			Return of Organization Exempt Fr	om Ir	ncome Tax	OMB No. 1545-0047			
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co		<b>3 2021</b>				
			Do not enter social security numbers on this form as		Open to Public				
Depa Inter	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	-	-	Inspection			
A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022									
B Check if applicable: C Name of organization D Employer identification									
_	- Addr								
	Chan		JOHN UNITED WAY		~~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
	chan	ge Doing bi	usiness as		23-720423	34			
	returi Final	n Number	,	oom/suite	E Telephone number	110			
	l returı termi	n-	BELLE TERRE BLVD.		985-651-9				
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,319,126.			
	_returi Appli		ACE, LA 70068		H(a) Is this a group ret				
	tion pend	F Name a	nd address of principal officer: DOLORES MONTZ ELLE TERRE BLVD, LAPLACE, LA 70068		for subordinates?				
		empt status:		527	H(b) Are all subordinates inc				
			STJOHNUNITEDWAY.ORG	527	H(c) Group exemption	ist. See instructions			
		of organization:		I Vear o		State of legal domicile: LA			
	art I					olate of legal dofinenc, 222			
	1	Briefly describ	e the organization's mission or most significant activities: <b>UNITIN</b>	NG PE	OPLE AND RES	OURCES TO			
Governance			LASTING CHANGES IN ST. JOHN THE BAP						
nar	2	Check this bo	x      if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.			
vel	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	14			
	4	Number of ind	14						
80 80	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		5	3			
vitie	6	Total number	of volunteers (estimate if necessary)		6	150			
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
					Prior Year	Current Year			
ē	8		and grants (Part VIII, line 1h)		534,369.	2,153,689.			
ent	9	•	ce revenue (Part VIII, line 2g)		0.	0.			
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		<u>4,380</u> . 34,450.	5,111.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		573,199.	160,326.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		369,736.	<u>2,319,126.</u> 991,790.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>			
	14		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		196,495.	208,933.			
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expense			ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 152 , 433						
Ě	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		62,927.	117,145.			
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		629,158.	1,317,868.			
	19	Revenue less	-55,959.	1,001,258.					
or	_		expenses. Subtract line 18 from line 12		jinning of Current Year	End of Year			
Assets or A Balances	20	Total assets (F	Part X, line 16)		894,606.	1,993,177.			
ASS	21		(Part X, line 26)		68,462.	165,769.			
Net	22		fund balances. Subtract line 21 from line 20		826,144.	1,827,408.			
	art II	-							
			I declare that I have examined this return, including accompanying schedules ar			knowledge and belief, it is			
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	n preparer l	nas any knowledge.				
		I N							

•	Signature of officer	Date	Date							
Sign		TARY/TREASURER	Dale							
Here	Type or print name and title	IARI/IREASURER								
	Print/Type preparer's name Pre	parer's signature Da	te Check F	PTIN						
Paid	TIFFANY L NORWOOD CPA		self-employed PO	1256034						
Preparer	Firm's name 🕨 LEGLUE & COMPANY, C	CPAS	Firm's EIN ▶ 82-3	898275						
Use Only	Firm's address 🕨 1100 POYDRAS ST., S	SUITE 2850								
	NEW ORLEANS, LA 701	163-2850	Phone no. 504 – 58	6-0581						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ST. JOHN UNITED WAY	23-7204234	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	UNITING PEOPLE AND RESOURCES TO CREATE LASTING CHANGE		
	BAPTIST PARISH BY FOCUSING ON THE BUILDING BLOCKS FOR	A BETTER LIFE-	-
	HEALTH, EDUCATION AND FINANCIAL STABILITY		
2	Did the organization undertake any significant program services during the year which were not listed on t		
2			s X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		5 <u>21</u> NU
2	Did the organization cease conducting, or make significant changes in how it conducts, any program servi		s X No
3	If "Yes," describe these changes on Schedule O.		5 <u>21</u> NU
4	Describe the organization's program service accomplishments for each of its three largest program service	as massured by expanses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		anu
4a	(Code:) (Expenses \$1,099,878. including grants of \$991,790.)	(Payanya ¢	)
ти	IN A TIME WHEN NONPROFIT DOLLARS ARE MORE IMPORTANT T		TOHN ,
	UNITED WAY'S ALLOCATION PROCESS STRIVES TO BE AN OBJE		
	APPROACH TO SUPPORTING VITAL PROGRAMS THROUGHOUT ST.		ST
	PARISH. THE PROCESS INCLUDES ALL AGENCIES REQUESTING		
	AN APPLICATION, WHICH ARE REVIEWED BY THE STAFF AND V		
		NTERVIEWED BY H	KEY
	UNITED WAY AND COMMUNITY STAKEHOLDERS TO LEARN MORE A		
	PRACTICES AND PROGRAMS. ST. JOHN UNITED WAY FOCUS REM	AINS ON PROGRAM	1S
	TARGETING HEALTH, EDUCATION, FINANCIAL STABILITY, AND	BASIC NEEDS.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4c			<u> </u>
40	(Code:) (Expenses \$ including grants of \$ )	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		-
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,099,878.		
			<b>990</b> (2021)

-	~ ~ ~	
Form	990	(2021)

