Reportabl compensation related organizatio | ion from ed | Estimate amount o other compensa | of |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | I | from the organizati and relate organizatio | e on ed |
| 15) BETH RADTKE | 1.00 | , | | | | | | | | 0 | | 0 |
| DIRECTOR 16) RICH RYFFEL | 1.00 | X | | | | | | 0 | • | 0. | | 0 |
| DIRECTOR | 1.00 | X | | | | | | 0 | | 0. | | 0 |
| 17) JULIO SUÁREZ | 1.00 | 21 | | | | | | | 1 | 0. | | |
| DIRECTOR | 0. | Х | | | | | | 0 | | 0. | | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | > | 96,167. | | 0. | 19, | 644. |
| c Total from continuation sheets to Part VII, S | ection A | | | | | | | 0. | | 0. | 1.0 | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 96,167. | <u> </u> | 0. | 19, | 644. |
| 2 Total number of individuals (including but not reportable compensation from the organizatio | | nose 0. | | a a | DOV | e) wno | o re | eceived more than | \$100,000 | Of | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | | 3 | Х |
| 4 For any individual listed on line 1a, is the organization and related organizations gr individual | eater than | \$15 | 50,0 | 00? |) If | "Yes | 5," | nd other compens complete Schedu | sation from le <i>J for</i> | the such | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mpen | sati | on 1 | fron | n any | un | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | _ | | | | | |
| Complete this table for your five highest com- compensation from the organization. Report of year. | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C) | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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Part VIII Statement of Revenue

| Par | t VIII | Statement of Revenue Check if Schedule O contains a respon | nse or note to an | v line in this Part \ | /111 | | |
|--|-------------|---|----------------------|-----------------------|--|--------------------------------------|---|
| | | Check if Schedule O contains a respon | ise of flote to arij | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Grants nounts | 1a b | Federated campaigns 1a Membership dues 1b | | | | | 30000013 312 314 |
| , Gifts, nilar Ar | c d e | Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 127,800. | | | | |
| Contri and O | g h | Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f | | 127,800. | | | |
| | | | Business Code | | | | |
| æ | 20 | MEMBERSHIP DUES | 900099 | 232,271. | 232,271. | | |
| ایکِ خ | 2a | FEES | 900099 | 10,621. | 10,621. | | |
| Sel | b | FEED | 300033 | 10,021. | 10,021. | | + |
| ΕĒ | С | | | | | | |
| gra Re | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| - □ | f | All other program service revenue | | 0.40.000 | | | |
| | g | Total. Add lines 2a-2f | | 242,892. | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | | other similar amounts) | | 1,955. | | | 1,955. |
| | 4 | Income from investment of tax-exempt bond | proceeds | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | <i>,</i> a | sales of assets | () = 1 | | | | |
| | | | | | | | |
| _ | | other than inventory 7a | | | | | |
| venue | b | Less: cost or other basis | | | | | |
| Ver | | and sales expenses 7b | | | | | |
| a) | С | Gain or (loss) | | | | | |
| <u>-</u> | d | Net gain or (loss) | | 0. | | | |
| Other R | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | 0. | | | | |
| | b | Less: direct expenses 8b | 0. | | | | |
| | C | Net income or (loss) from fundraising events | | 0. | | | |
| | | ` ' | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | 0. | | | | |
| | | | 0. | | | | |
| | b | Less: direct expenses | | 0 | | | |
| | С | Net income or (loss) from gaming activities | | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | 0. | | | | |
| | b | Less: cost of goods sold | 0. | | | | |
| | С | Net income or (loss) from sales of inventory | ▶ │ | 0. | | | |
| <u>v</u> | | | Business Code | | | | |
| <u>e</u> 🥱 | 11a | MISCELLANEOUS INCOME | 900099 | 1,781. | 1,781. | | |
| ang | b | | | | | | |
| e s | C | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | 1 |
| Σ | e | | | 1,781. | | | |
| | 12 | Total revenue. See instructions | | 374,428. | 244,673. | | 1,955. |
| | | . J.G Ovondo. Coo mod dodono I I I I I I | | 5/1/120. | 211,073. | | 1,755. |

