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DLN: 93493320074792

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Form **990** 1

Che	the Zuii C	alendar year, or tax year beginning 01-01-2011 and e	ending 12-31-2011			-
Cilc	ck if applicable	C Name of organization JEWISH FEDERATION OF ST LOUIS			D Employer i	dentification number
Addı	ress change	Doing Business As		_	43-06526 E Telephone	
Nam	ne change	Doing Business As			-	
Initia	al return	Number and street (or P O box if mail is not delivered to stree	et address) Room/sui	te	(314) 442	
Terr	minated	12 MILLSTONE CAMPUS DRIVE			<b>G</b> Gloss receip	ots \$ 32,670,701
Ame	ended return	City or town, state or country, and ZIP + 4 ST LOUIS, MO 631465776				
Appl	lication pending	,				
		F Name and address of principal officer DR ANDREW REHFELD			s a group retu	
		12 MILLSTONE CAMPUS DRIVE		affiliat	tes?	⊤Yes ▼ No
		ST LOUIS,MO 631465776			affiliates incl	
Tax	-exempt status	✓ 501(c)(3)	L) or 527		," attach a li: p exemption	st (see instructions)
We	ebsite: ► WV	/W JEWISHINSTLOUIS ORG	,	n(c) Group	p exemption	number P
		✓ Corporation Trust Association Other ►	l	Vear of for	mation 1947	<b>M</b> State of legal domicile
		p. Corporation   Trust   Association   Other P		L rear or ion	madon 1547	MO
Par	rt I Sum	mary				
		escribe the organization's mission or most significant T, COLLECT, DISTRIBUTE & ADMINISTER CONTRI				
		b <b>b.</b> —		5 than 21	TOV -5:5	
		nis box  if the organization discontinued its operation of voting members of the governing body (Part VI, line			5% of its net <b>3</b>	1
		of independent voting members of the governing body			4	
		mber of individuals employed in calendar year 2011 (F			5	
		mber of volunteers (estimate if necessary)			6	30
	<b>7a</b> Total un	related business revenue from Part VIII, column (C),	line 12		7a	-8,97
	<b>b</b> Net unre	lated business taxable income from Form 990-T, line	34		7b	-8,97
					Year	Current Year
	8 Contr	butions and grants (Part VIII, line 1h)		12 051 620	1221506	
					13,951,639	
		am service revenue (Part VIII, line 2g)			248,678	283,03
	10 Inves	tment income (Part VIII, column (A ), lines $3$ , $4$ , and $7$	d)		248,678 2,966,449	283,03 4,145,74
	<ul><li>10 Inves</li><li>11 Other</li></ul>		d) Oc,and11e)		248,678 2,966,449 523,698	283,03 4,145,74 660,67
	<ul><li>10 Inves</li><li>11 Other</li><li>12 Total</li><li>12) .</li></ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VII	d) Oc, and 11e) I, column (A), line		248,678 2,966,449 523,698 17,690,464	283,03 4,145,74 660,67 17,305,41
	<ul> <li>10 Inves</li> <li>11 Other</li> <li>12 Total</li> <li>12)</li> <li>13 Grant</li> </ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VII	d) Oc, and 11e) I, column (A), line  1–3)		248,678 2,966,449 523,698 17,690,464 10,073,140	283,03 4,145,74 660,67 17,305,41 10,476,92
Praelie	<ul> <li>10 Inves</li> <li>11 Other</li> <li>12 Total</li> <li>12)</li> <li>13 Grant</li> <li>14 Benef</li> </ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VII	d)		248,678 2,966,449 523,698 17,690,464	283,03 4,145,74 660,67 17,305,41 10,476,92
	<ul> <li>10 Inves</li> <li>11 Other</li> <li>12 Total</li> <li>12)</li> <li>13 Grant</li> <li>14 Benef</li> <li>15 Salari</li> <li>5-10</li> </ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII	d)		248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56
	<ul> <li>10 Inves</li> <li>11 Other</li> <li>12 Total</li> <li>12)</li> <li>13 Grant</li> <li>14 Benef</li> <li>15 Salari</li> <li>5-10</li> <li>16a Profes</li> </ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII	d)		248,678 2,966,449 523,698 17,690,464 10,073,140	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56
	<ul> <li>10 Inves</li> <li>11 Other</li> <li>12 Total</li> <li>12)</li> <li>13 Grant</li> <li>14 Benef</li> <li>15 Salari</li> <li>5-10</li> <li>16a Profes</li> <li>b Total for</li> </ul>	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII	d)		248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56
	10 Inves 11 Other 12 Total 12) 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total fo	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII)	d)		248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56
	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII	d)		248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77
EXPAISES	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII)	d)	Beginning	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77
CALCAL SEC	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total 19 Rever	tment income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII)	d)	Beginning	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current ear	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77 -230,36 End of Year
cariady	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total 19 Rever	trevenue (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII)	d)	Beginning You	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current ear	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77 -230,36 End of Year 107,776,17
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Fund Balances	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total 19 Rever  20 Total 21 Total 22 Net as t II Sign penalties of pedge and belie	trevenue (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16 revenue—add lines 8 through 11 (must equal Part VIII)	d)	Beginning You 1	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current ear 12,923,858 30,742,717 82,181,141	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77 -230,36 End of Year 107,776,17 32,277,63 75,498,53
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Pard Barances Expenses	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as t II Sign penalties of pedge and believedge.	trevenue (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 revenue—add lines 8 through 11 (must equal Part VIII).  s and similar amounts paid (Part IX, column (A), lines ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25)  expenses (Part IX, column (D), line 25)  expenses (Part IX, column (A), lines 11a-11d, 11f-2 expenses Add lines 13-17 (must equal Part IX, columulue less expenses Subtract line 18 from line 12  eassets (Part X, line 16)	d)	Beginning Ye  1  hedules and st ) is based on a	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current ear 12,923,858 30,742,717 82,181,141 atements, and all information	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56  2,791,28 17,535,77 -230,36 End of Year 107,776,17 32,277,63 75,498,53
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Pard Barances Expenses	10 Inves 11 Other 12 Total 12). 13 Grant 14 Benef 15 Salari 5-10 16a Profes b Total fo 17 Other 18 Total 19 Rever  20 Total 21 Total 22 Net as 111 Sign penalties of pedge and believedge.	trement income (Part VIII, column (A), lines 3, 4, and 7 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16 revenue—add lines 8 through 11 (must equal Part VIII	d)	Beginning You  1  hedules and st ) is based on a	248,678 2,966,449 523,698 17,690,464 10,073,140 0 4,142,247 0 2,759,084 16,974,471 715,993 of Current ear 12,923,858 30,742,717 82,181,141 atements, and all information	283,03 4,145,74 660,67 17,305,41 10,476,92 4,267,56 2,791,28 17,535,77 -230,36 End of Year 107,776,17 32,277,63 75,498,53  I to the best of my of which preparer has an
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ST LOUIS, MO 63101

