Taxpayer Copy TIN: 81-5347107

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)

Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

2024

OMB No. 1545-0047

Open to Public Inspection

B Check if applicable: O Address change O Name change O Initial return				D Emplo	yer identification number			
		· · · · · · · · · · · · · · · · · · ·		81-53	47107			
		Number and street (or P. O. box, it mail is not delivered to street address) [Room/suite		E Telepho	one number			
_		turn/terminated						
0	Amend	City or town, state or province, country, and ZIP or foreign postal code Wildwood, MO 63011	H	F Group	Exemption			
0	Applica	ation pending		Numbe				
		requ (Form	ired t	o attach	e organization is not Schedule B Z, or 990-PF).			
		te: ▶ http://courage-scholarship.org empt status (check only one) - ♥ 501(c)(3) □ 501(c)() (insert no.) □ 4947(a)(1) or □ 527						
K F	orm of	f organization: 🗸 Corporation 🔾 Trust 🔾 Association 🔾 Other						
L A	dd lin \$500	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t 0,000 or more, file Form 990 instead of Form 990-EZ	otal a	assets (F	Part II, column (B) below) ▶ \$ 52,886			
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr Check if the organization used Schedule O to respond to any question in this Part I	uctio	ns for Pa	art I)			
	1	Contributions, gifts, grants, and similar amounts received		1	49,893			
	2	Program service revenue including government fees and contracts		2	1,000			
	3	Membership dues and assessments		3				
	4	Investment income		4	1,993			
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
an	6	Gaming and fundraising events						
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a						
Revenue	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the						
		sum of such gross income and contributions exceeds \$15,000) 6b						
	С	Less: direct expenses 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 goods sold						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenue (describe in Schedule O)		8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	52,886			
•	10	Grants and similar amounts paid (list in Schedule O)		10	43,582			
	11	Benefits paid to or for members		11	,			
LO1	12	Salaries, other compensation, and employee benefits		12				
Expenses	13	Professional fees and other payments to independent contractors		13				
per	14	Occupancy, rent, utilities, and maintenance		14				
Ě	15	Printing, publications, postage, and shipping		15	1,178			
	16	Other expenses (describe in Schedule O)		16	, -			
	17	Total expenses. Add lines 10 through 16	,	-	44,760			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,126			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	-		3,220			
155		end-of-year figure reported on prior year's return)		19	115,990			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	223,550			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	124,116			
			•		12.,110			

Part II Balance Sheets(see the instructions Check if the organization used Schedule		question in this Pa	art II			0
			(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments		[115,990	22	124,116
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	
25 Total assets				115,990	25	124,116
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		115,990	27	124,116
Part III Statement of Program Service	Accomplishments	(see the instruction	s for Pa	rt III)		Expenses
Check if the organization used Schedule	O to respond to any	question in this P	art III	0		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 st justice. We are the largest state-wide LGBTQ scholars			ake a s	stand for social		anizations; optional for
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					
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 demonstratio	n of co	urage in their	28a	0
(Grants \$ 33,000) If this amoun	nt includes foreign gran	nts, check here		. ▶ □		
29 We serve as the scholarship administration arm of in the LGBTQ community. In 2022 we partnered with City						0
(Grants \$ 4,000) If this amoun	nt includes foreign gran	nts, check here		. ▶ □		
30 We serve as the financial sponsor for the Gabriella scholarships to transgender students at the Universit		: Service (GRJSS)	. They	provide emergency	30a	0
(Grants \$ 7,582) If this amoun	nt includes foreign gran	nts, check here		. ▶ □		
31 Other program services (describe in Schedule O)						
(Grants \$) If this amoun	nt includes foreign gran	nts, check here .		. ▶ □	31a	
32 Total program service expenses (add lines 28a	a through 31a)				32	(
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportate compensation (Forms W-2/10 MISC) (if not penter -0-)	on 099- paid,	(d) Health bene contributions to em benefit plans, a deferred compens	nployee and	(e) Estimated amount of other compensation
Genevieve Steidtmann	10.00		0		0	0
President						
Jacob Wilson	1.00		0		0	0
Vice President						
Dean Carpenter	1.00		0		0	0
·			-		-	
Vice President						