 Form 990 (2021)
 ST. JOHN UNITED WAY

 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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_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	110		х
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 21
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021)

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 Form 990 (2021)
 ST. JOHN UNITED WAY

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
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
24a	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 X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		<u> </u>
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%			v
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Form 990 (2021)

Form	990 (2021) ST. JOHN UNITED WAY 23-7204	234	Р	<sub>age</sub> 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 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 e-file. See instructions.						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x			
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>					
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	00					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
a b		7b					
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
U	to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
-							
8							
	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 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a	1					
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 12b	4					
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?	<u>13a</u>					
	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	-					
	Enter the amount of reserves on hand			37			
14a	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 O</i>	14b					
15	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			
10	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
47	If "Yes," complete Form 4720, Schedule O.		-				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (	(2021)
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#### ST. JOHN UNITED WAY

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14							
	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								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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 on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed  NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DOLORES MONTZ - 985-651-9118							
	408 BELLE TERRE BLVD, LAPLACE, LA 70068							

Form 990 (2		23-7204234	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated					
	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						
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one				ne	Reportable	Estimated		
	hours per	box, unless		box, unless person is both a		n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		lee)	from	from related	other		
	(list any hours for	ndividual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	idual .	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			-
(1) ARTIS WILLIAMS	40.00									
EXECUTIVE DIRECTOR				Х				50,808.	0.	0.
(2) GILDA ARCURI	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ANNETTE FAIRCLOTH	2.00									
SECRETARY / TREASURER		Х		Х				0.	0.	0.
(4) JACOB GWIN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) LOREN LEAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) GREG MAURIN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) PATRICK MORTON	2.00									
VP COMMUNITY IMPACT		Х		X				0.	0.	0.
(8) TRICIA THOMPSON	2.00									
VP RESOURCE DEVELOPMENT		Х		X				0.	0.	0.
(9) ANGEL THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PATRICIA TRICHE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES WAGNER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAMON WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DALE HYMEL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARK JOHNSON	1.00									_
DIRECTOR		х						0.	0.	0.
(15) IMAN MONTGOMERY	1.00									_
DIRECTOR		Х						0.	0.	0.
		<u> </u>			<u> </u>					
										000

	990 (2021) ST. JOHN	UNITED	WA	Y						23-72	2042	234	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box,	not cl , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e ion ed
		line)	pul	Insi	Offi	Key	Higen	For						
1b c	Subtotal Total from continuation sheets to Part VII								50,808.		0.			0.
d 2	<b>-</b>		<u></u>		<u></u>	<u></u>		>	50,808.	000 of reportable	0.			0.
_	compensation from the organization			lioto	u us		,	010					X	0
3	Did the organization list any <b>former</b> officer,	diractor truct			mol		o or	hia	hast companyated amp	0,000 00	Г		Yes	No
U	line 1a? If "Yes," complete Schedule J for su				•	•		Ŭ				3		Х
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		-		v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4		X
	rendered to the organization? If "Yes." com											5		Х
	tion B. Independent Contractors							- +1-		100.000 of comm				
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y		ensat			
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Co	<b>C)</b> omper	<b>;)</b> nsatio	n
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

	n 990 (		D WAY			23-7204	234 Page 9
Pa	rt VII						
		Check if Schedule O contains a response of	r note to any line		(P)		
				<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
tts tts	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events 1c	312,847.				
ar /	d	Related organizations 11					
, Ulio	е	Government grants (contributions) 1e					
üö	f	All other contributions, gifts, grants, and					
her			340,842.				
ĞĘ	a	Noncash contributions included in lines 1a-1f					
- Nor	9 h	Total. Add lines 1a-1f		2,153,689.			
0.0			Business Code	<u> </u>			
-	0.0		Business Odde				
ice	2 a						
er v	b						
n S M	С						
Program Service Revenue	d						
5 0	е						
Δ.	· ·	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨				
	3	Investment income (including dividends, interes					
		other similar amounts)	►	5,111.	5,111.		
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	h	Less: cost or other basis					
e		and sales expenses					
venue		Gain or (loss)					
er Re		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not including \$ 312,847. of					
0							
		contributions reported on line 1c). See					
	_	Part IV, line 18 8a	0.				
		Less: direct expenses 8b	0.	•			
		Net income or (loss) from fundraising events	····· <b>&gt;</b>	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	<b>)</b>				
			Business Code				
snc	11 a	ADMINISTRATIVE FEE	900099	90,550.	90,550.		
Miscellaneous Revenue	b	OTHER INCOME .: MISCELLA	900099	69,776.	69,776.		
ella	c		. –				
Be	h N	All other revenue					
Σ	۵ ۵	Total. Add lines 11a-11d	▶	160,326.			
		Total revenue. See instructions		2,319,126.	165,437.	0.	0.