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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 - | | | | | | | | | | |
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0. | | | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and | | | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 0. | | | | | | | | |
| 4 | Benefits paid to or for members | 0. | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 115,811. | 38,199. | 73,308. | 4,304. | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | 0. | | | | | | | | |
| - | persons described in section 4958(c)(3)(B) | 104,628. | 34,211. | 66,465. | 3,952. | | | | | |
| | Other salaries and wages | 101,020. | 31,211. | 00,103. | 3,732. | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | | | | | | |
| 9 | Other employee benefits | 9,685. | 3,330. | 6,024. | 331. | | | | | |
| 10 | Payroll taxes | 14,731. | 4,815. | 9,360. | 556. | | | | | |
| | Fees for services (nonemployees): | | , | , , | <u> </u> | | | | | |
| | Management | 2,449. | 2,014. | 435. | | | | | | |
| | Legal | 0. | | | | | | | | |
| | Accounting | 26,701. | | 26,701. | | | | | | |
| | Lobbying | 0. | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17. | 0. | | | | | | | | |
| f | Investment management fees | 0. | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 50.000 | 50 500 | 22.252 | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) ATCH 2 | 72,980. | 50,728. | 22,252. | | | | | | |
| | Advertising and promotion | 0. 3,305. | 990. | 2,315. | | | | | | |
| 13 | Office expenses | 3,303. | 990. | 2,313. | | | | | | |
| 14 | Information technology | 0. | | | | | | | | |
| 15 | Royalties | 16,159. | | 16,159. | | | | | | |
| 16 17 | Occupancy | 717. | 63. | 654. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | 0. | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 0. | | | | | | | | |
| 20 | Interest | 2,527. | 834. | 1,592. | 101. | | | | | |
| 21 | Payments to affiliates | 0. | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 2,899. | 956. | 1,832. | 111. | | | | | |
| 23 | Insurance | 2,401. | | 2,401. | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | | | | | | |
| _ | PROFESSIONAL AFFILIATION | 8,256. | 1,500. | 6,756. | | | | | | |
| ۰. | MEMBER EXPENSES | 16,821. | 16,585. | 236. | | | | | | |
| ~ | STAFF DEVELOPMENT | 750. | 10,303. | 750. | | | | | | |
| _ | BANK FEES | 865. | | 865. | | | | | | |
| _ | All other expenses | 2,590. | | 2,590. | | | | | | |
| | Total functional expenses. Add lines 1 through 24e | 404,275. | 154,225. | 240,695. | 9,355. | | | | | |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0. | | | | | | | | |
| | | | I | | Form 990 (2020) | | | | | |

Form **990** (2020)

Form 990 (2020) Page **11**

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
|---------------|------|---|--------------------------|-----|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 114,222. | 1 | 181,704. |
| | 2 | Savings and temporary cash investments | 269,485. | 2 | 256,486. |
| | 3 | Pledges and grants receivable, net | 2,500. | 3 | 0. |
| | 4 | Accounts receivable, net | 0. | 4 | 0. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| ts | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| Ã | 9 | Prepaid expenses and deferred charges | 16,551. | 9 | 11,606. |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 22,463. | | | |
| | b | Less: accumulated depreciation | 13,777. | 10c | 10,878. |
| | 11 | Investments - publicly traded securities | 0. | 11 | 0. |
| | 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 416,535. | 16 | 460,674. |
| | 17 | Accounts payable and accrued expenses | 1,775. | 17 | 9,706. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 79,950. | 19 | 110,180. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| ies | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | 0 | | 0 |
| <u> </u> | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 36,900. |
| | 24 | Unsecured notes and loans payable to unrelated third parties. | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 8,035. | 0.5 | 6,960. |
| | 00 | of Schedule D | 89,760. | | 163,746. |
| _ | 26 | | 05,700. | 26 | 103,740. |
| Fund Balances | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | 295,275. | 27 | 223,928. |
| Ba | 28 | Net assets with donor restrictions. | 31,500. | 28 | 73,000. |
| pu | -0 | Organizations that do not follow FASB ASC 958, check here ▶ | | 20 | , , , , , , |
| Ę | | and complete lines 29 through 33. | | | |
| Net Assets or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| let | 32 | Total net assets or fund balances | 326,775. | 32 | 296,928. |
| _ | 33 | Total liabilities and net assets/fund balances | 416,535. | 33 | 460,674. |
| | | | | | Form 990 (2020) |

Form **990** (2020)