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any guestion 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. 37b 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: section 4911 0 ; section 4912 ► 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 No 40b 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 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 Figure Genevieve Steidtmann Telephone no. (314) 610-2826 42a Located at 1701 Big Horn Basin Drive 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 42h 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 . \cap 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 No b 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 d 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)? 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 No 45b

form 9	990-EZ	(2024)							Page 4
								Yes	No
46	Did the	e organization engage, directly or indire	ctly, in political campaid	an activities on bel	nalf of or in	opposition to			
		ates for public office? If "Yes," complete					46		No
Part	- 1/T	Section 501(c)(3) Organization	s Only						
rait		All section $501(c)(3)$ organizations	must answer questi	ons 47- 49b and	52, and	complete the ta	bles for l	ines 50	and 51
	(Check if the organization used Schedule	O to respond to any q	uestion in this Part	VI	<u> </u>		()
								Yes	No
47	Did the	e organization engage in lobbying activi	ties or have a section 5	01(h) election in e	ffect during	the tax vear?			
		" complete Schedule C, Part II					. 47		No
48	Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes." complete	Schedule F		. 48		No
			. , , , , , ,				49a		No
49a	Dia the	e organization make any transfers to an	exempt non-charitable	related organizati	on?		•	1	
b	If "Yes,	" was the related organization a section	n 527 organization? .				. 49b		
		ete this table for the organization's five					es and ke	y employ	/ees)
		ich received more than \$100,000 of cor	i				(-) =		
	(a) N	lame and title of each employee	(b) Average hours per week	(c) Reportable compensation		 Health benefits butions to emplo 		stimated er comp	
			devoted to position	(Forms W-2/109 MISC)		enefit plans, and erred compensation	on.		
				MISC)	den	errea compensaci	211		
NONE									
		ete this table for the organization's five nsation from the organization. If there (a) Name and business address of	is none, enter "None."	·		each received mor	(c) Com		
			·						
NONE									
									—
									—
d	Total	number of other independent contractor	ors each receiving over	\$100,000			-		0
52	Did t	the organization complete Schedule A?	NOTE. All section 501(c)(3) organizations	s must atta	ch a			
		pleted Schedule A					. 🕨 🗸 Y	es 🗆	No
Indor	nonalti	es of perjury, I declare that I have example	mined this return inclu	ding accompanying	r schodulos	and statements	and to the	host of	mv
knowle	edge ar	nd belief, it is true, correct, and complet							
nas an	y know								
		***** Signature of officer				2025-03-11 Date			
Sign Here									
		Genevieve Steidtmann President Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	□ PT	IN		
Paid	Ī					Check if self-employed			
	arer	Firm's name				Firm's EIN			
	Only	Firm's address				Phone se			
	,	riiii s audiess				Phone no.			

○ No

May the IRS discuss this return with the preparer shown above? See instructions \ldots \ldots \ldots \ldots

Taxpayer Copy

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

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.

TIN: 81-5347107 OMB No. 1545-0047

2024

Open to Public Inspection

		he organization DURAGE SCHOLARSHIP						Employer identification number		
MISSC	JURI CC	JURAGE SCHOLARSHIP					81-5347107			
	rt I	Reason for Public					See instructions.			
	rganiz	ration is not a private four		•	<i>,</i>	,				
1		A church, convention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)				
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						nter the hospital's			
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit describ	oed in section		
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
7		An organization that no section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in		
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)				
9		An agricultural research non-land grant college of						ege or university or a		
10	✓	An organization that not from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer ness 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. S	ee section 509	(a)(4).			
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2)). See section 509(a	e purposes of one or)(3). Check the box		
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	n connection with me persons that	h its supported o control or manag	organization(s), by hav ge the supported organ	ring control or nization(s). You		
С		Type III functionally supported organization(ted with, its		
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and				
e		Check this box if the orgintegrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter	the number of supported	,	J 11 J	2		0			
g		de the following informat	3							
(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (v) Amount of monetary support other supp					(vi) Amount of other support (see instructions)					
					Yes	No				
Tota	l									