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Phone no 🕨 (314) 925-4300

Form	990 (2	011)							Page <b>2</b>
Par	: IIII	Statement of Pr Check if Schedule O				Part III			
1	Briefl	y describe the organi	•	se to any qu	C3Cloff III Clil3				• • • • • • • • • • • • • • • • • • • •
IN STOFA	Γ LOU LL JEW	DERATION MOBILIZ IS, ISRAEL, AND AR ISH CHARITABLE, S G CERTAIN ASSET N	OUND THE WORL SOCIAL WELFARE	D TO SOLI , CULTURAL	CIT, COLLEC L, EDUCATIO	T AND DISTE NAL, AND PE	RIBUTE CONTRIE IILANTHROPIC C	BUTIONS FOR	THE BENEFIT
2	the pr	e organization undert or Form 990 or 990-	EZ?	· · · ·				n	✓ No
3	Did th	s," describe these nev e organization cease es?	conducting, or mak	e significan	t changes in h	now it conduct	s, any program	┌ Yes │	√ No
	If "Yes	s," describe these ch	anges on Schedule	0					
4	expen	ibe the organization's ses Section 501(c)( and allocations to of	3) and 501(c)(4) o	rganızatıons	and section 4	1947 (a)(1) tru	ists are required t	o report the ar	
<b>4a</b>	IN 190 PROG THE Y CONN LED B RESPC SERVI THE F GUIDE AND F VARIE GREAT STREI OPER NATUI HOME MILE / TO IN ANNU. COST SERVI ADMI CONN SERVI EITHE SERVI STAFF COUN	JING AND ALLOCATIONS TO I, IT IS ONE OF THE REGRAMS AND SERVICES, THI OUNG AND OLD, FIGHT AN ECTIONS TO ISRAEL, THE Y HUNDREDS OF VOLUNTE OND TO EMERGENCIES, EVICES LOCAL AGENCIES ARE EDERATION'S PLANNING AS TO BY THREE PLANS TO GOTHENING THE GOVERNAMED BY INDEPENDENT BE RALLY OCCURRING RETIRS TO AGE IN PLACE WITH AREA IN WEST ST LOUIS OF THE AREA IN WEST ST LOUIS OF THE STOME OF THE STAND MALIZATION FEVAL COST OF \$48,000 PER ASTITUTIONALIZATION FEVAL COST OF STAND DIGNIFIE CE FOR JEWISH OLDER AND STAND 1,284 INDIVIDUALS TRY WHICH OFFERS THE DOCAL FAMILIES HAVE SIGNAMED TO THE THE TO THE THE DOCAL FAMILIES HAVE SIGNAMED TO THE THE TO THE THE TO THE TO THE TO THE	SION'S OLDEST AND LAF REE INTERNATIONAL AC NTI-SEMITISM, PROMO FEDERATION DIRECTL' EERS FROM ALL SECTOI VALUATE NEEDS AND DI E REVIEWED AND FUND NIND ALLOCATIONS PROV OMMISSIONS ADDRESS MD ALLOCATIONS IS GL ND VIEWPOINTS WORK O ADDRESS THEM EFFIC ANCE, MANAGEMENT AP ENEFICIARY AGENCIES, CEMENT COMMUNITY (N SUPPORT SERVICES AP COUNTY AND HAS A CU VER THAN 1% OF THE PERSON FOR A SEMI-PE TO OPTION WHILE MEE COUNTY, THEIR CHILDRE RY AGENCY STAFF ME AND INFORMATION ON CES, HOUSING, LEARNI AL PHONE CALL OR EMA G WERE REPEAT IN AE VISITED THE ELDERLIN NATIONAL PJ LIBRARY	GEST NONPRO GENCIES AND F TE JEWISH CUL TE JEWISH CUL RS OF THE CON STRIBUTE CHA S ALLOCATED I JESS IS BUILT , ING INTEGRAT JIDED BY COMI ING WITH AGEI LIENTLY AND W JID ADMINISTRA SEVERAL MAJO CORC) SENIOR ILD PROGRAMS, RRENT MEMBE NORC'S RESIDI RIVATE NURSII JENEY HORE ING THE LIFESI MAD CAFESI MBERS, WHO F IL EVERYTHING NG AND RECRE JIL IN 2011, A DOITHON, ANOTH W WEBSITE PJ PROGRAM TO A	FIT ORGANIZATI OUR TARGETED TURE AND SUPP JIS TO ISRAEL TO IMMUNITY, WHO S RITABLE DOLLAR IN THREE-YEAR IN THREE-Y	COMMUNITY'S CONS FUNDS ARE AREAS - TO FEEL ORT JEWS IN ISR HROUGH A PARTI SERVE ON BOARD S TO THE FEDER CYCLES NATIONA N OF AN INSPIRII SERVICES, JEWI ROM SOME 60 LO NE GEOGRAPHIC ICATION OF SERV OF OUR AGENCI ICATION OF SERV OF OUR AGENCI ICED THEM ACTIV EOPLE AGED 65+ AVING MOVED FR ST LOUIS (ACC) IMATURE ADULT: A PROJECT OF THE OF SOCIAL WORK PLACE AND CARE L AND MENTAL H PHONE CALLS WI UNALS ATTENDED OM ST LOUIS IS Y WITH CHILDRE	DISTRIBUTED TO 30 OTHE HUNGRY, EDUC AEL AND AROUND THI IVERSHIP 2000 SISTER S AND COMMITTEES, ATION'S FAMILY OF AC ALL AND INTERNATIONA NG, CARING AND UNIT SHIDENTITY AND ENG CAL LAY LEADERS PLU AND DEMOGRAPHIC S VICES ADDITIONALLY, ES ALTHOUGH THE GR EGIS OF PLANNING AN THE ST LOUIS NORC OM THE NORC INTO N ORDING TO GENWORT SELDERLINK ST LOUI DEGREES AND ARE EX GIVER RESOURCES, T EALTH, SAFETY AND LI ERE RECEIVED WITH I COMMUNITY PRESEN N AGED 6 MONTHS TH	G AND PLANNING LOCAL AND 21 NA ATE STUDENTS O E WORLD TO STE -CITY PROGRAM RAISE FUNDS, MA SENCIES, PROGRA LAGENCIES ARE TED JEWISH COM GAGEMENT AND G IS STAFF REPRESI HIFTS, IDENTIFY EFFORTS ARE DI REAT MAJORITY O D ALLOCATIONS IS OFFERS A LOW- URSING HOMES THE FINANCIAL), TI SE IS A COORDIN INTEGRATION CO PERIENCED IN G TO EMPLOYMENT, EGAL ISSUES AND INDIVIDUALS SEEF HATONS PROVIDE H COMMUNITIES HROUGH 7 YEARS	TIONAL AGENCIES, F ALL AGES, CARE FOR LENGTHEN ST LOUIS' THE FEDERATION IS WAGE ENDOWMENTS, WAS AND REVIEWED ANNUALLY MUNITY AND IS LOBAL JEWISH UNITY ENTING A WIDE WHERE NEEDS ARE RECTED AT F SERVICES ARE THE ST LOUIS DEPENDENT IN THEIR COMPASSES A THREE- COST ALTERNATIVE AT AN AVERAGE HE NORC PROVIDES A ATED REFERRAL MMISSION, ERONTOLOGY, END-OF-LIFE MUCH MORE WITH KING REFERRAL ETH OF AGE MORE THAN
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**4e** Total program service expenses►\$ 14,285,622

538,986 including grants of \$

Other program services (Describe in Schedule O )

4d

(Expenses \$

144,946)

) (Revenue \$

art IV	Checklist o	f Reauired	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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			NI -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
ט		2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		N.a
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			NO
h	required?	7g 		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νo
	Sponsoring organizations maintaining donor advised funds.			NI -
	Did the organization make any taxable distributions under section 4966?	9a		No
D D	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12			
	facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
	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			
3	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
_	13c	_ [		
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	103	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			
17				
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501(c)			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SANDRA A JANITCH-SCHWARZEN
  12 MILLSTONE CAMPUS DRIVE
  ST LOUIS, MO 631465776

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensatio from the organization (' 2/1099-MIS	from related W- organization	on d s	Estima amount o compens from torganizat relat	ated of other sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Misch		organiza	
See A	dditional Data Table												
											$\dashv$		
		1									+		
-											+		
								<u> </u>			$\dashv$		
							-				$\dashv$		
											_		
1b	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u>.                                    </u>		<u> </u>					
С	Total from continuation sheets	to Part VII, Sec	tion A		-			<u> </u>					
d	Total (add lines 1b and 1c) .							<b>&gt;</b>	785,2	204	0		111,327
2	Total number of individuals (inc \$100,000 of reportable compen					ted	above	) who	received more	than			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy •	ee, c	or highest comp	ensated employee	3		No No
4	For any individual listed on line organization and related organiz	1a, is the sum of	freport	able	com								110
5	Individual	receive or see		•	• •	• •		· upro	lated organizati	on or individual fa-	4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_		5		No
Se	ction B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio											
	Nai	(A) me and business add	dress						[	<b>(B)</b> Description of services		( <b>C</b> Comper	
	Total number of independent cont												

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99								Page <b>9</b>
Part \	<b>/1111</b>	Statement of	of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a	166,975				
g a	Ь	Membership du	ies <b>1b</b>					
ું. ⊞	С	Fundraising eve	ents <b>1c</b>					
<u>≅</u> ,≅	d		zations 1d	783,256				
£ E	е	Government grant		73,461				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ibutions included in	11,192,270				
9 5 7	h	Total. Add lines	s 1a-1f	▶	12,215,962			
				Business Code				
anci.	2a	OFFICE SERVICES		900099	144,946			144,946
£8 ₹	ь	OCCUPANCY		900099	121,353			121,353
Program Service Revenue	c	MEMBERSHIP DUE	S	900099	16,735			16,735
Ē.	d							
Ø ⊊	e							
Ta II	f	All other progra	am service revenue					
Š			2 26					
	3		s 2a-2f		283,034			
			ome (including dividen ar amounts)	<del>-</del>	1,286,694		-8,977	1,295,671
	4		stment of tax-exempt bond	<u> </u>			2,5	
	5							
		Koyakies I	(ı) Real	(II) Personal				
	6a	Gross rents	43,374	(,				
	ь	Less rental	0					
	<sub>c</sub>	expenses Rental income	43,374					
		or (loss)			43,374			12 271
	d	Net rental inco	me or (loss)		43,374			43,374
	7a	Gross amount	(ı) Securities 18,224,336	(II) Other				
	′ ′ ′ ′	from sales of assets other						
		than inventory						
	b	Less cost or other basıs and	15,365,287					
	c	sales expenses Gain or (loss)	2,859,049					
	d	Net gain or (los		▶	2,859,049			2,859,049
	8a		from fundraising	ı	, ,			, ,
Other Revenue		events (not inc \$ of contributions						
hе	ь	Less direct ex	penses <b>b</b>					
ಕ	c		· (loss) from fundraising	events 🟲				
	9a		from gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c	=	oods sold <b>b</b> (loss) from sales of inve	entory				
		Miscellaneou	s Revenue	Business Code				
	11a	INTERCOMPA	NY CHARGES	900099	457,658			457,658
	Ь	OTHER INCOM	ME	900099	159,643			159,643
	C							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		617,301			
	12	Total revenue.	See Instructions .	▶[	17,305,414	0	-8,977	5,098,429