Do not         7b, 8b         1       G         2       G         3       G         3       G         5       C         6       C         p       p         7       C         8       P	IX         Statement of Functional Expense           n 501(c)(3) and 501(c)(4) organizations must comp         Check if Schedule O contains a response           check if Schedule O contains a response         Check if Schedule O contains a response           nt include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.         Check if Schedule O contains a response           Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21         Check if Schedule O contains a response           Grants and other assistance to domestic organizations and other assistance to domestic organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16         Compensation of current officers, directors, rustees, and key employees           Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B)         Conter salaries and wages	lete all columns. All othe		(C) Management and general expenses	(D) Fundraising expenses
Do not 7b, 8b 1 G 2 G 1 G 3 G 0 1 3 G 0 1 4 B 5 C 1 4 B 5 C 1 7 C 8 P	Check if Schedule O contains a response to include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Dther salaries and wages	se or note to any line in t (A) Total expenses 991,790.	his Part IX (B) Program service expenses 991,790.	<b>(C)</b> Management and	Fundraising
7b, 8b 1 G a 2 G ir 3 G ir 4 B 5 C tr 6 C p 7 C 8 P	at include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Dther salaries and wages	(A) Total expenses 991,790.	(B) Program service expenses 991,790.	Management and	Fundraising
1 G aa 2 G ir 3 G o ir 4 B 5 C 4 B 5 C tr 6 C p 7 C 8 P	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Grants and to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Cother salaries and wages	991,790.	expenses 991,790.		
a 2 G ir 3 G 0 ir 4 B 5 C tr 6 C p 7 C 8 P	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Dther salaries and wages				
2 G ir 3 G ir 4 E 5 C tr 6 C p 7 C 8 P	Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B)				
ir 3 G 0 ir 4 B 5 C 4 B 5 C tr 6 C 9 7 C 8 P	ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	67,371.	67,371.		
<ul> <li>3 G</li> <li>o</li> <li>ir</li> <li>4 B</li> <li>5 C</li> <li>tr</li> <li>6 C</li> <li>p</li> <li>p</li> <li>7 C</li> <li>8 P</li> </ul>	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
o ir 4 E 5 C tr 6 C p p 7 C 8 P	organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
ir 4 B 5 C tr 6 C p 7 C 8 P	ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
<ul> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>7</li> <li>8</li> </ul>	Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
5 C tr 6 C p 7 C 8 P	Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Cother salaries and wages	67,371.	67,371.		
tr 6 C p 7 C 8 P	rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
6 C p 7 C 8 P	Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	67,371.	67,371.		
р р 7 С 8 Р	bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages				
р 7 С 8 Р	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 C 8 P	Other salaries and wages				
<b>8</b> P	_	101 055			
		101,057.		33,686.	67,37
S	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0 - 4 - 0	10.000	- 400	10.00
	Other employee benefits	27,150.	10,860.	5,430.	10,86
	Payroll taxes	13,355.	5,342.	2,671.	5,34
	Fees for services (nonemployees):	0 4 7 0		0 470	
	Management	8,472.		8,472.	
	_egal				
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	2,217.	887.	443.	0 0
	column (A), amount, list line 11g expenses on Sch O.)	2,21/•	007.	443.	88
	Advertising and promotion	16,890.	11,777.	1,789.	3,32
	Office expenses	10,090.	,///•	1,709.	
	nformation technology				
	Royalties	26,697.	9,650.	5,682.	11,36
		20,097.	9,000.	J,002.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	47,414.			47,41
	· · · [				
	Payments to affiliates				
	Depreciation, depletion, and amortization	5,101.	2,040.	1,021.	2,04
		5,641.	2,010	5,641.	
<b>4</b> 0 a li	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),	5,011		5,511.	
а	amount, list line 24e expenses on Schedule O.)				
_	3RD PARTY FEES	3,701.			3,70
_	DUES	977.	161.	687.	12
ςΙ	LICENSES AND PERMITS	35.		35.	

1,317,868.

1,099,878.

e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

152,433.

65,557.

JOHN	UNITED	WAY
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		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			815,617.	1	1,962,847.
	2	•				2	
	3	Pledges and grants receivable, net			71,736.	3	23,755.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		F		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b> · · · · · · · · ·				9	
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	28,597.			
	b	Less: accumulated depreciation		23,272.	6,003.	10c	5,325.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,250.	15	1,250.	
_	16	Total assets. Add lines 1 through 15 (must equ			894,606.	16	1,993,177.
	17	Accounts payable and accrued expenses			68,462.	17	165,769.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	of Schedule D		21		
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	d parties		23		
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	. Complete Part X				
		of Schedule D		·····	60.460	25	
	26	Total liabilities. Add lines 17 through 25			68,462.	26	165,769.
6		Organizations that follow FASB ASC 958, che	ck here				
ice;		and complete lines 27, 28, 32, and 33.		-	006 144		1 055 005
alar	27			·····	826,144.	27	1,055,295.
Ä	28	Net assets with donor restrictions				28	772,113.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
г		and complete lines 29 through 33.		Ļ			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			076 114	31	1 0 0 7 4 0 0
Ne	32	Total net assets or fund balances			826,144.	32	1,827,408.
	33	Total liabilities and net assets/fund balances .			894,606.	33	1,993,177.