Р	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)							
_		to qualify unde	r the tests lister	d below, please	complete Part II	11.)		
	ection A. Public Support lendar year			1	1		I	
	fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 to or expended on its behalf							
3	The value of services or facilities							
3	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							
6	shown on line 11, column (f) Public support. Subtract line 5 from							
0	line 4.							
S	ection B. Total Support		I	l .	l .	I	l .	
	endar year	(-) 2020	(h) 2021	(c) 2022	(4) 2022	(-) 2024	(f) Total	
(oı	fiscal year beginning in) 🕨	(a) 2020	(b) 2021	(C) 2022	(d) 2023	(e) 2024	(T) TOLAT	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
9	income from similar sources Net income from unrelated business							
9	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							
12	10 Gross receipts from related activities, e	tc (see instruction	ne)			12		
							ization shook	
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	iization, thetk	
	this box and stop here ection C. Computation of Public							
	Public support percentage for 2024 (lin			solumn (f))		1		
						14		
	Public support percentage for 2023 Sch					15		
16a	33 1/3% support test—2024. If the							
b	and stop here. The organization qualifies as a publicly supported organization							
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts	—2024. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,	
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the state of the control of the organization meets the state of the control of the organization meets the state of the control of the contr	t-2023. 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	
18	meets the "facts-and-circumstances" of Private foundation. If the organization						▶□	
	in about abiliana						- I	

Pa	Support Schedule for (Complete only if you of the organization fails to	hecked the box	on line 10 of Pa	art I or if the or	ganization faile		fy und	er Part II. If
Se	ction A. Public Support	y quality affact	the tests listed	below, piedse et	ompiece rare ii.			
Cale	ndar year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
	iscal year beginning in)	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(6) 2024		(1) local
1	Gifts, grants, contributions, and membership fees received. (Do not	27,545	38,475	38,941	56,165		49,893	211,019
	include any "unusual grants.") .	27,543	30,473	30,341	30,103		45,055	211,015
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 The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	27,545	38,475	38,941	56,165		49,893	211,019
7a	Amounts included on lines 1, 2, and							0
b	3 received from disqualified persons 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							
	from line 6.)							211,019
	ction B. Total Support					1		1
	ndar year iscal year beginning in) 🕨	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
9	Amounts from line 6	27,545	38,475	38,941	56,165		49,893	211,019
10a	Gross income from interest,	,					,,,,,,,	,,,,,,
	dividends, payments received on	4	4	5				13
	securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
_	(less section 511 taxes) from							0
	businesses acquired after June 30,							
c	1975. Add lines 10a and 10b.	4	4	5	0		0	13
11	Net income from unrelated business				,			15
	activities not included on line 10b,							0
	whether or not the business is							
12	regularly carried on. Other income. Do not include gain							
	or loss from the sale of capital							0
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	27,549	38,479	38,946	56,165		49,893	211,032
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax year as a secti	on 501(c)	(3) orga	anization, check
	this box and stop here							▶□
Se	ction C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2024 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15		99.990 %
16	Public support percentage from 2023 9	Schedule A, Part I	II, line 15			16		99.990 %
Se	ction D. Computation of Invest							
	Investment income percentage for 20	24 (line 10c colu	mn (f) divided by	line 13 column (f	F\\	17	1	0.010.0/
17			. , , ,	, ,	• •	1/		0.010 %
	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2024. If the	023 Schedule A,	Part III, line 17 .			18		0.010 %

Part IV 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.	- За		
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.	3с		
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		
L0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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).			
	2 /	10b		
	Schedule A	(Form	990)	2024