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,814,494	6,814,494		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,662,435	3,662,435		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	737,326	479,134	128,763	129,429
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,579,796	1,374,530	583,083	622,183
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	367,781	200,356	80,664	86,761
9	Other employee benefits	374,866	204,100	81,044	89,722
10	Payroll taxes	207,800	115,582	44,713	47,505
11	Fees for services (non-employees)				
а	Management				
b	Legal	29,818	20,689	6,656	2,473
С	Accounting	93,914	65,162	20,963	7,789
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	46,434		46,434	
g	Other	833,156	622,485	153,600	57,071
12	Advertising and promotion	208,503	163,727	17,903	26,873
13	Office expenses	178,905	37,053	104,455	37,397
14	Information technology				
15	Royalties				
16	Occupancy	563,942	259,822	265,635	38,485
17	Travel	7,947	3,652	3,092	1,203
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		· · · · · ·
19	Conferences, conventions, and meetings	248,283	117,209	55,127	75,947
20	Interest	18,736		18,736	
21	Payments to affiliates	· ·			_
22	Depreciation, depletion, and amortization	252,734	80,832	156,848	15,054
23	Insurance	62,159	6,258	55,901	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROVISION FOR BAD DEBT	106,284		106,284	
ь	MISSIONS	98,417	35,779	13,800	48,838
c	BOOKS, PUBL, & SUBSCRIP	24,462	17,763	5,181	1,518
d	AWARDS AND GRANTS	9,375	2,072	6,557	746
e					
f	All other expenses	8,212	2,488		5,724
25	Total functional expenses. Add lines 1 through 24f	17,535,779	14,285,622	1,955,439	1,294,718
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 4,063,800 2,271,635 Cash—non-interest-bearing . . . . . . . . . . . . . 1 5.632.905 8.262.682 2 2 3,891,859 3 3,903,571 418.612 660.527 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 281,635 7 360,753 8 159,545 9 9 215,155 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis *Complete* 7,775,124 Part VI of Schedule D 10a 10b 4,516,963 b Less accumulated depreciation . . . . . 3,311,288 **10c** 3,258,161 63,244,877 11 53,292,411 11 31,919,337 35,551,277 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 15 15 112,923,858 107,776,172 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,216,150 17 3,252,485 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22,358,688 21 22,777,376 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 672,000 24 1,172,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 4,495,879 25 5,075,775 D . . . . . 26 30,742,717 26 32,277,636 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 44,020,869 27 39,188,095 Unrestricted net assets . . . . 21,902,463 28 19,371,691 28 Temporarily restricted net assets . . . . . Fund 29 16,257,809 29 16,938,750 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 82.181.141 33 75.498.536 34 Total liabilities and net assets/fund balances . . . . . 112.923.858 34 107,776,172

	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17	205 414
2	Total expenses (must equal Part IX, column (A), line 25)	2			305,414
3	Revenue less expenses Subtract line 2 from line 1	3			230,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82,1	181,141
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6,4	152,240
6		6		75,4	198,536
Par	The Financial Statements and Reporting  Check of Schedule O contains a response to any question in this Part XII	•		୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	. [	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss on a separate basis, consolidated basis, or both	ued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	luired	3b		

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As Filed Data -

DLN: 93493320074792

OMB No 1545-0047

2011

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

JEWISH FEDERATION OF ST LOUIS 43-0652643 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
		ınst	instructions))	Yes	No	Yes	No	Yes	No	
									_	
Total										

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		1 1		, , , , , , , , , , , , , , , , , , ,			
Cal	<b>endar year</b> (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,398,01	3 13,352,647	12,188,066	13,951,639	11	,853,706	65,744,071
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	14,398,01	3 13,352,647	12,188,066	13,951,639	11	,853,706	65,744,071
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							90,439
6	Public Support. Subtract line 5							65,653,632
	from line 4 ection B. Total Support							
	endar year (or fiscal year	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 20		
	beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20		(f) Total
7 8	A mounts from line 4 Gross income from interest,	14,398,013	13,352,647	12,188,066	13,951,639	11	,853,706	65,744,071
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,404,682	1,754,565	1,456,652	1,236,010	1	,330,068	8,181,977
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	587,210	741,237	652,307	564,837		634,036	3,179,627
11	<b>Total support</b> (Add lines 7 through 10)							77,105,675
12	Gross receipts from related activit	ties, etc (See ins	tructions )	•	•	12	•	1,596,181
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	) organız	zation,
	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (f))		14		85 150 %
15	Public Support Percentage for 201	•				15		85 840 %
16a	<b>33 1/3% support test—2011.</b> If th and <b>stop here.</b> The organization qu				line 14 is 33 1/3%	or more	, check t	this box
Ь	33 1/3% support test—2010. If th				a, and line 15 is	33 1/3%	or more,	. ,
	box and <b>stop here.</b> The organization				12.16			<b>►</b> □
17a	<b>7a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain							
	in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported							. —
h	organization 10%-facts-and-circumstances test	t—2010. If the ord	anization did not o	theck a box on lir	ne 13, 16a 16b <i>o</i>	or 17a an	d line	<b>►</b> I
_	15 is 10% or more, and if the orga	ınızatıon meets th	ne "facts and circu	mstances" test,	check this box an	d <b>stop he</b>	ere.	
18	Explain in Part IV how the organiz supported organization <b>Private Foundation</b> If the organization				-			<b>/ ▶</b> □
	instructions	and not chec			, 5 , 6	zon unu .		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Schedule A	(Form	990	or 99	0-EZ)	2011 (
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Page **4** 

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

#### **Explanation**

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS RECLASSIFICATION FROM BOARD-CONTROLLED ENDOWMENTS INTERCOMPANY CHARGES PROVISION FOR UNCOLLECTIBLE PLEDGES

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 43-0652643

Name: JEWISH FEDERATION OF ST LOUIS

#### Form 990, Special Condition Description:

#### **Special Condition Description**

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 356,208 including grants of \$ 0 ) (Revenue \$ 144,946 )

COMMUNICATIONS JEWISH FEDERATION'S COMMUNICATIONS DEPARTMENT PROVIDES MARKETING, ADVERTISING, MEDIA RELATIONS AND PUBLIC RELATIONS SUPPORT FOR FEDERATION SPONSORED EVENTS, HOLOCAUST MUSEUM, FEDERATION PLANNING AND ALLOCATIONS, NORC (NATURALLY OCCURRING RETIREMENT COMMUNITY) SENIOR PROJECT, JEWISH COMMUNITY FOUNDATION, PARTNERSHIP 2000, FOCUS ISRAEL, PROFESSIONAL EXCELLENCE AND MORE COMMUNICATIONS PLANS AND MANAGES JEWISH FEDERATION'S ANNUAL MEETINGS AND DESIGNS/PUBLISHES ITS ANNUAL REPORT TO THE

(Code ) (Expenses \$ 182,778 including grants of \$ 0 ) (Revenue \$ 0 )

COMMUNITY BUILDING THE FEDERATION ALSO BUILDS AND PROMOTES BY ENGAGING JEWS IN JEWISH LIFE THROUGH SUCH SERVICES AS THE COMMUNITY WEBSITE PROJECT WWW JEWISHINSTLOUIS ORG THE FEDERATION'S WEBSITE IS THE ONLINE GATEWAY TO EVERYTHING JEWISH IN ST LOUIS AND ONE OF THE MOST SUCCESSFUL JEWISH COMMUNITY WEBSITES IN THE COUNTRY A SERVICE OF JEWISH FEDERATION OF ST LOUIS - JEWISHINSTLOUIS ORG IS SUPPORTED BY CORPORATE AND INDIVIDUAL SPONSORS WITH THE MISSION TO SERVE AS A COMMUNITY BUILDING TOOL SINCE INCEPTION IN JUNE, 2005, JEWISHINSTLOUIS ORG HAS WELCOMED MORE THAN 868,000 VISITORS - WHO HAVE LOGGED MORE THAN 3 1 MILLION PAGE VIEWS THE SITE AVERAGES 1,500 TO 2,000 VISITORS EACH DAY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Position (c		(che	y)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
ROBERT MILLSTONE BOARD CHAIR	20 00	Х		х				0	0	0
JOHN KALISHMAN - VICE CHAIR FINANCIAL & HUMAN RESOURCE DEVELOPMENT	10 00	Х		х				0	0	0
PATRICIA CROUGHAN VICE CHAIR CAMPAIGN	10 00	Х		х				0	0	0
TODD SIWAK VICE CHAIR FINANCE/TREASURER	10 00	Х		x				0	0	0
MICHAEL OBERLANDER VICE CHAIR PLANNING & ALLOCATIONS	10 00	Х		х				0	0	0
CHARLES BURSON VICE CHAIR STRATEGIC PLANNING	10 00	Х		х				0	0	0
HARRVEY WALLACE VICE CHAIR AT LARGE/SECRETARY	10 00	Х		×				0	0	0
SANFORD NEUMAN IMMEDIATE PAST PRESIDENT	10 00	Х		х				0	0	0
LISA GRAIVIER BARNES BOARD DIRECTOR	5 0 0	Х						0	0	0
RABBI JAMES BENNET BOARD DIRECTOR	5 0 0	Х						0	0	0
JONATHAN DEUTSCH BOARD DIRECTOR	5 0 0	Х						0	0	0
NANCY GREEN BOARD DIRECTOR	5 0 0	Х						0	0	0
RANDALL GREEN BOARD DIRECTOR	5 0 0	Х						0	0	0
THOMAS R GREEN BOARD DIRECTOR	5 0 0	Х						0	0	0
SHEILA GREENBAUM BOARD DIRECTOR	5 0 0	Х						0	0	0
C BRADLEY GROSS BOARD DIRECTOR	5 0 0	Х						0	0	0
DAVID KASLOW BOARD DIRECTOR	5 0 0	Х						0	0	0
DIANE KATZMAN BOARD DIRECTOR	5 0 0	Х						0	0	0
SUSAN GODWIN KOTKOFF BOARD DIRECTOR	5 0 0	Х						0	0	0
KENNETH KRANZBERG BOARD DIRECTOR	5 0 0	Х						0	0	0
MARK LEVIN BOARD DIRECTOR	5 0 0	Х						0	0	0
MICHAEL LITWACK BOARD DIRECTOR	5 0 0	Х						0	0	0
HESCHEL RASKAS BOARD DIRECTOR	5 0 0	Х						0	0	0
RUTH RASKAS BOARD DIRECTOR	5 0 0	Х						0	0	0
RICK RECHT BOARD DIRECTOR	5 0 0	Х						0	0	0