Form 990 (2021)

# Form 990 (2021) Part X Balance

	ST.	JOH
e Sheet		

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 319, 126.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 317, 868.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 001, 258.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       826, 144.         5       6       6       7       7         8       Prior period adjustments       6       7         9       0.       9       0.       0         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       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))       1       1, 827, 408.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X	Form	990 (2021) ST. JOHN UNITED WAY	23-	7204234	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 319, 126.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 317, 868.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 001, 258.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       826, 144.         5       6       6       7         7       8       7       8         8       7       8       6.         9       0.       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       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))       1, 827, 408.          Check if Schedule O contains a response or note to any line in this Part XII       X          Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,317,868.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,001,258.         4       826,144.       826,144.         5       6       6         6       7       6         7       8       6         9       0ther 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))       1,827,408.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other, "explain on Schedule O.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,317,868.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,001,258.         4       826,144.       826,144.         5       6       6         6       7       6         7       8       6         9       0ther 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))       1,827,408.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other, "explain on Schedule O.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X						
3       Revenue less expenses. Subtract line 2 from line 1       3       1,001,258.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       826,144.         5       5       6       7       7         6       7       7       7         7       8       7       8         9       0ther 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))       1       8 27, 408.         Part XII       Financial Statements and Reporting       X       X       Yes No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       X         2a       X       X       X       X       X       X      <	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,319	9,1	26.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       826,144.         5       Net unrealized gains (losses) on investments       5         6       0nated services and use of facilities       6         7       8       7         8       9       0.         9       0.       9         10       Net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,827,408.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,317	7,8	68.
5       Net unrealized gains (losses) on investments       5         6       0nated services and use of facilities       6         7       8       Prior period adjustments       7         8       Prior period adjustments       8       6.         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       1,827,408.         Part XII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       Image: Separate basis       Separate basis       Separate basis       Separate basis       Separate basis       Separate basis       Separate basis <th>3</th> <th>Revenue less expenses. Subtract line 2 from line 1</th> <th>3</th> <th>1,001</th> <th>L,2!</th> <th>58.</th>	3	Revenue less expenses. Subtract line 2 from line 1	3	1,001	L,2!	58.
6       0nated services and use of facilities         7       6         7       8         8       9         9       0.         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       1,827,408.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	826	5,14	44.
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   11 Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting from a prior year or checked "Other," explain on Schedule O.   2a X   1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   2b X	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   11 Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting from a prior year or checked "Other," explain on Schedule O.   2a X   1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   2b X	6	Donated services and use of facilities	6			
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>2a X</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>2b X</li> </ul>	7		7			
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       1,827,408.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	8		8			6.
column (B)) 10 1,827,408.     Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Yes No   1   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   2b	9		9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII     Yes     No     1   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other     If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.     2a   X     If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?     2b     X		column (B))	10	1,827	7,4	08.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
<ul> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         If the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b					Yes	No
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 compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:         Separate basis       Consolidated basis         Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
separate basis, consolidated basis, or both:       Image: Separate basis       Image: Separate basis       Image: Separate basis       Image: Separate basis         b       Were the organization's financial statements audited by an independent accountant?       Image: Separate basis       Image: Separate basis       Image: Separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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 compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant?		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	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
consolidated basis, or both:						
X Separate basis Consolidated basis Both consolidated and separate basis		X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Aud	it		
Act and OMB Circular A-133?						<u>X</u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 📔		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	the organization							identification number				
_			JOHN UNITE						3-7204234				
Ра	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3													
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:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	-					ne deneral r	oublic described in				
•		section 170(b)(1)(A)(vi). (C			onna gove	Innenta		ic general p					
8		A community trust describe		(1)(A)(vi) (Complete Par	• 11 \								
9	H	•				nd in ooniu	upotion with a	land grant	collogo				
9		An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor				
40		university:		11 00 <b>1</b> (00)									
10		An organization that norma											
		activities related to its exem		•	. ,			• •	•				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor											
11	$\square$	An organization organized a	-		•								
12		An organization organized a	-	-				•					
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on												
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi			-		-						
е		Check this box if the orga	-	-				II. Type III					
		functionally integrated, or					. , . , . , . , , ,	., .,					
f	Fnte	er the number of supported c	ranizationa		0 0								
q		vide the following information	-										
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota	ıl												

		T. JOHN U		0			4234 Page 2			
Pa	IT II Support Schedule for									
	(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									
80	fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support									
		()	(1) 00 (0)	() 00 (0	( 1) 0000	( ) 000 (				
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not	061 500	000 000	757 000	EC0 010	2214015	5202260			
•	include any "unusual grants.")	861,582.	000,022.	151,922.	568,819.	2314015.	5382360.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
•	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	861,582.	880,022.	757,922.	568,819.	2314015.	5382360.			
	Total. Add lines 1 through 3	001,302.	000,022.	131,922.	500,019.	2314013.	5502500.			
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,									
							3825598.			
Column (f)         3825598           6 Public support. Subtract line 5 from line 4.         1556762										
	Section B. Total Support									
Calendar year (or fiscal year beginning in) ▶         (a) 2017         (b) 2018         (c) 2019         (d) 2020         (e) 2021										
	Amounts from line 4	861,582.	880,022.	757,922.	568,819.	2314015.	(f) Total 5382360 •			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	5,979.	9,695.	6,884.	4,380.	5,111.	32,049.			
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						5414409.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publi						28.75 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	32.32 %			
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the c									
	stop here. The organization qualifies									
b	<b>33 1/3% support test - 2020.</b> If the c	•								
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact									
	meets the facts-and-circumstances te									
b	10% -facts-and-circumstances test	- 2020. If the org	anızatıon did not c	neck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	10% or			

**18** Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

JOHN	UNITED	WAY

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

ST

(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.)