Pa	Part IV Supporting Organizations (continued)				
				Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?				
a	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c beld governing body of a supported organization?	· -	11a		
ŀ	b A family member of a person described on 11a above?	_	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail is	-	11c		
	VI.	rare	110		
9	Section B. Type I Supporting Organizations				T
				Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regula 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 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, is applied to such powers during the tax year.	n's	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				
_	Section C. Type II Supporting Organizations				
	Section 6. Type 11 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 trust	ees 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		
	Section D. All Type III Supporting Organizations			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organiza	ion's F		165	NO
•	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 signification voice in the organization's investment policies and in directing the use of the organization's income or assets at all time during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this reasonable.	nes _	3		
5	Section E. Type III Functionally-Integrated Supporting Organizations				
1	 The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 		•	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 supporganizations 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. • Did the activities described on line 2s, above constitute activities that, but for the organization/s involvement, one or	mara	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.				
_		-	2b		
3			2.		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of e the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of e the supported organization. 	L	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		3b		
	Scha	dule A (Form	9901	2024

Pa	rt 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	ust on ations	Nov. 20, 1970 (explain must complete Sections	in Part VI). See A through E.
	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		
C	: Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	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.	ntegra	ted Type III supporting	organization (see

Schedule A (Form 990) 2024					Page 7
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizatio	ns(continue	d)
Section D - Distributions					Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1		
2 Amounts paid to perform activity that directly furthers e					
organizations, in excess of income from activity	exempt purposes or supported		2		
3 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 required	d - provide details in Part VI)		5		
6 Other distributions (describe in Part VI). See instruction	ns		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to whit details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8		
9 Distributable amount for 2024 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	Underdis	ii) tribut 2024	ions	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2024:					
a From 2019					
b From 2020					
c From 2021					
d From 2022					
e From 2023					
g Applied to underdistributions of prior years					
h Applied to 2024 distributable amount					
i Carryover from 2019 not applied (see					
instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2024 from Section D, line 7:					
Applied to underdistributions of prior years					
b Applied to 2024 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.					
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2025. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2020					
b Excess from 2021					
c Excess from 2022					

d Excess from 2023.e Excess from 2024.

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) 2024

Taxpayer Copy
Schedule B

(Form 990) (Rev. January 2025)

Department of the Treasury

Schedule of Contributors

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

TIN: 81-5347107

2024

Internal Revenue Service			
Name of the organization MISSOURI COURAGE SCH	IOLARSHIP	Employer i	dentification number
Organization type (che	ck one):	81-5347107	
	·		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a	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 trust trust treated as a private trust trust treated as a private trust trust trust treated as a private trust trust trust t	vate foundation	
	☐ 501(c)(3) taxable private foundation		
General Rule For an organiz money or othe contributions.	ation filing Form 990, 990-EZ, or 990-PF that received, during the property) from any one contributor. Complete Parts I and II. See	e year, contributions totaling s instructions for determining	\$5,000 or more (in a contributor's total
Special Rules			
under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 one contributor, during the year, total contributions of the greate e 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	90 or 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 9 total contributions of more than \$1,000 <i>exclusively</i> for religious, c the prevention of cruelty to children or animals. Complete Parts I,	charitable, scientific, literary, o	
during the year, If this box is che purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 9 contributions exclusively for religious, charitable, etc., purposes, backed, enter here the total contributions that were received during omplete any of the parts unless the General Rule applies to this ble, etc., contributions totaling \$5,000 or more during the year.	but no such contributions tota the year for an exclusively re organization because it rece	aled more than \$1,000. eligious, charitable, etc.
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules	s doesn't file Schedule B (Fo	rm 990.

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

Taxpayer Copy

SCHEDULE 0 (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization
MISSOURI COURAGE SCHOLARSHIP

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 $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

OMB No. 1545-0047

TIN: 81-5347107

2024

Open to Public Inspection

81-5347107 Return **Explanation** Reference PART I, LINE We granted scholarships to graduating high school seniors in the state of Missouri as well as financial sponsorship for an 10 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) (Rev. 1-2025)

Employer identi