40 00

40 00

OFFICER

PRESIDENT RUTH LEDERMAN

DEVELOPMENT

STEPHEN COHEN

ASSISTANT EXECUTIVE VICE

ASSISTANT EXEC VP & DIR OF

(A) Name and Title	(B) (C) A verage Position (check all hours that apply)					all		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
DAVID ROBERTS BOARD DIRECTOR	5 00	Х						0	0	0	
RONALD RUBIN BOARD DIRECTOR	5 00	Х						0	0	0	
JAY SARVER BOARD DIRECTOR	5 00	Х						0	0	0	
HEIDI SILBERMAN BOARD DIRECTOR	5 00	Х						0	0	0	
IAN SILBERMAN BOARD DIRECTOR	5 00	Х						0	0	0	
RABBI JEFFREY STIFFMAN BOARD DIRECTOR	5 00	Х						0	0	0	
LEE WIELANSKY BOARD DIRECTOR	5 00	Х						0	0	0	
SHERRI FRANK WEINTROP BOARD DIRECTOR	5 00	Х						0	0	0	
JANE ROODMAN WIESS BOARD DIRECTOR	5 00	Х						0	0	0	
GREG YAWITZ BOARD DIRECTOR	5 00	х						0	0	0	
BARRY ROSENBERG PRESIDENT AND CEO	40 00			х				328,101	0	41,695	
UUDITH M ABRAMS CHIEF FINANCIAL & ADMINISTRATIVE	40 00			х				155,627	0	27,939	

Χ

Χ

160,418

141,058

23,545

18,148

DLN: 93493320074792

OMB No 1545-0047

**SCHEDULE C** 

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "Yes,"	" to Form 990, Part IV, Li	ine 3, or Form 990-EZ, Part	t V, line 46 (Political Campaig	n Activities),
then				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organ	ΊZ	atio	n
JEWISH	<b>FEDER</b>	ATION	OF	ST	LOUIS

Employer identification number

43-0652643

Part I-A	Complete if	the organization is	<u>s exempt under se</u>	ction 501(c)	) or is a section 5	<u>27 organization.</u>

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures Volunteer hours 0 Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 0 Enter the amount of any excise tax incurred by organization managers under section 4955 ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No
  - If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter -0-

incuaic c (i v	01111 3 3 0 01 3 3 0 EZ / Z 0 1 1	raye
Part II-A	Complete if the organization is exempt under section 501(c)(3) and file	d Form 5768 (election
	under section 501(h)).	

Α	Check	$\Box$	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)

B Check  $\Gamma$  if the filing organization checked box A and "limited control" provisions apply

	Check   If the ming organization checked box	A and innited control provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	101,618	
c	Total lobbying expenditures (add lines 1a and 1b	)	101,618	
d	O ther exempt purpose expenditures		16,139,443	
e	Total exempt purpose expenditures (add lines 1	and 1d)	16,241,061	
f	Lobbying nontaxable amount Enter the amount f columns	962,053		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	240,513	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
i	If there is an amount other than zero on either lin	) reporting		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total		
2a	Lobbying non-taxable amount	1,000,000	981,179	935,310	962,053	3,878,542		
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,817,813		
c	Total lobbying expenditures	95,601	97,009	96,117	101,618	390,345		
_d	Grassroots non-taxable amount	250,000	245,295	233,828	240,513	969,636		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,454,454		
f_	Grassroots lobbying expenditures				lulo C (Form 000			

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493320074792

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

	e of the organization SH FEDERATION OF ST LOUIS	Employer identification number					
JEVVI	ITTEDERATION OF STEOOLS		43-0652643				
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		inds or Accounts. Complete if the				
		(a) Donor advised funds	(b) Funds and other accounts				
L 7	otal number at end of year	96					
2 /	aggregate contributions to (during year)	1,076,365					
3 /	aggregate grants from (during year)	2,206,945					
1 /	aggregate value at end of year	6,692,713					
	Old the organization inform all donors and donor adv funds are the organization's property, subject to the	<del>_</del>	radvised <b>Ves No</b>				
1	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the beconferring impermissible private benefit						
Part	Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.				
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	tion or pleasure)  Preservation of an I Preservation of a co	historically importantly land area ertified historic structure of a conservation				
	easement on the last day of the tax year	_					
			Held at the End of the Year				
a ·	Total number of conservation easements	L	2a				
b ·	Total acreage restricted by conservation easement	s	2b				
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c				
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d				
	Number of conservation easements modified, transfine taxable year 🛌	ferred, released, extinguished, or terminated	d by the organization during				
1	Number of states where property subject to conserv	vation easement is located ▶	_				
	Does the organization have a written policy regardir enforcement of the conservation easements it holds		ling of violations, and Yes No				
5 :	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easeme	ents during the year ►				
	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the year				
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	∵ion <b>∀es                                   </b>				
	In Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease:	the footnote to the organization's financial :					
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.				
	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets heli provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h in furtherance of public service,				
	If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in					
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, his following amounts required to be reported under SFA		·				
	Revenues included in Form 990, Part VIII, line 1	-	<b>▶</b> \$				

**b** Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Art	, His	torio	cal Tre	easure	s, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	_		_			llection	_ <del>_</del>	
а	Public exhibition		d	Γ	Loan o	rexchai	nge progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	they	further	the org	anızatıon	's ex	cempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ıılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	<b>ements.</b> Comple	ete ıf	the o	organız	ation a			es" to For	m 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for c	ontributi	ions or o	other ass	ets r	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI $$	/ and complete the	follow	ıng ta	able		_					
							_			Amou	nt	
C	Beginning balance						 	1c				
d	Additions during the year						L	1d				
е	Distributions during the year						L	1e				
f	Ending balance						L	<b>1</b> f				
2a	$\operatorname{Did}$ the organization include an amount on $\operatorname{Fe}$	orm 990, Part X, line	21?							굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
Par	t V Endowment Funds. Complete											
1.	Paginning of year halance	(a)Current Year 78,156,133	(b)	Prior Y	ear 652,632	(c)Two	Years Back 60,220,46		Three Years     84,491		<b>)</b> Four \	ears Back
la L	Beginning of year balance	2,433,713			067,896		2,151,37	-	•	3,262		
b	Contributions	-1,142,787			414,561		15,085,48	_	-20,852			
٦ C	Investment earnings or losses	5,979,439			978,956		5,804,70	_		1,927		
d e	Other expenditures for facilities	3,515,435		٠,	370,330		3,004,70	_	0,55.	1,327		
е	and programs											
f	Administrative expenses											
g	End of year balance	73,467,620		78,	156,133		71,652,63	2	60,220	),468		
2	Provide the estimated percentage of the year	rend balance held a	ıs							•		
а	Board designated or quasi-endowment	54 470 %										
ь	Permanent endowment • 23 060 %											
c	Term endowment ► 22 470 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	:hat a	re held	and adn	nınıstered	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations							•	ļ	3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							٠	[	3b		<u> </u>
	Land, Buildings, and Equipme					<u> </u>						
**		JIE JEE TOITH 33	о, <u>га</u>		Cost or o		Cost or o	thor	(c) Accumu	lated		
	Description of property				s (investn		basis (othe		depreciati		( <b>d</b> ) Bo	ok value
	and			<u> </u>					_			
	Buildings		•	_			3,621	,290	2,03	38,292		1,582,998
	easehold improvements		•									
	equipment		•				4,153	,834	2,47	78,671		1,675,163
		orm 000 Part V calum	· (2)	1	10(-) )							2.250.46
otal	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, Colum	nn (B),	, iine	10(C).)	• •		•	► Schedu			3,258,161