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| Part | XI Reconciliation of Net Assets | | | | | |
|------|--|--------|------|----|------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 74,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 4 | 04,2 | 275. |
| 3 | 1 - 1 - 20 0 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 3 | 26,5 | 775. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | 0. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 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 | 96,9 | 928. |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | Ш |
| | | | | | 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," e | xplair | n in | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | lor | | | |
| | 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 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | 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 over | _ | | | 3.5 | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | kplain | on | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in | the | | | · v |
| | Single 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 und | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au | udits | | 3b | 000 | (2020) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| PHI | LANTHROPY MISSOURI | | | | | 43-095 | 3940 | | |
|-------------|---|--|--|--|----------------------------------|---|--------------------------|--|--|
| Par | t Reason for Public Cha | rity Status. (All | organizations must | complet | e this p | art.) See instructi | ons. | | |
| | organization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | | | |
| 1 | A church, convention of ch | urches, or associa | tion of churches desci | ribed in s | ection 1 | 70(b)(1)(A)(i). | | | |
| 2 | A school described in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 00 or 990 |)-EZ).) | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . | | | | | | | | |
| 4 | A medical research organiz | zation operated in | conjunction with a hos | spital des | scribed in | n section 170(b)(1) | (A)(iii). Enter the | | |
| | hospital's name, city, and s | tate: | | | | | | | |
| 5 | An organization operated | for the benefit of | a college or universit | y owned | d or ope | erated by a govern | mental unit described in | | |
| | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | |
| 6 | A federal, state, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | | | |
| 7 | An organization that norm | ally receives a sub | stantial part of its su | pport fro | om a go | vernmental unit or | from the general public | | |
| | described in section 170(b) |)(1)(A)(vi). (Compl | ete Part II.) | | | | | | |
| 8 | A community trust describe | ed in section 170(k | o)(1)(A)(vi). (Complete | Part II.) | | | | | |
| 9 | An agricultural research or | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | in conjunction with | h a land-grant college | | |
| | or university or a non-land- | grant college of ag | griculture (see instruct | ions). Ei | nter the | name, city, and stat | e of the college or | | |
| | university: | | | | | | | | |
| | An organization that norma receipts from activities rela support from gross investn acquired by the organization | ited to its exempt finent income and up on after June 30, 1 | unctions, subject to c nrelated business tax 975. See section 509 (| ertain ex able incc (a)(2). (C | ceptions me (les: complete | s; and (2) no more t s section 511 tax) fr e Part III.) | han 331/3 % of its | | |
| 11 | An organization organized | - | | - | | | | | |
| 12 | An organization organized | | | | | | | | |
| | of one or more publicly su | | | | | | | | |
| | Check the box in lines 12a t | • | * * | | | • | · · · · · | | |
| а | Type I. A supporting org | • | | • | | _ | | | |
| | the supported organization | | | | ajority of | the directors or tru | istees of the | | |
| | supporting organization. | = | | | | | | | |
| b | Type II. A supporting org | - | | | | | | | |
| | control or management of | | | the sam | e persor | ns that control or n | nanage the supported | | |
| | organization(s). You must | | | | | | 11 2 4 4 1 24 | | |
| С | Type III functionally inte | | | | | | nally integrated with, | | |
| | its supported organization | | - | | | | | | |
| d | Type III non-functionally | = : | | | | | = :: | | |
| | that is not functionally into | - | - | - | | = | and an attentiveness | | |
| _ | requirement (see instruct Check this box if the orga | • | - | | | | ao II. Two III | | |
| е | functionally integrated, or | | | | | | De II, Type III | | |
| f | Enter the number of supported | | | | nganizai | iiori. | | | |
| q | Provide the following information | | | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of moneta | ary (vi) Amount of | | |
| | ., ., ., | | (described on lines 1-10 | | ur governing | | other support (see | | |
| | | | above (see instructions)) | Yes | nent? | instructions) | instructions) | | |
| /A \ | | | | | | | | | |
| (A) | | | | | | | | | |
| /D\ | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| . <u></u> | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | | | | | | | | | |

