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Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

2013

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.rs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change THE KRANZBERG FOUNDATION Name Ichange 20-4920260 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-12 MILLSTONE CAMPUS DRIVE 314-432-0020 Amende 100.000. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-63146-5776 ST. LOUIS, MO H(a) Is this a group return pending F Name and address of principal officer:MARY ANN SRENCO Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? _ Yes L Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.JEWISHINSTLOUIS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 2006 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT OF THE JEWISH Activities & Governance FEDERATION FUNCTIONS AND ACTIVITIES IN THE ST. LOUIS REGION. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 571,358 100,000. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) Ō. $\overline{0}$. Investment income (Part VIII, column (A), lines 3, 4, and 7d) O. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 571,358. 100,000. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line, 12) 12 56,072. 631,049. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. n. Salaries, other compensation, employee benefits (Part IX, 0 0. 16a Professional fundraising fees (Part IX, column (A), line 13eC b Total fundraising expenses (Part IX, column (D), line 25) 1,339. Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 5,656. 61,728. 632,388. Total expenses Add lines 13-17 (must equal Part IX, column A), 509,630. -532,388. Revenue less expenses. Subtract line 18 from line **Beginning of Current Year End of Year** 631,138. 164,900. 20 Total assets (Part X, line 16) 0. 66,250. 21 Total liabilities (Part X, line 26) 631,138. 98,650. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign NDROW KEHFERD, Director Here Type or print name and title PTIN Print/Type preparer's name Check 11/13/14 AMY HENDLEY ₽01300654 Paid Firm's name CLIFTONLARSONALLEN LLPO 41-0746749 Preparer Firm's EIN 600 WASHINGTON AVENUE, SUITE 1800 Firm's address Use Only Phone no. 314-925-4300 ST. LOUIS, MO 63101 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (20 i3)

ar	t III Statement of Program Service Accomplishments				_
_	Check if Schedule O contains a response or note to any line in this F	Part III	<u> </u>		
	Briefly describe the organization's mission:	TIMOTE A	NT ACMITTEMENT	דאו חווים	
	TO SUPPORT OF THE JEWISH FEDERATION F	UNCTIONS A	MD WCLIALLIES	IN THE	
	ST. LOUIS REGION.				
			 		
_	Did the organization undertake any significant program services during the	vear which were no	ot listed on		
	the prior Form 990 or 990-EZ?			. Tyes	X
	If "Yes," describe these new services on Schedule O.				
	Did the organization cease conducting, or make significant changes in how If "Yes," describe these changes on Schedule O.	vit conducts, any pi	rogram services?	Yes	X
	Describe the organization's program service accomplishments for each of	its three largest pro-	gram services, as measure	d by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the am				
_	revenue, if any, for each program service reported. (Code) (Expenses \$ 531,049 · Including grants of \$	631.	049.) (Revenue \$		(
	(Code) (Expenses \$ 531, U49. Including grants of \$ TO SUPPORT OF THE JEWISH FEDERATION F	INCTIONS A	ND ACTIVITIES	IN THE	
	LOUIS REGION.	ONCITOND 1	AID MCIIVIIIDO	214 1111	0.
	HOOLD KEEDION.				
					
					
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			,		
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_	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	/ / / / / / / / / / / / / / / / / / /		/ (.575,135 \$		
					
			·		
					
					
					
					
				., 	
-	ICode \\(\sum_{\text{Cypensor}}\epsilon^2\)) (Revenue \$		
	(Code) (Expenses \$ including grants of \$		/ (nevenue \$		
					
		·			
					
					
					
					
					
					
_	Other program services (Describe in Schedule O.)				
	, ,	\ /p	a *	1	
	(Expenses \$ including grants of \$) (Reven	na å		
_	Total program service expenses ► 631,049.				

Page 3 Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h $\overline{\mathbf{x}}$ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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 X 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Form 990 (2013)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 4

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a 24a . . . 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 Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

> Х Form 990 (2013)

Note. All Form 990 filers are required to complete Schedule O

Page 5

Par				
	Check of Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1 5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	l		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i	ł	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ŀ	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	i	1	
	filed for the calendar year ending with or within the year covered by this return	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	l	ľ	7.7
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ <u>X</u> _
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	l	ŀ	v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_ <u>X</u> _
b	If "Yes," enter the name of the foreign country:		1	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_	Ì	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		—
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_	Ì	v
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u></u>	ł	
-,	were not tax deductible?	6b		
7	· · · · · · · · · · · · · · · · · · ·	70		х
a	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 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
U	to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	\dashv	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ĺ	х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			<u>-</u>
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		[
11	Section 501(c)(12) organizations, Enter:			
а	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	İ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a]	
	Note. See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ
	organization is licensed to issue qualified health plans		J	ĺ
С	Enter the amount of reserves on hand			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