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	( - ) Markland a face broken
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)CSV OF LIFE INSURANCE	1,353,872	F
(B) OTHER	34,007	F
(C) PRIVATE EQUITY	10,091,045	F
(D) DIVERSIFICATION STRATEGIES	11,189,910	F
(b) biveksiriearion sikaredies	11,103,510	<u>'</u>
(E) REAL ESTATE	12,882,443	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>▶</b> 35,551,277	
Part VIII Investments—Program Related. Se	, ,	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	, ,	Cost or end-of-year market value
<b>7</b>	<b>+</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, li		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
<b>Part X</b> Other Liabilities. See Form 990, Part 1  (a) Description of Liability		
Federal Income Taxes	(b) A mount	
SPLIT INTEREST OBLIGATIONS	2,765,563	
ACCRUED PENSION LIABILITY	2,310,212	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,075,775	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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 XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	TEXIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $_{ m c}$	art IV ,	ines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE INVESTMENTS OF VARIOUS BENEFICIARY AGENCIES AND OTHER ORGANIZATIONS WHICH PARTICIPATE IN THE POOLED INVESTMENT PROGRAM OF THE FEDERATION, WHICH ARE RELATED PARTIES THESE AGENCIES AND ORGANIZATIONS RETAIN THE AUTHORITY TO WITHDRAW THESE FUNDS AT ANY TIME WITH CERTAIN ADVANCE NOTICE FUNDS HELD IN CUSTODY FOR OTHERS ALSO INCLUDE THE ESTIMATED AMOUNT TO BE DISTRIBUTED TO OTHER ORGANIZATIONS UPON THE DEATH OF A DONOR ANNUITY BENEFICIARY AND AMOUNTS TO BE DISTRIBUTED IN ACCORDANCE WITH THE PASSPORT TO
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FEDERATION'S ENDOWMENT FUNDS SUPPORT THE FEDERATION'S CHARITABLE PURPOSE, BY MAKING FUNDS AVAILABLE TO BE USED IN THE FEDERATION'S ANNUAL SUPPORT OF BENEFICIARY AGENCIES, TO SUPPORT SPECIFIC PROGRAMS OF THE FEDERATION OR TO SUPPORT OTHER DESIGNATED PROGRAMS OUTSIDE OF THE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FEDERATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS GENERALLY NOT SUBJECT TO INCOME TAXES THE FEDERATION HAS ADOPTED GUIDANCE REGARDING THE RECOGNITION OF UNCERTAIN INCOME TAX POSITIONS THE FEDERATION'S POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE FEDERATION AND ITS CONSOLIDATED ENTITIES FILE AS TAX EXEMPT ORGANIZATIONS THE FEDERATION'S 2008, 2009, 2010 AND 2011 (WHEN FILED) TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS

DLN: 93493320074792

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Internal Revenue Service Name of the organization JEWISH FEDERATION OF ST LOUIS

**Employer identification number** 

L VV.	ISHTEDERATION OF STEODIS				43-0652643	
Pa	<b>General Informatio</b> "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	RUSSIA & THE NEWLY INDEPENDENT STATES	0		PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
	MIDDLE EAST AND NORTH AFRICA	0		PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
	SOUTH AMERICA	0		PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
						3,662,435
	Sub-total Total from continuation sheets to Part I	0	_			0

ol

c Totals (add lines 3a and 3b)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		RUSSIA & THE NEWLY INDEPENDENT STATES -	DISTRIBUTION TO ORGANIZATIONS IN RUSSIA & THE NEWLY INDEPENDENT STATES REGION		WIRE/CHECK		N/A	N/A
		MIDDLE EAST AND NORTH AFRICA -	DISTRIBUTION TO ORGANIZATIONS IN THE MIDDLE EASTERN AND NORTH AFRICAN REGION		WIRE/CHECK		N/A	N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	DISTRIBUTION TO ORGANIZATIONS IN SOUTH AMERICAN REGION		WIRE/CHECK		N/A	N/A
			SEE PART V FOR MORE INFORMATION ON GRANTS TO ORGANIZATIONS OUTSIDE THE UNITED STATES	3,662,435	WIRE/CHECK		N/A	N/A

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Inform Complete this part to pre information.	ation ovide the information (see insti	ructions) required in Part I, line 2, and any additional
	Dotum Dofowar	Cynlanatian
Identifier PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		Explanation  SCHEDULE F, PART I, LINE 2 SEE PART V FOR  EXPLANATION OF THE FEDERATION'S PROCEDURES FOR  MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED
METHOD USED TO ACCCOUNT		STATES SCHEDULE F, PART I, LINE 3 ACCRUAL
FOR EXPENDITURES		EXPLANATION FOR GRANTS TO ORGANIZATIONS OUTSIDE
		THE UNITED STATES THE FEDERATION EXCLUSIVELY USES JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) TO PERFORM GRANTMAKING TO ORGANIZATIONS OUTSIDE THE UNITED STATES JFNA IS THE OVERSEAS GRANTMKING ORGANIZATION FOR 155 FEDERATIONS IN THE UNITED STATES JFNA PERFORMS ALL DUE DILIGENCE WITH RESPECT TO EVALUATING THE RECIPIENT ORGANIZATIONS TO ENSURE THEY MEET THE ELIGIBILITY CRITERIA REQUIRED TO MEET THE EQUIVALENCY OF 501 (C)(3) STATUS IN THE UNITED STATES THE FEDERATION SPECIFIES CERTAIN PORTIONS FOR RECIPIENT ORGANIZATIONS IN ISRAEL, THE FORMER SOVIET UNION, AND SOUTH AMERICA, ALTHOUGH SPECIFIC DOLLAR AMOUNTS PER REGION CANNOT BE DETERMINED THE GRANT AMOUNTS REPORTED IN THE FEDERATION'S FORM 990 WILL ALSO BE REPORTED ON JFNA'S FORM 990, SCHEDULE F

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As Filed Data -

DLN: 93493320074792

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

Internal Revenue Service	h to Form 990 or Form 990-EZ. 🟲 See separate instructions.				Inspection			
Name of the organization JEWISH FEDERATION OF ST				Employer iden	tification number			
JEWISHTEDERATION OF ST	20013				43-0652643			
Part I Fundraising A	<b>ctivities.</b> Complet	e if the c	organizat	tion answered "Yes"	to Form 990, Part IV	, line 17.		
1 Indicate whether the orga	anization raised funds	through a	-	-				
•	a Mail solicitations			e Solicitation of non-government grants				
	<b>b</b> Internet and e-mail solicitations			f Solicitation of government grants				
c Phone solicitations d In-person solicitation	g  ✓ Special fundraising events							
u j* in-person soncitation	15							
<b>2a</b> Did the organization have or key employees listed i						Γ <sub>Yes</sub> Γ <sub>N</sub>		
<b>b</b> If "Yes," list the ten higher	•			•	_	, , , , , , , , , , , , , , , , , , , ,		
to be compensated at lea								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No No					
SIEGEL MARKETING GROUP PO BOX 686598	TELEMARKETING	103	No	56,762	27,637	29,125		
CHICAGO, IL 606956598								
	1							
	<del> </del>	+						
		+						
Total			▶	56,762	27,637	29,125		
3 List all states in which th licensing	e organization is regis	stered or I	ıcensed t	o solicit funds or has be	en notified it is exempt	from registration or		

	111	<b>Fundraising Events.</b> Commore than \$15,000 on Form	າ 990-EZ, line 6a. Lis	t events with gross rece	eipts greater than \$5	,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	(4)
	1	Gross receipts				
	2	Less Charitable				
	3	contributions Gross income (line 1				
╝		minus line 2)				
	4	Cash prizes				
	5	Non-cash prizes				
-	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	LO	Direct expense summary Add lir	nes 4 through 9 in colum	nn (d)		(
		Net income summary Combine li	-	, ,		
	ш					arted more than
t	777	\$15,000 on Form 990-EZ, li		. 163 to Form 990, Fa	rt IV, iiile 19, or Tept	orted more than
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (	Gross revenue				
	2	Cash prizes				
	3 N	Non-cash prizes				
	<b>4</b> R	Rent/facility costs				
	<b>5</b> C	Other direct expenses				
+	<b>6</b> \	/olunteer labor	☐ Yes	Г Yes	┌ Yes	. <b>I</b>
	<b>7</b> D	Direct expense summary Add line	es 2 through 5 in column	) (d)		(
J	, -	oneet expense summary mad me	5 2 through 5 m column	· (u) · · · · · · ·		
	_					
	<b>8</b> N	Net gaming income summary Com	ibine lines 1 and 7 in co	olumn (d)	<u> </u>	
	Entei	r the state(s) in which the organiz	ation operates gaming a	ictivities		
	Entei		ation operates gaming a	ictivities		· Fyes FNo
a ]	Ente Is th	r the state(s) in which the organiz	ation operates gaming a e gaming activities in ea	ch of these states?		· Fyes FNo
<b>a</b> ]	Enter	r the state(s) in which the organize e organization licensed to operate o," Explain	ation operates gaming a e gaming activities in ea	ch of these states?		
a : b :	Enter Is the	r the state(s) in which the organized organized organization licensed to operate o," Explain	ation operates gaming a	ch of these states?		
a 1 	Enter Is the If "N Were	r the state(s) in which the organize e organization licensed to operate o," Explain	ation operates gaming a e gaming activities in ea 	ch of these states? ended or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	– No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493320074792 OMB No 1545-0047

