Taxpayer Copy

TIN:

OMB No. 1545-0047

Form 990EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information.

Open to Public Inspection

		f applicable:	C Name of organization	D Emp	loyer identification number
Address changeName change		-	MISSOURI COURAGE SCHOLARSHIP	81-5	5347107
	Name of Initial re	-	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite		hone number
_		urn/terminated	1701 Big Horn Basin Drive		(314) 610-2826
0	Amende	ed return	City or town, state or province, country, and ZIP or foreign postal code Wildwood, MO 63011	F Grou	p Exemption
0	Applicat	tion pending			per
G A	Accoun	ting Method:	required	to atta	the organization is not ch Schedule B -EZ, or 990-PF).
		e: http://courage-	scholarship.org	,0, ,,0	22, 61 336 11).
J Ta	ax-exe	mpt status (check	only one) - 501(c)(3) □ 501(c)() (insert no.) □ 4947(a)(1) or □ 527		
			Corporation ○ Trust ○ Association ○ Other		
L A are	dd line \$500.	es 5b, 6c, and 7 .000 or more, fil	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total e Form 990 instead of Form 990-EZ	assets	(Part II, column (B) below) . • \$ 58.174
_	Part I	Revenue.	Expenses, and Changes in Net Assets or Fund Balances (see the instruction organization used Schedule O to respond to any question in this Part I	ons for	Part I)
	1		gifts, grants, and similar amounts received		
	2	Program service	e revenue including government fees and contracts	2	2,000
	3	Membership du	ies and assessments	3	0
	4	Investment inc	ome	4	9
ine	5a	Gross amount	from sale of assets other than inventory		
	b	Less: cost or o	ther basis and sales expenses		
	С	Gain or (loss) f	from sale of assets other than inventory (Subtract line 5b from line 5a)	50	
	6	Gaming and fu	ndraising events		
	а	Gross income f	from gaming (attach Schedule G if greater than \$15,000)		
Revenue	b	Gross income f	from fundraising events (not including \$ of contributions from ents reported on line 1) (attach Schedule G if the		
		sum of such gr	oss income and contributions exceeds \$15,000) 6b		
	С	Less: direct ex	penses from gaming and fundraising events 6c		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of	inventory, less returns and allowances		
	b	Less: cost of g	oods sold		
	С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)	70	:
	8	Other revenue	(describe in Schedule O)	8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	58,174
	10	Grants and sim	nilar amounts paid (list in Schedule O)	10	36,953
	11		o or for members	11	, , , , , , , , , , , , , , , , , , ,
ın	12		compensation, and employee benefits	12	
Expenses	13	•	es and other payments to independent contractors	13	
per	14		nt, utilities, and maintenance	14	169
ΕX	15		ations, postage, and shipping	15	2,912
	16		s (describe in Schedule O)	16	
	17	•		▶ 17	
	18		cit) for the year (Subtract line 17 from line 9)	18	,
sets	19	Net assets or f	und balances at beginning of year (from line 27, column (A)) (must agree with		
Ass			ure reported on prior year's return)	19	97,850
Net Assets	20	Other changes	in net assets or fund balances (explain in Schedule O)	20	1
ž	21	Net assets or f	und balances at end of year. Combine lines 18 through 20	21	115,990

Part II Balance Sheets(see the instructions Check if the organization used Schedule		question in this Part I	I		
		(A	Beginning of year		(B) End of year
22 Cash, savings, and investments			97,850	22	115,990
23 Land and buildings				23	
24 Other assets (describe in Schedule O)				24	·
25 Total assets			97,850	25	115,990
26 Total liabilities (describe in Schedule O)				26	
27 Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	97,850	27	115,990
Part III Statement of Program Service	Accomplishments	(see the instructions for	,	1,-	Expenses
Check if the organization used Schedule	O to respond to any	question in this Part 1	II O		quired for section 501(c) and 501(c)(4)
What is the organization's primary exempt purpose? Our mission is to acknowledge, affirm, and reward stigustice. We are the largest state-wide LGBTQ scholars	ship organization in Mi	ssouri.		orga	anizations; optional for ers.)
Describe the organization's program service accompli measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro-	er, describe the service				
${\bf 28}$ We granted scholarships to graduating seniors in these scholarships. Stuends were selected based on eschool or communities along with their academic and	essays written about t	heir demonstration of	courage in their	28a	30,000
(Grants \$ 30,000) If this amoun	t includes foreign gra	nts, check here .	▶ 🗆		
29 We serve as the scholarship administration arm of in the LGBTQ community. In 2022 we partnered with City					4,000
(Grants \$ 4,000) If this amoun	t includes foreign gran	nts, check here .	🕨 🗆		
30 We serve as the financial sponsor for the Gabriella scholarships to transgender students at the University		: Service (GRJSS). Th	ey provide emergency	/ 30a	2,953
(Grants \$ 2,953) If this amoun	t includes foreign gra	nts, check here .	🕨 🗆		
31 Other program services (describe in Schedule O)					
(Grants \$) If this amoun	t includes foreign gra	nts, check here	. ▶ □	31a	
32 Total program service expenses (add lines 28a	a through 31a)			32	36,953
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule	and Key Employees O to respond to any	(list each one even if no question in this Part I	t compensated ; see the	instructi	ons for Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid enter -0-)	benefit plans,	nployee and	(e) Estimated amount of other compensation
Genevieve Steidtmann	10.00		0	0	0
President					
Dean Carpenter	1.00		0	0	0
Director					
Jacob Wilson	1.00		0	0	0
	1.00			J	
Vice President					