Page 2 Schedule A (Form 990 or 990-EZ) 2020

| Par | (Complete only if you checked Part III. If the organization fair | ed the box on | line 5, 7, or 8 | of Part I or if t | he organization | on failed to qua | |
|--------|--|---|---------------------------------|-------------------------------------|--------------------------------------|---|------------|
| Sec | tion A. Public Support | | | , | | , | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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). | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (| see instructions) | | | | 12 | |
| 13 | First 5 years. If the Form 990 is fo organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2020 (li | | | e 11, column (f) |) | 14 | C |
| 15 | Public support percentage from 2019 | Schedule A, Pa | art II, line 14 | | | 15 | (|
| 16a | 331/3% support test - 2020. If the or | | | | | | check this |
| | box and stop here. The organization q | ualifies as a pu | blicly supported | l organization. | | | ▶ ∟ |
| b | 331/3% support test - 2019. If the org | ganization did r | ot check a box | on line 13 or 16 | 6a, and line 15 | is 331/3 % or mo | ore, check |
| | this box and stop here. The organizati | | | | | | |
| 17a | 10%-facts-and-circumstances test - 10% or more, and if the organization Part VI how the organization meets | n meets the fa the facts-and- | circumstances t | stances test, ch est. The organi | eck this box a zation qualifies | nd stop here. I as a publicly s | Explain in |
| b | organization. 10%-facts-and-circumstances test - : 15 is 10% or more, and if the organi | 2019. If the or zation meets the | ganization did ne facts-and-cir | not check a box cumstances test | k on line 13, 16 t, check this bo | Sa, 16b, or 17a x and stop her | e. Explain |
| 10 | in Part VI how the organization meet organization | | | | | | ▶ ∟ |

Schedule A (Form 990 or 990-EZ) 2020

Page 3 Schedule A (Form 990 or 990-EZ) 2020

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

(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.)

| | ii the organization falls to qui | , | | · · | ' | , | |
|--|---|---|--|---|--|---|--|
| | tion A. Public Support | () 22/2 | #10047 | () 00 (0 | (1) 22 (2) | () 2222 | (D. T.) |
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | 75,889. | 81,564. | 75,605. | 80,650. | 127,800. | 441,508. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 242,920. | 248,020. | 245,760. | 229,780. | 242,892. | 1,209,372. |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | 0. |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 318,809. | 329,584. | 321,365. | 310,430. | 370,692. | 1,650,880. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | 20,500. | 18,000. | 18,000. | 16,000. | 18,000. | 90,500. |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year. | 53,000. | 43,000. | 52,000. | 48,000. | 52,500. | 248,500. |
| С | Add lines 7a and 7b | 73,500. | 61,000. | 70,000. | 64,000. | 70,500. | 339,000. |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 1,311,880. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | 318,809. | 329,584. | 321,365. | 310,430. | 370,692. | 1,650,880. |
| | Crass in some from interest dividends | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 205 | 309 | 417 | 610 | 1 955 | 3 496 |
| | payments received on securities loans, rents, royalties, and income from similar sources | 205. | 309. | 417. | 610. | 1,955. | 3,496. |
| | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less | 205. | 309. | 417. | 610. | 1,955. | 3,496. |
| | payments received on securities loans, rents, royalties, and income from similar sources | 205. | 309. | 417. | 610. | 1,955. | |
| b | payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| b | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. | 205. | 309. | 417. | 610. | 1,955. | |
| b | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business | | | | | | 0. |
| b | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether | | | | | | 0. 3,496. |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0. |
| b | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. 3,496. |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 205. | 309. | 417. | 610. | 1,955. | 0. 3,496. 0. |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 | | | | | | 0. 3,496. |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, | 205. 4,361. | 309. 5,221. | 7,932. | 610. 8,799. | 1,955. | 0. 3,496. 0. 28,094. |
| b c 11 12 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) | 205. 4,361. 323,375. | 309. 5,221. 335,114. | 7,932. 329,714. | 8,799. 319,839. | 1,955. 1,781. 374,428. | 0. 3,496. 0. 28,094. |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for | 4,361. 323,375. the organization | 309. 5,221. 335,114. on's first, second | 7,932. 329,714. , third, fourth, | 8,799. 319,839. or fifth tax yea | 1,955. 1,781. 374,428. ur as a section | 0. 3,496. 0. 28,094. 1,682,470. 501(c)(3) |
| b c 11 12 13 14 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here | 4,361. 323,375. the organizatio | 309. 5,221. 335,114. on's first, second | 7,932. 329,714. , third, fourth, | 8,799. 319,839. or fifth tax yea | 1,955. 1,781. 374,428. ur as a section | 0. 3,496. 0. 28,094. 1,682,470. 501(c)(3) |
| b c 11 12 13 14 Sec | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup | 4,361. 323,375. the organizatio | 5,221. 335,114. on's first, second | 7,932. 329,714. , third, fourth, | 8,799. 319,839. or fifth tax yea | 1,955. 1,781. 374,428. ur as a section | 0. 3,496. 0. 28,094. 1,682,470. 501(c)(3) |
| 11 12 13 14 Sec 15 | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup | 4,361. 323,375. the organization | 5,221. 335,114. on's first, second | 7,932. 329,714. , third, fourth, | 8,799. 319,839. or fifth tax yea | 1,955. 1,781. 374,428. ar as a section | 0. 3,496. 0. 28,094. 1,682,470. 501(c)(3) 77.97% |
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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.
 - 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 | No |
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| Part | V Supporting Organizations (continued) | | | |
|-------|--|---------|-------|------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 44- | | |
| Secti | detail in Part VI. on B. Type I Supporting Organizations | 11c | | |
| Occii | on B. Type roupporting 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | V | NI- |
| _ | | | res | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the | | Yes | No |
| ' | 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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on 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 ins | tructi | ons). | |
| а | 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se | e instr | | s). No |
| 2 | Activities Test. Answer lines 2a and 2b below. | | 163 | NO |
| а | 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. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