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Employer identification number

) E W13	T FEDERALION OF SI LOUIS	•					43-0652643	
Part	I General Information	on on Grants and	d Assistance				•	
tl	oes the organization maintain ne selection criteria used to av escribe in Part IV the organiz	ward the grants or as	sistance?					✓ Yes ✓
Part	Grants and Other A Form 990, Part IV, lin Part IV and Schedule	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See A	ddıtıonal Data Table							
	nter total number of section 5						_	71
<b>3</b> E	nter total number of other orga	anızatıons lısted ın th	ne line 1 table				<u> </u>	0

(a)Type of grant or assistance

(b) Number of

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the	organization	answered	"Yes" to Form 990	, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		_			

(d)A mount of

(e)Method of valuation

(c)A mount of

(a) ) pe or graine or c	assistance	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(1) bescription of non-easin assistance
Part IV Supplem	ental Informat	<b>tion.</b> Complete this j	part to provide the info	rmation required in Par	t I, line 2, and any other a	additional information.
Identifier	Return Referenc	е Ехр	lanation			

PART I, LINE 2 PROCEDURE FOR SCHEDULE I, PART I, LINE 2 ALL GRANTS MADE THROUGH THE FEDERATION'S ALLOCATIONS PROGRAM HAVE AN MONITORING GRANTS ANNUAL REVIEW OF THE ORGANIZATION RECEIVING THE GRANT THIS INCLUDES A FINANCIAL AND IN THE U S ADMINISTRATIVE REVIEW OF THE ORGANIZATION AND, IF APPLICABLE, A PROGRAMMATIC REVIEW AS WELL FOR GRANTS MADE THROUGH THE FEDERATION'S DONOR ADVISED FUNDS, ALL GRANTEES' 501(C)(3) STATUS IN GOOD STANDING IS CONFIRMED SCHEDULE I, PART II THE LARGE VARIETY IN ORGANIZATIONS RECEIVING GRANTS FROM THE FEDERATION IS DUE TO THE INCLUSION OF GRANTS MADE THROUGH DONOR ADVISED **FUNDS** 

Software ID: Software Version:

**EIN:** 43-0652643

Name: JEWISH FEDERATION OF ST LOUIS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
ACLU OF EASTERN MISSOURI454 WHITIER ST ST LOUIS, MO 63108	43- 6070952	501(C)(3)	15,000		N/A	N/A	GENERAL SUPPORT
AISH HATORAH457 N WOODSMILL RD CHESTERFIELD, MO 63017	43- 1839464	501(C)(3)	6,900		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH COMMITTEE7751 CARONDOLET AVE ST LOUIS, MO 53105	13- 5563393	501(C)(3)	31,192		N/A	N/A	GENERAL SUPPORT
ANTI DEFIMATION LEAGUE15 E 84TH ST NEW YORK, NY 10028	13- 1679610	501(C)(3)	26,468		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	, · ·	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS & EDUCATION COUNCIL10420 OLD OLIVE ST RD ST LOUIS, MO 63141	13- 1818723	501(C)(3)	8,260		N/A	N/A	GENERAL SUPPORT
BAIS ABRAHAM CONGREGATION 3547 OLIVE ST ST LOUIS, MO 63103	43- 0790672	501(C)(3)	7,080		N/A	N/A	CONGREGATIONAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARNES-JEWISH HOSPITAL FOUNDATION600 S TAYLOR AVE ST LOUIS, MO 63110	43- 1648435	1 5017637	78,092		N/A	N/A	GENERAL SUPPORT
BIRTHRIGHT ISRAEL FOUNDATIONPO BOX 1784 NEW YORK, NY	13- 4092050	501(C)(3)	88,448		N/A	N/A	P R O GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'NAI EL CONGREGATION 1411 N 40TH DR CHESTERFIELD, MO 63131	43- 6000314	501(C)(3)	5,750		N/A	N/A	CONGREGATIONAL SUPPORT
BRANDEIS UNIVERSITY MAILSTOP 122 BOX 54910 WALTHAM, MA 02454	04- 2103552	1 501(0)(3)	352,000		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
BRITH SHOLOM KNESETH ISRAEL 1107 E LINDEN ST LOUIS, MO 63117	43- 0668539	501(C)(3)	5,210		N/A	N/A	CONGREGATIONAL SUPPORT
CENTRAL AGENCY FOR JEWISH EDUCATION12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146	23- 7123583	501(C)(3)	911,453		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT COMMUNITY OF GREATER ST LOUIS 1058 OLD DES PERE RD ST LOUIS, MO 63131	43- 1587517	501(C)(3)	9,250	N/A	N/A	GENERAL SUPPORT
CENTRAL REFORM CONGREGATION 5020 WATERMAN ST LOUIS, MO 63108	43- 1336060	1 5017637	80,900	N/A	N/A	CONGREGATIONAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY ACADEMY4175 N KINGSHIGHWAY ST LOUIS,MO 63115	31- 1619379	1 5017(*)(3)	12,600		N/A	N/A	GENERAL SUPPORT
COMMUNITY AGING CORP8 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	43- 1365901	501(C)(3)	97,679		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	` '	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION B'NAI AMOONA324 S MASON RD ST LOUIS, MO 63141	43- 0706846	501(C)(3)	34,153		N/A	N/A	CONGREGATIONAL SUPPORT
CONGREGATION TEMPLE ISRAEL		501(C)(3)	52,368		N/A	N/A	CONGREGATIONAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTEMPORARY ART MUSEUM OF ST LOUIS3750 WASHINGTON BLVD ST LOUIS,MO 63108	43- 1202816	501(C)(3)	17,000		N/A	N/A	GENERAL SUPPORT
CROWN CENTER FOR SENIOR LIVING8350 DELCREST DR ST LOUIS,MO 63124	43- 1695861	501(C)(3)	34,100		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERSPO BOX 5022 HAGERSTOWN, MD 27141	13- 3433452	501(C)(3)	6,500		N/A	N/A	GENERAL SUPPORT
DONALD DANFORTH PLANT SCIENCE CENTER975 N WARSON RD ST LOUIS, MO 63132	31- 1584621	501(C)(3)	13,080		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREW UNIVERSITY LIBRARY36 MADISON AVE MADISON,NJ 07940	22- 1487164	501(C)(3)	80,832		N/A	N/A	P R O G R A M S
HF EPSTEIN HEBREW A CADEMY 1138 WARSON RD ST LOUIS, MO 63132	43- 6001158	501(C)(3)	154,555		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL UNIVERSITY OF MISSOURI COLUMBIA1107 UNIVERSITY AVE COLUMBIA, MO 65201	43- 1600778	501(C)(3)	59,597		N/A	N/A	PRO GRAMS
INTERNATIONAL INSTITUTE3654 S GRAND BLVD ST LOUIS,MO 63118	43- 0652640	501(C)(3)	15,000		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH AGENCY FOR ISRAEL633 THIRD AVE 32ND FL STE C NEW YORK, NY 10017	23- 7254561	501(C)(3)	15,000		N/A	N/A	PROGRAMS
JEWISH COMMUNITY CENTER2 MILLSTONE CAMPUS DR ST LOUIS, MO	43- 0681477	I 501(C)(3)	1,388,795		N/A	N/A	PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY RELATIONS COUNCIL12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146	20- 5631988	I 501(C)(3)	387,287		N/A	N/A	PRO GRAMS
JEWISH FAMILY & CHILDREN'S SERVICE10950 SCHUETZ RD ST LOUIS, MO 63146	43- 0790330	1 5017631	788,222		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF SOUTHERN ILLINOIS3419 W MAIN ST BELLEVILLE, IL 62226	37- 0661214	501(C)(3)	15,561		N/A	N/A	GENERAL SUPPORT
JEWISH STUDENT UNION8001 GANNON AVE ST LOUIS,MO 63130	61- 1420053	501(C)(3)	19,880		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH WAR VETERANS12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146	43- 6072531	501(C)(3)	8,244		N/A	N/A	GENERAL SUPPORT
JOHN BURROUGHS SCHOOL755 S PRICE RD ST LOUIS, MO 63124	43- 0652619	501(C)(3)	26,150		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' PLACE6901 WASHINGTON AVE ST LOUIS,MO 63130	32- 0319220	501(C)(3)	12,500		N/A	N/A	GENERAL SUPPORT
MEMORY CARE HOME SOLUTION 1526 S BIG BEND RD ST LOUIS, MO 63117	02- 0641248	501(C)(3)	9,050		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERSMISSOURI GOODWILL INDUSTRIES1727 LOCUST ST ST LOUIS,MO 63103	43- 0652657	501(C)(3)	48,500		N/A	N/A	P R O GRAMS
MIRIAM FOUNDATION501 BACON AVE ST LOUIS,MO 63119	43- 0667478	501(C)(3)	27,400		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI BOTANICAL GARDENSPO BOX 299 ST LOUIS,MO 63166	43- 0666759	I 501(C)(3)	15,300		N/A	N/A	GENERAL SUPPORT
NATIONAL COUNCIL OF JEWISH WOMEN 8350 DELCREST DR ST LOUIS,MO 63124	43- 0722936	1 50176376	9,600		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NFTY IN ISRAEL46 BO WAN RD WARWICK, NY 10990	13- 1663143	501(C)(3)	18,312		N/A	N/A	PROGRAMS
PLANNED PARENTHOOD OF ST LOUIS4251 FOREST PARK AVE ST LOUIS, MO 63108	43- 0652666	501(C)(3)	9,300		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSTATE CANCER FOUNDATION1250 FOURTH ST SANTA MONICA,CA 90401	95- 4418411	501(C)(3)	9,000		N/A	N/A	GENERAL SUPPORT
PROVIDENT COUNSELING2650 OLIVD ST RD ST LOUIS, MO 63103	43- 0652630	1 5017637	5,100		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE CONNECTIONS2165 HAMPTON AVE ST LOUIS, MO 63139	43- 1077667	501(C)(3)	10,900		N/A	N/A	GENERAL SUPPORT
SAUL MIROWITZ COMMUNITY DAY SCHOOL348 S MASON RD ST LOUIS, MO 63141	43- 1772004	501(C)(3)	412,029		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	` '	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOLARSHIP FOUNDATION OF ST LOUIS8215 CLAYTON RD ST LOUIS, MO 63117	43- 6031234	501(C)(3)	5,350		N/A	N/A	GENERAL SUPPORT
CONGREGATIONSHAARE EMETH11645 LADUE ROAD ST LOUIS,MO 63141	43- 0662466	1 501(C)(3)	69,633		N/A	N/A	CONGREGATIONAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKYLAND TRAIL 1961 N DRUID HILLS RD ATLANTA,GA 30329	58- 1489941	501(C)(3)	16,818		N/A	N/A	PRO GRAMS
SOLOMON SCHECHTER DAY SCHOOL348 S MASON RD ST LOUIS, MO 63141	43- 1216025	501(C)(3)	10,800		N/A	N/A	PRO GRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS ART MUSEUM1 FINE ARTS DR ST LOUIS,MO 63110	43- 1056957	501(C)(3)	16,575		N/A	N/A	GENERAL SUPPORT
ST LOUIS CHILDREN'S HOSPITALPO BOX 500522 ST LOUIS, MO 63150	43- 1626863	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS HILLEL AT WASHINGTON UNIVERSITY6300 FORSYTH BLVD ST LOUIS, MO 63105	43- 6065763	501(C)(3)	150,111		N/A	N/A	PROGRAMS
ST LOUIS JEWISH LIGHTPO BOX 955519 ST LOUIS,MO 63195	43- 0965860	501(C)(3)	89,317		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS SCIENCE CENTER5050 OAKLAND AVE ST LOUIS, MO 63110	43- 1496632	501(C)(3)	32,900		N/A	N/A	GENERAL SUPPORT
ST LOUIS SYMPHONY ORCHESTRA718 N GRAND BLVD ST LOUIS, MO 63103	43- 0666769	501(C)(3)	17,600		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS ZOOONE GOVERNMENT DR ST LOUIS, MO 63110	43- 1027365	501(C)(3)	11,175		N/A	N/A	GENERAL SUPPORT
STAGES OF ST LOUIS444 CHESTERFIELD CTR ST LOUIS, MO 63017	43- 1434156	501(C)(3)	12,000		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE ISRAEL CONGREGATION1 RABBI ALVIN D RUBIN DR ST LOUIS,MO 63141	43- 0653290	1 5017631	12,470		N/A	N/A	CONGREGATIONAL SUPPORT
TORAH MITZION KOLLEL OF ST LOUIS8000 STANFORD ST LOUIS, MO	56- 2318455	1 5017(03)	24,430		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	( <b>g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TORAH PREPARATORY SCHOOL8659 OLIVE BLVD ST LOUIS, MO 63132	43- 0887584	501(C)(3)	137,441		N/A	N/A	GENERAL SUPPORT
UNITED HEBREW CONGREGATION 13788 CONWAY RD ST LOUIS, MO 63141	43- 0743415	501(C)(3)	5,990		N/A	N/A	CONGREGATIONAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ST LOUIS PO BOX 14507 ST LOUIS, MO 63178	43- 0714167	501(C)(3)	27,345		N/A	N/A	GENERAL SUPPORT
WASHINGTON UNIVERSITY660 S EUCLID AVE ST LOUIS, MO 63110	43- 0653611	501(C)(3)	67,300		N/A	N/A	GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG ISRAEL OF ST LOUIS 8101 DELMAR BLVD ST LOUIS, MO 63130	43- 0824829	501(C)(3)	12,309		N/A	N/A	CONGREGATIONAL SUPPORT