Calesdry var (or fixed year beginning in) (a) (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total 1 GRs, grants, contributions, and ministering. (c) 2017 (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total 2 Gross accelpts from antimized pre- formed, or facilities translated to the organization's tax exempt purpose 2 Gross accelpts from antimized to the organization's tax exempt purpose 2 Gross accelpts from antimized to the organization's tax exempt purpose 3 Gross recelpts from antimized to the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose 5 Tax And lines 1, 2, and 5 Tax And lines 1, 2, and 5 Ard lines 7 tax and 70 4 Add lines 7 tax and 70 4 Add lines 7 tax and 70 4 Add lines 7 tax and 70 4 Paulies autooff to matrix tax and 70 4 Add lines 1 tax and 70 4 Add lines 1 tax and 70 4 Add lines 1 tax and 70 4 Add lines 7 tax and 70 4 Add	Se	ction A. Public Support						
arresterility fram activities pare methodicas receipts from activities pare methodicas and or services pare tormed, or facilities tunnished in any activity that is related to the organization's tax exempt purpose       Image: Compare the service of the organization's tax exempt purpose         3 Gross receipts from activities that are not an unrelated trade or bus- iness under services or facilities tunnished by a governmental unit to the organization's tax exempt purpose       Image: Compare trade or bus- iness under services or facilities tunnished by a governmental unit to the organization's tax exempt purpose         5 The value of envices or facilities tunnished by a governmental unit to the organization without charge       Image: Compare trade or bus- tion's the organization's tax exempt purpose         5 The value of midsqualified persons       Image: Compare trade or bus- tion's needed on the organization's th	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
Include any "unusual grants.")	1							
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c Add lines 7a and 7b	t	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
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c Add lines 10a and 10b	Ł	(less section 511 taxes) from businesses						
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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

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.

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- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2

1

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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. Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

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

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

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion 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						
Sect	ion 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):							
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 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 Γ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

ST.	JOHN	UNITED	WAY
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

Sche	edule A (Form 990) 2021 ST. JOHN UNITED WAY			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
Sect	ion D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6	ther distributions ( <i>describe in Part VI</i> ). See instructions.			
7	otal annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See instructions.			

ð	Distributions to attentive supported organizations to which th		~		
	(provide details in <b>Part VI</b> ). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
<u>10</u> Secti	Line 8 amount divided by line 9 amount	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
_j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

AY supporting Organizations (continued)

1

2 3

4

5 6 7 Current Year

Schedule A (Form 990) 2021

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.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ST. JOHN UNITED WAY OFTEN RECEIVES 33.33% OR MORE IN PUBLIC SUPPORT. THE

ORGANIZATION ACCEPTS PUBLIC DONATIONS AND HOLDS FUNDRAISING EVENTS. THE

ORGANIZATION PROVIDES SUPPORT TO THE PUBLIC WITH PROGRAMS TARGETING

HEALTH, EDUCATION, FINANCIAL STABILITY AND BASIC NEEDS AS DETERMINED BY

THE BOARD OF DIRECTORS.

PART II, LINE 1

IN SEPTEMBER 2021, THE ORGANIZATION CREATED THE DISASTER RELIEF FUND (THE "FUND") IN RESPONSE TO THE DEVASTATION AND THE LINGERING EFFECTS CAUSED BY HURRICANE IDA ON THE ST. JOHN THE BAPTIST PARISH (THE "PARISH") AND SURROUNDING REGION. THE FUND WAS CREATED TO RAISE FUNDS TO BE DISPERSED TO HELP THE PARISH RECOVER AND REBUILD AFTER THE HURRICANE. FOR THE YEAR ENDED JUNE 30, 2022, THE ORGANIZATION HAD RECEIVED CONTRIBUTIONS OF APPROXIMATELY \$1,342,000 AND DISBURSED \$570,000. THE REMAINING FUNDS ARE INCLUDED IN NET ASSETS WITH DONOR RESTRICTIONS.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

2021

Employer identification number

23-7204234

Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

ST. JOHN UNITED WAY

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), 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 totaling \$5,000 or more during the year  $\dots$  b \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

23-7204234

# ST. JOHN UNITED WAY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DENKA PERFORMANCE ELASTOMER LLC 560 HWY 44 LAPLACE, LA 70068	\$ <u>95,044.</u>	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DUPONT 586 HWY 44 LAPLACE, LA 70068	\$ <u>46,537.</u>	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARATHON PETROLEUM COMPANY LP P.O. BOX AC GARYVILLE, LA 70051	\$ <u>944,533.</u>	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BLUE CROSS BLUE SHIELD 5525 REITZ AVE BATON ROUGE, LA 70809	\$250,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CAPITAL AREA UNITED WAY 700 LAUREL BATON ROUGE, LA 70802	\$ <u>50,000.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVE NEW ORLEANS, LA 70130	\$ <u>50,000.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

23-7204234

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	ST. BERNARD PROJECT 2645 TOULOUSE ST NEW ORLEANS, LA 70119	\$50,000.	Person     X       Payroll     X       Noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	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 On Noncash On 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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	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 October Payroll Payroll October Payrol Payr		