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| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | s | |
|-----|--|------------|--------------------------|------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain | in in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organi | zations r | nust complete Sectio | ns A through E. |
| Se | ection A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Se | ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | 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): | 1e | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Se | ection 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-functional | | ited Type III supporting | organization |
| - | (see instructions). | | | |

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Schedule A (Form 990 or 990-EZ) 2020

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

| Sect | ion D - Distributions | Current Year | | | |
|------|--|------------------------------------|-------------------------------|----|----------------------------------|
| 1 | Amounts paid to supported organizations to accomplish ex | kempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | ed | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (2) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistribution Pre-2020 | IS | Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| С | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

B Breakdown of line 7:

a Excess from 2016...

b Excess from 2017...

c Excess from 2018...

d Excess from 2019...

e Excess from 2020...

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)

| | | | | <u> </u> | ATTACHMENT 1 | |
|--------------------------|----------------|--------|--------|----------|--------------|---------|
| SCHEDULE A, PART III | - OTHER INCOME | | | | | |
| DESCRIPTION | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
| MISCELLANEOUS INCOME | 186. | 270. | 487. | 549. | 1,781. | 3,273. |
| FUNDRAISING EVENT INCOME | 4,175. | 4,951. | 7,445. | 8,250. | | 24,821. |
| TOTALS | 4,361. | 5,221. | 7,932. | 8,799. | 1,781. | 28,094. |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

PHILANTHROPY MISSOURI 43-0953940 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PHILANTHROPY MISSOURI

Employer identification number

| | | | 43-0953940 |
|------------|--|---|---|
| Part I | Contributors (see instructions). Use duplicate cop | ies of Part I if additional space is ne | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | N/A | \$\$6,500. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | N/A | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3_ | N/A | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | N/A | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5_ | N/A | \$\$5,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization PHILANTHROPY MISSOURI

Employer identification number 43-0953940

| Part II | Noncash Property (s | ee instructions). l | Use duplicate co | pies of Part II if a | dditional space is needed. |
|---------|---------------------|---------------------|------------------|----------------------|----------------------------|
|---------|---------------------|---------------------|------------------|----------------------|----------------------------|

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization PHILANTHROPY MISSOURI **Employer identification number** 43-0953940 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | 5 C. III. O. S. III. | |
|----|--|---|
| PH | ILANTHROPY MISSOURI | 43-0953940 |
| Pa | Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | donor advised |
| • | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fun | |
| Ū | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | |
| Da | art II Conservation Easements. | |
| Г | Conservation Lasements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | | to the transfer that the manufacture of the color of the |
| | | f a historically important land area |
| | | f a certified historic structure |
| _ | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminal | ated by the organization during the |
| | tax year > | |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection | n, handling of |
| | violations, and enforcement of the conservation easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con | nservation easements during the year |
| | ►\$ | ű , |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | n 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | ` ' ' ' ' ' |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | |
| • | balance sheet, and include, if applicable, the text of the footnote to the organization's financial | · |
| | organization's accounting for conservation easements. | |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue | statement and halance sheet works |
| ıa | of art, historical treasures, or other similar assets held for public exhibition, education, o | r research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes the | ese items. |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to those items. | arch in furtherance of public service, |
| | provide the following amounts relating to these items: | ▶ • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar as | ssets for financial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | > \$ |
| b | Assets included in Form 990, Part X | ▶ \$ |