DLN: 93493320074792

OMB No 1545-0047

Open to Public

**Inspection** 

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF ST LOUIS

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

**Employer identification number** 

	[43-0652643			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments    Fax idemnification and gross-up payments   Fax idemnification fees   Fax idemnification and gross-up payments   Fax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	_		N
		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BARRY ROSENBERG	(I) (II)	275,472 0	0 0	52,629 0	19,283 0	22,412 0	369,796 0	0 0
(2) JUDITH M ABRAMS	(ı) (ıı)	154,909 0	0 0	718 0	10,844 0	17,095 0	183,566 0	0 0
(3) STEPHEN COHEN	(ı) (ıı)	159,045 0	0 0	1,373 0	11,133 0	12,412 0	183,963 0	0
(4) RUTH LEDERMAN	(±)	140,631 0	0 0	427 0	9,844 0	8,304 0	159,206 0	0 0

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation	
		BARRY ROSENBERG - TRAVEL FOR COMPANIONS - \$1,500 - INCLUDED IN TAXABLE INCOME BARRY ROSENBERG - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - \$2,400 - INCLUDED IN TAXABLE INCOME	
	PART I, LINE 4B	409(A) NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN DISTRIBUTION - BARRY ROSENBERG \$48,780	

Schedule J (Form 990) 2011

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DLN: 93493320074792

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Open to Public Inspection

	e of the organization H FEDERATION OF ST LOUIS				Employer identificat	ion nun	nber	
. * * 1.5	TEDERATION OF STEEDIS				43-0652643			
Pai	Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermın	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles					•		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	161	1,972,267	STOCK MARKET Q	UOTES	5	
	Securities—Closely held stock .			, ,	,			
l <b>1</b>	Securities—Partnership, LLC, or trust interests							
<b>L2</b>	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
L <b>4</b>	structures							
<b>L</b> 5	Real estate—Residential .							
	Real estate—Commercial							
L <b>7</b>	Real estate—Other							
<b>18</b>	Collectibles							
<b>19</b>	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			0
	5				4 20 11 1 1	$\longrightarrow$	Yes	No
sua	During the year, did the organiza							
	must hold for at least three year				ed to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangement			roviou of any non-stand-	contribution = 2	31	Yes	
	Does the organization have a gif					J1	162	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II						T	
33	If the organization did not report	revenues	in column (c) for a type of n	roperty for which column (a	) is chacked	1	- 1	

describe in Part II

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , , ,	SCHEDULE M, PART I, COLUMN B IS EQUAL TO THE TOTAL NUMBER OF INDIVDIUALS THAT CONTRIBUTED THIS TYPE OF NON-CASH GIFT

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493320074792

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	Employer identifi	cation number
JEWISH FEDERATION OF ST LOUIS		
	43-0652643	