123452 11-11-21

ST. JOHN UNITED WAY

(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
123453 11-11-21		\$	Schedule B (Form 990) (2021)

## ST. JOHN UNITED WAY

Schedule B (Form 990) (2021)

Name of organization

(a)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

Page 3

Employer identification number

23-7204234

Name of o	organization			Employer identification number				
ST. J	OHN UNITED WAY			23-7204234				
Part III		through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	v. For organizations	hat total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
<u> </u>								
·		(e) Transfer of gift						
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee				
	 	[						

		Supplementa	al Financial	Statemente		OMB No. 1545-0047
		2021				
(For	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d	, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990 90 for instructions a		on.	Open to Public Inspection
	e of the organizati					nployer identification number
		ST. JOHN UNITED WAY				23-7204234
Par		ations Maintaining Donor Advise		er Similar Funds or	Accou	Ints. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			(1) =	
			(a) Donor ac	vised funds	(b) Fu	inds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year	uriting that the accet	a hold in denor advised f	undo	
5	-	on inform all donors and donor advisors in v on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
Ŭ	•	poses and not for the benefit of the donor o	•	•		
	impermissible priv				•	Yes No
Par		ation Easements. Complete if the org				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	bly).		
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a h	istoricall	y important land area
	Protection of	of natural habitat		Preservation of a c	ertified h	nistoric structure
	Preservation	n of open space				
2	•	through 2d if the organization held a qualif	ied conservation cor	tribution in the form of a	conserv	
	day of the tax year	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			. <u>2a</u>	
b	•					
C		vation easements on a certified historic stru			<u>2c</u>	
d		vation easements included in (c) acquired a			2d	
3		nal Register vation easements modified, transferred, rel				 n during the tax
•	vear ►		oucou, oxanguloriou,		amzatio	
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	pection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?			Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conserv	ation eas	sements during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conservation	easeme	nts during the year
	►\$					
8		vation easement reported on line 2(d) abov				
		)(4)(B)(ii)?				
9		be how the organization reports conservation		•		
		d include, if applicable, the text of the footn	lote to the organizati	on's financial statements	that des	scrides the
Par	t III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art. Historical	Freasures, or Othe	Simil	ar Assets.
		f the organization answered "Yes" on Form		·····, ·····		
1a		elected, as permitted under FASB ASC 95		revenue statement and	palance	sheet works
	0	easures, or other similar assets held for put	•			
		Part XIII the text of the footnote to its finar				1
b		elected, as permitted under FASB ASC 95			nce shee	et works of
	-	sures, or other similar assets held for public				
		ing amounts relating to these items:	·			
	-	ded on Form 990, Part VIII, line 1			►	\$
		ed in Form 990, Part X				\$
2		received or held works of art, historical treat				de
	the following amo	unts required to be reported under FASB A	SC 958 relating to th	ese items:		

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 132051 10-28-21

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

▶ \$

▶ \$

Sche	dule D (Form 990) 2021 ST. JOHN	UNITED WA	Y			23-'	7204234	Page <b>2</b>
Par	t III Organizations Maintaining Colle	ections of Art,	Historical T	reasures, oi	r Other Si	imilar Ass	ets <sub>(continu</sub>	ued)
3	Using the organization's acquisition, accession,	and other records,	check any of th	e following that	make signi	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or e	xchange progra	ım			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain I	how they further	the organizatio	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or re-		-	-	-			
	to be sold to raise funds rather than to be mainta	ained as part of the	e organization's	collection?			Yes	No
Par	t IV Escrow and Custodial Arranger				Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part X,		-					
1a	Is the organization an agent, trustee, custodian of	or other intermedia	ary for contribution	ons or other ass	ets not inclu	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	wing table:					
							Amount	
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form						Yes	No
b	If "Yes," explain the arrangement in Part XIII. Cho	eck here if the exp	lanation has bee	en provided on I	Part XIII			
Par	t V Endowment Funds. Complete if the	e organization ans	wered "Yes" on	Form 990, Part	IV, line 10.			
		a) Current year	(b) Prior year	(c) Two year		Three years ba	ack <b>(e)</b> Four y	years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the current	year end balance	(line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
	Permanent endowment	%	-					
	Term endowment  %							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a	Are there endowment funds not in the possessio	•	ion that are held	and administer	ed for the o	rganization		
	by:	Ū				•	· ·	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the org							
Par	t VI Land, Buildings, and Equipmen							
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 11a	. See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or oth	ner (b) Co	ost or other	<b>(c)</b> Accu	mulated	<b>(d)</b> Book	value
	-	basis (investme	ent) bas	sis (other)	depree	ciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			28,597.	2	3,272.	5	,325.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part X	column (B), line	e 10c.)		►	5	,325.
						Sched	lule D (Form	990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line <sup>-</sup>	11b. See Form 990. Part X. line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	al derivatives			-
	held equity interests			
3) Other				
, (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (k	o) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990. Part X. col. (B) line 2	25)		

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

X

Sche	edule D (Form 990) 2021 ST. JOHN UNITED WAY		23-7	204234 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			2,319,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			2,319,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.		2,319,126.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ises per Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	1,317,868.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,317,868.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	<u>8.</u> )		1,317,868.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE THE ORGANIZATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY
THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS
TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE
SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE
ORGANIZATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE
ORGANIZATION, AND HAS CONCLUDED THAT, AT JUNE 30, 2021, THERE WERE NO
UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
132054 10-28-21 Schedule D (Form 990) 2021