Part V

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O 33 No Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 34 No 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a No b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c No Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 No 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37h Nο 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a No **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0; section 4912 ▶ section 4911 0 : section 4955 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No List the states with which a copy of this return is filed. \blacktriangleright MO The organization's books are in care of FGenevieve Steidtmann Telephone no. (314) 610-2826 42a Located at 1701 Big Horn Basin Dr Wildwood, ZIP + 4 > 63011 Yes No At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Nο 42b financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: --See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c No If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead 44a Nο of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b No c Did the organization receive any payments for indoor tanning services during the year? 44c No If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b 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," Form 990 and Schedule R may need to be completed instead of

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

45b

No

orm 9	990-EZ (2	2023)							Page
								Yes	No
		organization engage, directly or indirected some set for public office? If "Yes," completed				n opposition to	46		No
Part	ΑI	ection 501(c)(3) Organization I section 501(c)(3) organizations	must answer questi	ons 47- 49b an	nd 52, and	complete the t	ables for li	nes 50	and 5
	Cr	neck if the organization used Schedule	O to respond to any q	uestion in this Pa	rt VI	<u></u>		Yes	No
		organization engage in lobbying activit complete Schedule C, Part II	ies or have a section 5	01(h) election in	effect durin	g the tax year?	. 47		No
48	Is the or	ganization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes." complete	e Schedule	E .	. 48		No
		organization make any transfers to an	. , , , , , ,				49a	<u> </u>	No
		was the related organization a section	•				49b		
		e this table for the organization's five	•	employees (other	than officer	s directors trust	ees and ke	l employ	rees)
	who eacl	n received more than \$100,000 of con	npensation from the or	ganization. If the	re is none,	enter "None."			
	(a) Na	me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/10 MISC)	on cont 099- l	d) Health benefits ributions to emplopenefit plans, and erred compensat	oyee of oth	stimated er comp	
NONE									
f	Total n	umber of other employees paid over \$	100,000				•		0
		e this table for the organization's five		ndependent contr	actors who	each received mo	ore than \$10	00,000 o	f
	compens	(a) Name and business address of	·	ractor	(b)	Type of service	(c) Comp	ensation	<u></u>
NONE		(L) Hame and Sasmess address of			(2)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 00		
NONE									
d	Total n	umber of other independent contracto	rs each receiving over	\$100,000		>			0
52		e organization complete Schedule A? eted Schedule A			ns must atta	ach a	. ► <mark>∨</mark> γ	es 🗆 I	No
cnowle		s of perjury, I declare that I have example to be some structure, it is true, correct, and completed adde.							
		*****				2024-03-09			
Sign Here	- 1	Signature of officer				Date			
iere		Genevieve Steidtmann President Type or print name and title							
Paid	ı	Print/Type preparer's name	Preparer's signature		Date	Check U if	TIN		
	ı barer	Firm's name			1	self-employed Firm's EIN			
	Only	Firm's address				Phone no.			
	-	s dddress =				. Hone Ho.			

Form 990-EZ (2023)

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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

TIN:

Open to Public Inspection

		he organization					Employer identifica	ation number
MISSO	URI CC	OURAGE SCHOLARSHIP					81-5347107	
	rt I	Reason for Public					See instructions.	
The o	rganiz	zation is not a private fou	ndation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in sectio i	n 170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit describ	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	a)(v).	
7		An organization that no section 170(b)(1)(A)	(vi). (Complete	e Part II.)		-	nit or from the genera	I public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10	✓	An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distributior	n requirement and	th its supported organ an attentiveness requ	ization(s) that is not iirement (see
e		Check this box if the organization	ganization recei	ved a written determin	nation from the	IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III r the number of supported					0	
g		de the following informat	-				<u> </u>	
	(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (v) Amount of in your governing document? (vi) Amount of other support (iv) Amount of in your governing document?					(vi) Amount of other support (see instructions)		
					Yes	No		
			l					
Tota	<u> </u>	and Badaada A 12			Cat. No. 112	1055	Colto I I	A (Farm 000) 2022