Identifier	Return Reference	Explanation
		IAN SILBERMAN & HEIDI SILBERMAN - FAMILY RELATIONSHIP HESCHEL RASKAS & RUTH RASKAS - FAMILY RELATIONSHIP RANDALL GREEN & NANCY GREEN - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ANY JEWISH ADULT INDIVIDUAL (AGE EIGHTEEN OR OLDER) WHO MAKES PAYMENT OR A CONTRIBUTION OF NOT LESS THAN THIRTY DOLLARS (\$30 00) TO THE FEDERATION'S ANNUAL CAMPAIGN, OR TO ANY CAMPAIGN CONDUCTED IN LIEU OF THE ANNUAL CAMPAIGN, SHALL BE A VOTING MEMBER FOR THE FISCAL YEAR IN RESPECT TO WHICH SUCH PAYMENT IS MADE AND UNTIL ADJOURNMENT OF THE ANNUAL MEETING OF THE ORGANIZATION HELD THE FOLLOWING YEAR AS A CONDITION PRECEDENT TO MEMBERSHIP, AN INDIVIDUAL SHALL AGREE (AND CONTINUE TO ABIDE BY SUCH AGREEMENT) TO RESPECT THE FEDERATION'S MISSION STATEMENT AS SET FORTH IN ARTICLE TWO OF THE FEDERATION'S BY-LAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AT EACH ANNUAL MEETING OF THE MEMBERS, THE MEMBERS SHALL ELECT TO FILL THE POSITIONS OF THOSE AT-LARGE TRUSTEES WHOSE TERMS ARE EXPIRING FROM A SLATE OF NOMINEES PREPARED AND PROPOSED BY THE BOARD DEVELOPMENT AND NOMINATING COMMITTEE OR FROM THOSE NOMINEE(S) PROPOSED BY TWO HUNDRED FIFTY MEMBERS OF THE FEDERATION AS DESCRIBED IN ARTICLE 7 02 OF THE BY-LAWS EACH MEMBER SHALL HAVE ONE VOTE FOR AS MANY TRUSTEES AS THERE ARE TO BE ELECTED. THERE SHALL BE NO CUMULATIVE VOTING IN THE ELECTION OF TRUSTEES THE BOARD OF TRUSTEES ARE RESPONSIBLE FOR THE ELECTION OF THE AT-LARGE DIRECTORS, CONSIDER AND VOTE ON CHANGES TO THE BY-LAWS EITHER DRAFTED AND APPROVED BY THE BOARD OF DIRECTORS OR THE MEMBERS OF THE FEDERATION, APPROVE THE APPOINTMENT, BY THE PRESIDENT, OF SIX AT-LARGE TRUSTESS WHO WILL EACH SERVE ON THE BOARD DEVELOPMENT AND NOMINATING COMMITTEE, AND PARTICIPATE IN DISCUSSIONS OF COMMUNITY PRIORITES

Identifie	r Return Reference	Explanation
		THE BOARD OF DIRECTORS MAY ACT TO ADD TO, ALTER, AMEND, OR REPEAL THE BY-LAWS, SUBJECT TO THE AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE TRUSTEES PRESENT AT ANY MEETING OF THE BOARD OF TRUSTEES AS TO WHICH NOTICE OF THE CONTEMPLATED ACTION WAS GIVEN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FEDERATION BUDGET FINANCE AND ADMINISTRATION (BF&A) WILL REVIEW THE FORM 990 PRIOR TO ITS FILING THE BF&A COMMITTEE CHAIR WILL REPORT TO THE FULL BOARD SUBSEQUENT TO THE REVIEW AND RECOMMEND THAT THE BOARD APPROVE FILING EACH BOARD MEMBER WILL RECEIVE A COPY OF THE FORM 990 PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, EACH DIRECTOR, TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE HAS TO SIGNUPDATE A CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT THIS STATEMENT REQUIRES ONE TO LIST ANY CONFLICTS AND AFFIRMS THE PERSON'S RESPONSIBILITY ON DISCLOSURE OF A CONFLICT EACH OF THE ABOVE PERSONS (OTHER THAN EMPLOYEES) MUST DISCLOSE A POTENTIAL CONFLICT TO THE FEDERATION'S PRESIDENT AND THE CHAIRMAN OF THE AUDIT COMMITTEE AN EMPLOYEE MUST ALSO DISCLOSE ANY CONFLICT TO THE EXECUTIVE VICE PRESIDENT THE CONTRACT/TRANSACTION WILL BE DETERMINED TO EITHER BE OR NOT BE A CONFLICT BY A MAJORITY OF THE FEDERATION BOARD MEMBERS OR COMMITTEE MEMBERS INDIVIDUALS WITH A CONFLICT WILL NOT BE ALLOWED TO PARTICIPATE IN THE DISCUSSION NOR THE VOTE ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND SUBSTANTIATION OF THE DELIBERATION AND DECISION THE PROCESS IS COMPLETED ON AN ANNUAL BASIS THIS PROCESS WAS LAST UNDERTAKEN IN 2011 FOR THE PRESIDENT AND CEO, B ROSENBERG KEY EMPLOYEES AND OTHER OFFICERS OF THE FEDERATION EACH HAVE AN ANNUAL REVIEW SIGNED OFF BY THEIR SUPERVISOR COMPENSATION IS BASED ON COMPARABILITY DATA AND MEETING INTERNALLY ESTABLISHED GOALS THIS PROCESS WAS LAST UNDERTAKEN IN 2011 FOR THE ASSISTANT EXECUTIVE VICE PRESIDENT, S COHEN, DIRECTOR OF DEVELOPMENT, R LEDERMAN, AND CHIEF FINANCIAL AND ADMINSTRATIVE OFFICER, J ABRAMS

lder	ntifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION C, LINE 19	THE FEDERATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST THE FEDERATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE

ldentifier	Return Reference	Explanation
EXPLANATION FOR HOURS WORKED	FORM 990, PART VII, SECTION A	BARRY ROSENBERG WORKED APPROXIMATELY 43 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 40 HOURS THE KRANZBERG FOUNDATION 1 HOUR LUBIN-GREEN FOUNDATION 1 HOUR STAENBERG FAMILY FOUNDATION 1 HOUR THOMAS R GREEN WORKED APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 5 HOURS STAENBERG FAMILY FOUNDATION 1 HOUR KENNETH KRANZBERG WORKED APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 5 HOURS THE KRANZBERG FOUNDATION 1 HOUR MICHAEL LITWICK WORKED APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 5 HOURS THE KRANZBERG FOUNDATION 1 HOUR KAREN SHER WORKED APPROXIMATELY 11 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 10 HOURS THE KRANZBERG FOUNDATION 1 HOUR TODD SWAK WORKED APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS JEWISH FEDERATION OF ST LOUIS 5 HOURS STAENBERG FAMILY FOUNDATION 1 HOUR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,543,789 CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS -49,504 PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST -858,947 TOTAL TO FORM 990, PART XI, LINE 5 -6,452,240

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DLN: 93493320074792

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

Schedule R (Form 990) 2011

**Employer identification number** 

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF ST LOUIS

						43-06526	43			
Part I Identification of Disregarded Entities (Com	nplete	ıf the organizatio	n answered "Yes	" о	n Form 990, Pa	art IV, line 33.)				
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity			
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	<b>nizat</b> g the t	<b>ions</b> (Complete tax year.)	of the organization	n a	nswered "Yes"	on Form 990, P	art IV, line 34 b	ecaus	e ıt had	one
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) cempt Code section	(e) Public charity status (if section 501(c)(3)			Section 51 contro	12(b)(1: olled
									Yes	No
(1) LUBIN-GREEN FOUNDATION							JEWISH FEDERATI	ION OF		
12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146 43-6049332	SUPPO	RTING FOUNDATION	МО		501(C)(3)	LINE 11A,	A, I ST LOUIS		Yes	
(2) STAENBERG FAMILY FOUNDATION										
2127 INNERBELT BUSINESS CTR STE 200	SUPPORTING FOUNDATION		МО		501(C)(3)	LINE 11A.	JEWISH FEDERATION OF I ST LOUIS		Yes	
ST LOUIS, MO 63114 20-2055339					(-)(-)					
(3) THE KRANZBERG FOUNDATION							JEWICH EEDEDAT			
12 MILLSTONE CAMPUS DR	SUPPO	RTING FOUNDATION	МО		501(C)(3)	LINE 11A,	JEWISH FEDERATI I ST LOUIS	ION OF	Yes	
ST LOUIS, MO 63146 20-4920260										
						i			. ,	4

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)			(h) Disproprtionate allocations?		rtionate Code V—UBI		ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

cncaa	C K (1 01111 250 ) 2011					aye J					
Part	Transactions With Related Organizations (Complete if the organization answered "	es" on Form 990, Pa	rt IV, line 34, 35, 3!	5A, or 36.)							
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	s No					
<b>1</b> Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or more related or	ganizations listed in Part	s II-IV?				_				
a F	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	_				
<b>b</b> (	Gift, grant, or capital contribution to related organization(s)										
<b>c</b> 0	ıft, grant, or capıtal contribution from related organization(s)			10	Ye	s	_				
d L	d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)											
f S	ale of assets to related organization(s)			1f	+	No	_				
	urchase of assets from related organization(s)			19		No	_				
	xchange of assets with related organization(s)			1h		No	_				
	rase of facilities, equipment, or other assets to related organization(s)			1i	1	No	_				
							_				
j L	ease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No	_				
k F	k Performance of services or membership or fundraising solicitations for related organization(s)										
I P	I Performance of services or membership or fundraising solicitations by related organization(s)										
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n	No	_				
n 9	haring of paid employees with related organization(s)			1n		No	_				
							_				
<b>o</b> F	eimbursement paid to related organization(s) for expenses			10		No	_				
рΕ	eimbursement paid by related organization(s) for expenses			1р	,	No	_				
							_				
q	ther transfer of cash or property to related organization(s)			19		No	_				
r C	ther transfer of cash or property from related organization(s)			1r		No	_				
							_				
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	ionships and transacti	on thresholds							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		mount					
L) LUBI	N-GREEN FOUNDATION	С	331,086	CASH TRANSFER			-				
2) STAE	NBERG FAMILY FOUNDATION	С	421,000	CASH TRANSFER							

type(a-r)	Amount involved	involved
С	331,086	CASH TRANSFER
С	421,000	CASH TRANSFER
	type(a-r)	type(a-r) Amount involved  C 331,086

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									
							-						

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011