Schedule D (Form 990) 2020 Page **2**

| Pa | rt III Organizations Maintaini | ng Collections of | Art, Histo | rical Tre | asures, o | r Other S | Similar Assets (d | continued) | rage = |
|-----|--|------------------------|--------------------------|--------------|------------------------|-------------|----------------------|--------------|---------|
| 3 | Using the organization's acquisition | | | | | | | | |
| | collection items (check all that app | ly): | | | | | | | |
| а | Public exhibition | | d | Loan c | r exchange | e program | 1 | | |
| b | Scholarly research | | e | Other | | | | | |
| С | Preservation for future gene | rations | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | s and expla | ain how t | hey furthe | r the orga | anization's exemp | purpose i | n Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization | on solicit or receive | donations o | f art, histo | orical treas | ures, or o | ther similar | | |
| _ | assets to be sold to raise funds rath | | ained as pa | rt of the c | rganizatio | n's collect | ion? | Yes | No |
| Pa | rt IV Escrow and Custodial A | | | | | | | | |
| | Complete if the organiza | tion answered "Ye | es" on For | m 990, P | art IV, line | e 9, or re | ported an amour | nt on Form | 1 |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trus | | | | | | | | _ |
| | included on Form 990, Part X? | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement i | n Part XIII and com | plete the fo | llowing tab | ıle: | | | | |
| | | | | | | | Amount | | |
| С | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| | Did the organization include an am | | | | | | | Yes _ | No |
| | If "Yes," explain the arrangement i | n Part XIII. Check h | ere if the e | xplanation | has been p | provided o | n Part XIII | | |
| Pa | rt V Endowment Funds. | otion onewared "V | 00" 00 For | 000 F | ort IV / line | - 10 | | | |
| | Complete if the organiza | | 1 | | | | (N T) | | |
| | | (a) Current year | (b) Pric | r year | (c) Two yea | ars back | (d) Three years back | (e) Four yea | rs back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage | | | e (line 1g, | column (a) |) held as: | | | |
| a | Board designated or quasi-endown | | _% | | | | | | |
| b | Permanent endowment > | % % | | | | | | | |
| С | Term endowment ▶ The percentages on lines 2a, 2b, a | • ' • | 1000/ | | | | | | |
| 3 2 | Are there endowment funds not in | | | tion that | ara hald ar | nd admini | stared for the | | |
| Ja | organization by: | the possession of t | ne organiza | illon inat i | are rielu ai | iu aumini | stered for the | Yes | s No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | - |
| | (ii) Related organizations | | | | | | | 3a(ii) | + |
| h | If "Yes" on line 3a(ii), are the relate | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended u | • | • | | | | | 0.0 | |
| _ | | | | | | | | | |
| | Complete if the organize | ation answered "Y | es" on Fo | | | | | | 0. |
| | Description of property | | r other basis stment) | | r other basis ther) | (c) Accu | |) Book value | |
| | Land | , | | 10, | , | асріє | | | |
| b | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | 22,463. | 1 | 1,585. | 10 | ,878. |
| | Other | | | | <u> </u> | | - | | |
| | I. Add lines 1a through 1e. (Column | | m 990. Part | X. columr | (B), line 1 | Oc.) | • | 10 | ,878. |

| Part VII | Investments - Other Securities. | | | Page 3 |
|-----------------|--|-------------------------|---|---|
| | Complete if the organization answere | ed "Yes" on Form 99 | 0, 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 valuati Cost or end-of-year mark | |
| (1) Financi | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨 | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answere | ed "Yes" on Form 99 | 0, Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuati Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| <u>(6)</u> | | | | |
| <u>(7)</u> | | | | |
| (8) (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answere | ed "Yes" on Form 99 | 0, Part IV, line 11d. See Form 990, | Part X, line 15. |
| | (a) [| Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| <u>(5)</u> | | | | |
| <u>(6)</u> | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B |) line 15.) | | |
| Part X | Other Liabilities. Complete if the organization answere | ed "Yes" on Form 99 | 0, Part IV, line 11e or 11f. See For | m 990, Part X, |
| | line 25. | | Т | # T T T T T T T T T T T T T T T T T T T |
| 1. | | ription of liability | | (b) Book value |
| | ral income taxes TAL LEASE OBLIGATION | | | 6,960. |
| (2) CAPI (3) | TAL LEASE OBLIGATION | | | 0,500. |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25 | | | 6,960. |
| | or uncertain tax positions. In Part XIII, provide the | | | |
| organization | 's liability for uncertain tax positions under FASE | 3 ASC 740. Check here i | If the text of the footnote has been provid | ed in Part XIII . |