#### PART X, LINE 2

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE ORGANIZATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT, AT JUNE 30, 2022, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

SCHEDULE G	Suppleme	ntal Informat	ion Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No	o. 1545-0047
(Form 990)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	20	021
Department of the Treasury Internal Revenue Service			Attach to Form 990				<b>~ 7</b>		Open Inspe	to Public ction
Name of the organization		to www.irs.gov	Pormaau for instru	uction	s and	the latest informati	on.	Employer	•	tion number
	ST. JOH	N UNITED	WAY					23-72		
Part I Fundrais required to	complete this part	Complete if the t.	organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ filers	are not
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g X Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>										
(i) Name and addres or entity (fund	s of individual		Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	fundraiser to (or retained by)		Amount paid r retained by) ganization	
				Yes	No					
Total										
<b>3</b> List all states in whitor licensing.	ich the organizatio	n is registered or	licensed to solicit o	contrib	utions	or has been notified	it is e	exempt fron	n registrat	ion

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines T and 60. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 SPECIAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			EVENT			col. (c)
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	312,847.			312,847.
-	2 Less: Contributions		312,847.			312,847.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , , , , , , , , , , , , , , , , , , ,			►	
Da	11 Irt	Net income summary. Subtract line 10 from li		000 Det N/ Kee 10	<b>&gt;</b>	
Га		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
Revenue		¥ 10,000 0.11 0.11 000 ±2, 110 021	<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Cross revenue				
		Gross revenue				
ses	2	Cash prizes				
Expenses		Cash prizes				
Direct Expenses	3	Cash prizes				
Direct Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses	3 4 5	Cash prizes	Yes% □No	Yes% □No	☐ Yes % No	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		□ No	
Direct Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	5 in column (d)	□ No	<u>No</u> No	
Direct	3 4 5 7 8	Cash prizes	5 in column (d)	□ No	<u>No</u> No	
6 Direct	3 4 5 7 8 En	Cash prizes	No         5 in column (d)         from line 1, column (d)         cts gaming activities:	□ No	No ►	
b 6 Direct	3 4 5 6 7 8 En	Cash prizes	No         5 in column (d)         from line 1, column (d)         cts gaming activities:	No No	No ►	
b 6 Direct	3 4 5 6 7 8 En	Cash prizes	No         5 in column (d)         from line 1, column (d)         cts gaming activities:	No No	No ►	YesNo
a e Direct	3 4 5 6 7 8 En 1 is 1 9 if "	Cash prizes	No         5 in column (d)         from line 1, column (d)         cts gaming activities:	No	No ►	

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Schedule G (Form 990) 2021

Sche	edule G (Form 990) 2021 ST. JOHN UNITED WAY 2	3-720	4234	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	∟		
	The organization's facility	13	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			///
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amoun	ıt		
	of gaming revenue retained by the third party  \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	-	_
	retain the state gaming license?	L	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	าย		
Da	organization's own exempt activities during the tax year <b>s \$</b> rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar		l'	
ı a	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	id Part III,	lines 9,	90, 100,

	(continued)		

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22</sup> .	er Assistanc d Individuals <sup>answered "Yes"</sup> (	te to Organi s in the Unit on Form 990, Parl	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. www.irs.gov/Form990 for the latest information.	ו 990. the latest inform	ation.		Open to Public Inspection
Name of the organization	DN ST. JOHN UNITED	TED WAY						Employer identification number 23 – 7204234
Part I General Inf		sistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the	stantiate the	amount of the grants o	r assistance, the g	rantees' eligibility .	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to aw	criteria used to award the grants or assistance?	\$						X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monito	oring the use of grant fu	unds in the United :	States.			
Part II Grants and recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	stic Organiz	ations and Domestic ( be duplicated if additior		omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
1 (a) Name and add or gove	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2640 CANAL STREET NEW ORLEANS, LA 70119		53-0196605 !	501(C)3	12,000.	.0			PROGRAM ALLOCATION
ST. JOHN RECOVERY GROUP P.O. BOX 2019 RESERVE, LA 70084	<u>.</u>	72-1425139	501(C)3	465, 895.				DISASTER RELIEF
VOLUNTEERS OF AMERICA 4152 CANAL STREET NEW ORLEANS, LA 70119		72-0709750	501(C)3	10,276.	.0			PROGRAM ALLOCATION
LINK, INC TOULOUSE S7 ORLEANS, LA	A 1119	72-0706669	501(C)3	7,500.	.0			PROGRAM ALLOCATION
тнЕ АКС ОF ST. CHA P.O. BOX 455 BOUTTE, LA 70039	CHARLES 69 72-	72-0696534	501(C)3	6,000.	0.			PROGRAM ALLOCATION
ST JOHN MINISTRY OF P.O. BOX 1433 LAPLACE, LA 70069	CARE	72-1024512 501(C)3	501(C)3	6,250.	. 0			PROGRAM ALLOCATION
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ernment org	anizations listed in the	line 1 table				
	Enter total number of other organizations listed in the line 1 table	l in the line 1						
LHA For Paperwork F	For Paperwork Reduction Act Notice, see the Instructions for Form	he Instructio	ons for Form 990.					Schedule I (Form 990) 2021