P	Support Schedule for (Complete only if you che	ecked the box o	on line 5, 7, or 8	of Part I or if th	ne organization	failed to qualify	
_	If the organization failed	to qualify unde	r the tests lister	d below, please	complete Part I.	11.)	
	ection A. Public Support endar year		ı	I	I	I	ı
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
_	membership fees received. (Do not	 -					
	include any "unusual grant.")						
2	Tax revenues levied for the	 -					
	organization's benefit and either paid	 					
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to	 					
	the organization without charge	 					
4	Total. Add lines 1 through 3						
	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	ļ					
_	shown on line 11, column (f) Public support. Subtract line 5 from						
6	line 4.	 					
-	ection B. Total Support		I	I			I
	endar year				/ IV 0000		co =
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
-0	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10						
	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	ization, check
	this box and stop here					▶∪	
	ection C. Computation of Public						
14	Public support percentage for 2023 (lin	e 6, column (f) di	ivided by line 11,	column (f))		14	
15	Public support percentage for 2022 Sch	nedule A, Part II, I	line 14			15	
16a	33 1/3% support test—2023. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	fies as a publicly s	supported organiza	ation			🕨 🗆
b	33 1/3% support test—2022. If the	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶□
17a	10%-facts-and-circumstances test and if the organization meets the "facts	— 2023. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" to	est. The organizat	ion qualifies as a	publicly supported	lorganization		▶□
b	10%-facts-and-circumstances tes more, and if the organization meets the	t—2022. If the or	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
	meets the "facts-and-circumstances" t	test. The organiza	ition qualifies as a	publicly supporte	d organization		🕨 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	
	in about abia a a						\blacksquare

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

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

Se	ction A. Public Support							
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
•	iscal year beginning in)	(1)	(1)	(-)	()	(-)		()
1	Gifts, grants, contributions, and membership fees received. (Do not	22,133	27,545	38,475	38,941		56,165	183,259
	include any "unusual grants.") .	22,133	27,313	30,173	30,311		30,103	103,233
2	Gross receipts from admissions,							
_	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	22.422	27.545	20.475	20.044		FC 46F	402.250
6	Total. Add lines 1 through 5	22,133	27,545	38,475	38,941		56,165	183,259
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							0
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c							183,259
	from line 6.)							
	ction B. Total Support	1			1	1		
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
9	iscal year beginning in) Amounts from line 6	22,133	27,545	38,475	38,941		56,165	183,259
10a	Gross income from interest,	22,133	27,543	30,473	30,541		30,103	103,233
IVa	dividends, payments received on		4	4	_			16
	securities loans, rents, royalties and	3	4	4	5			16
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							0
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.	3	4	4	5		0	16
11	Net income from unrelated business							10
	activities not included on line 10b,							
	whether or not the business is							0
	regularly carried on.							
12	Other income. Do not include gain							
	or loss from the sale of capital							0
42	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	22,136	27,549	38,479	38,946		56,165	183,275
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	tax year as a secti	on 501(c)((3) orga	nization, check
	this box and stop here	-			•		. , .	· • •
Se	ction C. Computation of Public							
	Public support percentage for 2023 (lii			column (f))		15		00.000.0/
15						15		99.990 %
16	Public support percentage from 2022	Schedule A, Part 1	11, line 15			16		99.990 %
Se	ction D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 20	23 (line 10c, colu	mn (f) divided by	line 13, column (1	f))	17		0.010 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17 .			18		0.010 %
19a	33 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more thai		and line	
1 J d	• • • • • • • • • • • • • • • • • • • •			•				
	more than 33 1/3%, check this box and	•						· - —
								70 ALIU HUE TO IS
b	33 1/3% support tests—2022. If the	•			•			_
b	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported org	anization .		. ▶□
b 20		and stop here.	The organization o	qualifies as a publ	icly supported org	anization .		. ▶□

Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	Ja		
	determination.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		
	Schedule A		990)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С		11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the trustees.		Tes	NO
	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		
	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
	ection 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 instruction)	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inctru	ctione	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	ii isti u	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		165	140

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	
Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
organization's involvement.	2b	
Parent of Supported Organizations. Answer lines 3a and 3b below.		
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	
Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		
supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b	

b

Sched	dule A (Form 990) 2023			Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2023				Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations	(continue	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes	1		
2 Amounts paid to perform activity that directly furthers corganizations, in excess of income from activity	exempt purposes of supported	2		
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructio	ns	6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i> 8		
9 Distributable amount for 2023 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribu Pre-2023		(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2017				
b From 2018				
c From 2019				
d From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:				
\$ Applied to underdictributions of prior years				
a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2021.				

d Excess from 2022.e Excess from 2023.

Schedule A (Form 990) 2023 Page 8

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990) 2023

Taxpayer Copy

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization MISSOURI COURAGE SCHOLARSHIP

Employer identification number

81-5347107

Return Reference	Explanation
Part I, Line 10	We granted 29 scholarships to graduating high school seniors in the state of Missouri as well as financial sponsorship for an organization that grants awards to trans students at the University of Missouri.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023