Page 4 Schedule D (Form 990) 2020

| Part 1 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|----------|---|---------|-----------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 374,428. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments 2a | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 374,428. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 374,428. |
| Part | | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | 404 075 |
| 1 | Total expenses and losses per audited financial statements | 1 | 404,275. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | - | |
| С | Other losses | - | |
| d | Other (Describe in Part XIII.) | - | |
| е | Add lines 2a through 2d | 2e | 404 075 |
| 3 | Subtract line 2e from line 1 | 3 | 404,275. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | 404,275. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 404,275. |
| | XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I | Part \/ | line 1: Part X line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | iiio 4, i ait 7, iiio |
| | D, PART X, LINE 2 | | |
| <u> </u> | D, TIME A, DINE 2 | | |
| UNCE | RTAIN TAX POSITIONS UNDER FIN 48: MANAGEMENT HAS EVALUATED THEIR | | |
| | | | |
| INCO | ME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON | | |
| THEI | R REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX | | |
| DOCT | TIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. | | |
| POST | TIONS TO BE RECORDED OR DISCHOSED IN THE FINANCIAL STATEMENTS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

43-0953940

Department of the Treasury Internal Revenue Service

PHILANTHROPY MISSOURI

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

FORM 990, PART VI, SECTION A, LINE 6 PHILANTHROPY MISSOURI IS A MEMBERSHIP ORGANIZATION. FULL MEMBERSHIP IS OPEN TO THOSE ORGANIZATIONS WHOSE PRIMARY ACTIVITY IS THE MAKING OF GRANTS FOR CHARITABLE PURPOSES. INDIVIDUALS WHOSE PRIMARY OCCUPATION IS TO PROVIDE PROFESSIONAL SERVICES TO GRANTMAKERS AND/OR NONPROFITS ARE ELIGIBLE TO APPLY FOR ASSOCIATE MEMBER STATUS, AND CERTAIN REGIONAL INFRASTRUCTURE ORGANIZATIONS AND ACADEMIC INSTITUTIONS THAT HAVE SIGNIFICANT INTERACTION WITH THE NONPROFIT AND PHILANTHROPIC SECTORS MAY BE ACCEPTED AS REGIONAL PARTNERS.

FORM 990, PART VI, SECTION A, LINE 7A EACH YEAR MEMBERS ARE ASKED TO NOMINATE POTENTIAL CANIDATES FOR THE BOARD OF DIRECTORS. THE GOVERNANCE COMITTEE FORMALLY NOMINATES THE BOARD OF DIRECTORS, AND HOLDERS OF FULL MEMBERSHIP VOTE TO APPROVE THE BOARD AT EACH ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE 990 VIA EMAIL BEFORE THE FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION HAS A WRITTEN CODE OF ETHICS STATEMENT AS WELL AS A CONFLICT OF INTEREST POLICY THAT APPLIES TO BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF. ALL CURRENT BOARD MEMBERS ARE REQUIRED TO REVIEW AND Name of the organization Employer identification number
PHILANTHROPY MISSOURI 43-0953940

SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THIS FORM IS REVIEWED BY BOTH THE ORGANIZATION'S PRESIDENT AND THE CHAIRMAN OF THE BOARD OF DIRECTORS. THE EXISTENCE OF ANY ACTUAL OR POSSIBLE CONFLICT OF INTERST IS THEN DISCLOSED TO THE APPROPRIATE PARTY FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15A

THE EXECUTIVE COMMITTEE APPROVES COMPENSATION ANNUALLY, USING

COMPARATIVE INFORMATION OBTAINED FROM OTHER PHILANTHROPY SERVING

ORGANIZATIONS ACROSS THE US.