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Schedule I (Form 990) ST. JOHN I	JOHN UNITED WAY	Л					23-7204234 Page 1
(a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of is applicable     (e) Amount of is applicable	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN COUNSELING SOLUTIONS 1000 HOWARD AVENUE, STE 200 NEW ORLEANS, LA 70113	72-0408911	501(C)3	18,000.	o			PROGRAM ALLOCATION
SECOND HARVEST FOOD BANK OF GNO 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	501(C)3	50,000.	.0			PROGRAM ALLOCATION
NEW WINE CHRISTIAN DEVELOPMENT CORPORATION - 1921 WEST AIRLINE HWY - LAPLACE, LA 70068	72-1425139	501(C)3	17,000.	0.			PROGRAM ALLOCATION
METROPOLITAN CENTER FOR WOMEN & CHILDREN - P.O. BOX 10775 - JEFFERSON, LA 70181	72-1062244	501(C)3	18,000.	0.			PROGRAM ALLOCATION
DOLLY PARTON IMAGINATION LIBRARY 111 DOLLYWOOD LANE FIGEON FORGE, TN 37863	62-1348105	501(C)3	19,203.	0.			PROGRAM ALLOCATION
CHILD ADVOCACY SERVICES 1504 WEST CHURCH STREET HAMMOND, LA 70401	72-1262466 501(C)3	501(C)3	22,000.	0.			PROGRAM ALLOCATION
BLESSED TO BE A BLESSING 2015 WEST AIRLINE HIGHWAY LAPLACE, LA 70068	72-1515960 501(C)3	501(C)3	7,700.	0.			PROGRAM ALLOCATION
LIVING WAY PENTECOSTAL CHURCH 810 WALNUT ST LAPLACE, LA 70068	72-1223653		17,000.	0.			DESIGNATION
HARVEST TIME COMMUNITY DEVELOPMENT CORP - 1295 HWY 18 - EDGARD, LA 70049	72-1516457		10,000.	o			DESIGNATION
							Schedule I (Form 990)

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Schedule I (Form 990)

I			1	1	1	1	1	1	1	1	1	
23-7204234 Page 1		<b>(h)</b> Purpose of grant or assistance	DESIGNATION									Schedule I (Form 990)
	rt II.)	(g) Description of non-cash assistance										
	(Schedule I (Form 990), Part II.)	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>										
	vernments (Sch	<b>(e)</b> Amount of noncash assistance	.0									
	and Domestic Go	<b>(d)</b> Amount of cash grant	36,250.									
7	nestic Organizations	<b>(c)</b> IRC section if applicable	501(C)3									-
JOHN UNITED WAY	Assistance to Don	(b) EIN	46-4516976									
Schedule I (Form 990) ST. JOHN 1	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	<b>(a)</b> Name and address of organization or government	STEM NOLA 4910 DREXEL DR NEW ORLEANS, LA 70125									

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Schedule I (Form 990) 2021 ST. JOHN UNITED WAY	WAY				23-7204234 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART 1, LINE 2:					
ST. JOHN UNITED WAY REVIEWS THE PRO	PROCESS IN	PLACE ENSURES	THAT	THE MONEY	
IS GOING TOWARDS A PURPOSE THAT FURTHER	Ŋ	THEIR MISSION.	.N		
132102 10-26-21					Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



ST. JOHN UNITED WAY

Employer identification number 23-7204234

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE BUILDING BLOCKS FOR A BETTER LIFE- HEALTH, EDUCATION AND FINANCIAL

<u>STABILIT</u>Y

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - THE DRAFT OF THE FORM 990 IS REVIEWED BY THE

EXECUTIVE DIRECTOR, AS WELL AS THE EXECUTIVE COMMITTEE AND THE SECRETARY /

TREASURER BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY. MEMBERS ARE

REMINDED THROUGHOUT THE YEAR OF THE NEED TO DECLARE ANY POSSIBLE CONFLICTS.

MEMBERS WHO MAY HAVE CONFLICTS ARE NOT ALLOWED TO VOTE ON MOTIONS OR

PARTICIPATE IN DISCUSSIONS. THE MINUTES ARE DOCUMENTED TO REFLECT

ABSENTENTIONS.

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

COMPENSATION LEVELS WERE DETERMINED AS FOLLOWS:

1. REVIEW AND APPROVAL BY A GOVERNING BODY OR COMPENSATION COMMITTEE

PROVIDED THE PERSONS WITH A CONFLICT OF INTEREST RESPECT TO THE

COMPENSATION ARRANGEMENT AT ISSUE WERE NOT INVOLVED.

2. USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

## ORGANIZATIONS.

Name of the organization

#### 3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE

DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 18:

DOLORES MONTZ - (985) 651-9118

408 BELLE TERRE BLVD, LAPLACE, LA 70068

FORM 990, PART VI, SECTION C, LINE 19:

DOLORES MONTZ - (985) 651-9118

408 BELLE TERRE BLVD, LAPLACE, LA 70068

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FROM PRIOR YEAR.