FORM 990, PART VI, SECTION C, LINE 19

PHILANTHROPY MISSOURI DOES NOT MAKE THESE DOCUMENTS PUBLICLY AVAILABLE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PHILANTHROPY MISSOURI (PHILMO) IS A MEMBERSHIP ORGANIZATION FOR MISSOURI GRANTMAKERS, HELPING THEM TO CONNECT, LEARN AND ACT WITH IMPACT. THROUGHOUT THE YEAR PHILMO HOSTS ROUNDTABLES, DISCUSSIONS AND WORKSHOPS FOR CORPORATE, FAMILY, COMMUNITY, PRIVATE AND TAX-SUPPORTED FOUNDATIONS. OUR MEMBERS GAIN KNOWLEDGE ABOUT BEST PRACTICES IN PHILANTHROPY, DISCUSS PRESSING ISSUES FACING THE REGION, AND CONNECT TO THEIR PEERS THROUGH NETWORKING EVENTS. IN 2020, PHILMO HELD INNOVATIVE PROGRAMS, INCLUDING TOPIC-FOCUSED CONVENINGS ON SECTOR DIVERSITY, EQUITY, AND INCLUSION; REGIONAL EDUCATION INITIATIVES; AND IMPACT INVESTING FOR FOUNDATIONS.

PHILMO PROVIDED ROBUST SERVICES AND TIMELY RESOURCES TO MEMBERS, INCLUDING THE 2020 CAPITAL CAMPAIGN REPORT, INDIVIDUALIZED RESEARCH, AND WHAT GIVES?, A BI-WEEKLY E-NEWSLETTER PROVIDING

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Name of the organization Employer identification number PHILANTHROPY MISSOURI 43-0953940

ATTACHMENT 1 (CONT'D)

UP-TO-DATE SECTOR NEWS.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|-------------------|----------------|--------------------------------|----------------------------|--------------------------|
| CONSULTANT FEES | 60,842. | 50,728. | 10,114. | |
| CONTRACT SERVICES | 12,138. | | 12,138. | |
| TOTALS | 72,980. | 50,728. | 22,252. | |



Articles of Amendment for a Nonprofit Corporation

(Submit with filing fee of \$10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

| *************************************** | | | | |
|--|---|---------------------------------------|----------------------|--------------------------------|
| 1. The name of corporation is: | Gateway Center for C | Biving | | N00010271 |
| | Name | | | Charter Number |
| 2. The amendment was adopte | d on 03/18/21 month/day/year | and changed article(s) | 1 | to state as follows: |
| Article 1. The name of | of the corporation is Phi | lanthropy Missouri | | |
| 3. If approval of members was porators, check here and ski | not required, and the amendment to number (5): $\boxed{\checkmark}$ | ent(s) was approved by a su | officient vote of th | e board of directors or incor- |
| If approval by members was A. Number of memberships B. Complete either C or D: C. Number of votes for and | | | tion: | |
| Class | Sumber entitled to vote | Number voting for | Number | voting against |
| <u> - </u> | | | - | |
| | | - | | |
| - | | | | |
| D. Number of undisputed vo | otes cast for the amendment(s) | was sufficient for approva | l, and was: | |
| Class: N | Jumber Voting undisputed: | | | |
| <u></u> | | | | |
| - | | | | |
| <u> </u> | | | | |
| The number of votes cast in | favor of the amendment(s) by | each class was sufficient | for approval by th | at class. |
| 5. If approval of the amendmento section 355.606, check he | nt(s) by some person(s) other are to indicate that approval wa | than the members, the boars obtained: | rd or the incorpor | ators was required pursuant |
| | (Plea | ase see next page) | | |
| Name and address to return fi | led document: | | | |
| Name: Heather Jaconis | | | | |
| Address: 2 Oak Knoll Par | rk, Suite 300 | | | |
| City, State, and Zip Code: Cla | ayton, MO 63105 | | | |

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Deborah Dubin

CEO & President 03.24.21

Authorized signature of officer or chairman of the board Printed Name Title Date

Charter Number N00010271 (Gateway Center for Giving)

<u>Resolution 1</u>: The Board of Directors of the Gateway Center for Giving, for the purpose of amending its Articles of Incorporation, hereby approves the following amendments to the Articles of Incorporation:

- Amending Article 1 of the original Articles of Incorporation to state as follows: the name of the corporation is Philanthropy Missouri.
- Amending Article 5 of the original Articles of Incorporation to state as follows: that said
 corporation is organized to: "collect and furnish to its members information on projects and
 programs in Missouri..." (& omitting "Greater St. Louis area").

Resolution adopted unanimously by the Board of Directors on March 18, 2021.