Page 6 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					LX
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1 7			
	If there are material differences in voting rights among members of the governing body, or if the governing		Ţ]		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1				
h	Enter the number of voting members included in line 1a, above, who are independent	1b	1 6	1 1		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	1 1		
2		p witi	ally Oulei	2	х	
_	officer, director, trustee, or key employee?			-		
3	Did the organization delegate control over management duties customanly performed by or under the	e aire	ct supervision	_		v
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	-	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	bboin.	t one or	} ;		1
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?	•	•	8a	Х)
b	Each committee with authority to act on behalf of the governing body?		•	8b	X	 -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	 schad	at the	<u> </u>		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	aci ieu	at tile	9		х
Soc	tion B. Policies (This Section B requests information about policies not required by the Internal R	avon.	o Code l	<u> </u>	<u> </u>	
360	tion B. Foncies (this Section B requests information about policies not required by the internal N	CVCIIL	e code)		Yes	
40-	Dod the constitution have been been been been been about			10-	res	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napte	rs, aniliates,			ļ
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y bet	ore filing the form?	11a	<u> </u>	<u>├</u> ^
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ì	v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	├	X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		• •	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	lescribe		}	
	ın Schedule O how this was done			12c	L	ļ.,
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?	-		14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent]
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	X
b	Other officers or key employees of the organization			15b	L	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ł	l	ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a	1	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatı	on's	}	ł	ł
	exempt status with respect to such arrangements?			16b	}	ļ
Sec	tion C. Disclosure		·····			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le	
-	for public inspection. Indicate how you made these available. Check all that apply.	,	· (//-/···//		-	
	Own website Another's website X Upon request Other (explain	in Sr	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		•	nd finer	ncial	
13	statements available to the public during the tax year.	J. 1111C	or interest policy, at	iu iiildi	icial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the organize	ation:	•	
20	SANDRA A. JANITCH-SCHWARZEN - 314-442-3857	and I e	cords of the organiza	ALIUH.		
	12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146-57	776				
	TO ETHODIOME CVALOR DETARY 21. HOLDS, NO. 02140-21	, ,		<u></u>	000	(2012)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio (A)	(B)	y ((C)					(D)	(E)	(F)	
Name and Title	Average			Pos	ition	1		Reportable	Reportable	(F) Estimated	
Name and Title	hours per		do not check mo ox, unless perso					compensation	compensation	amount of	
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related	other	
	(list any	ફ				ŀ		the	organizations	compensation	
	hours for	dre				g		organization	(W-2/1099-MISC)	from the	
	related	teeo	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	dtrus	nal tri		oyee	d wo				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ji G	1		organizations	
	line)	亨	In In	ő	Key	토등	휸				
(1) MARY ANN SRENCO	1.00	Į.,		٠,,			1		0	_	
PRESIDENT	0.00	Δ.	<u> </u>	Х	_	<u> </u>	ļ	0.	0.	0	
(2) KENNETH KRANZBERG	1.00	Į.,		١,,			l		0	_	
VICE PRESIDENT	5.00	A		Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0	
(3) ANDREW SRENCO	1.00	,,									
SECRETARY	0.00	X	<u> </u>	X	<u> </u>	<u> </u>	ļ	0.	0.	0	
(4) DR. ANDREW REHFELD	1.00	Į.,			İ			0	206 022	C 400	
DIRECTOR (5) MONT LEVY	1.00	_		-	ļ	├		0.	206,923.	6,400	
DIRECTOR	0.00	- V			1		i	0.	0.	_	
(6) MICHAEL LITWACK	1.00	12	-			 	├	<u> </u>	Ų.	0	
DIRECTOR		x				1		0.	0.	0	
(7) KAREN SHER	1.00	<u> </u>		 	_	\vdash	⊢	0.		U	
DIRECTOR	0.00	v		1			l	0.	0.	0	
DIRECTOR	0.00	<u> ^ </u>		-	-	\vdash	\vdash	•	<u></u>	0	
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Form **990** (2013)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
(A)	(B)	1		_ (0				(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable	- 1		tımate	
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation			ount	of
	week	├ ──	CG1 251		I	1	100,	from	from related			other	
	(list any hours for	recto						the organization	organizations (W-2/1099-MIS			oensa om the	
	related	50.0	ig E]	saled		(W-2/1099-MISC)	(44-2/1099-14113	,,,		anızat	
	organizations	truste	al trus		, a	mpen		(** 25 1000 111100)			_	relat	
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	늄			İ	orga	nizatı	ons
	line)	lg l	Instit	Officer	Xey e	Hgh	Former						
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1b Sub-total			٠					0.	200,32	0.		U , 4	00.
c Total from continuation sheets to Part V	I, Section A				•			0.	206,92			<u> </u>	00.
d Total (add lines 1b and 1c)								1				0,4	00.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wi	no r	eceived more than \$100	0,000 of reportabl	е			٥
compensation from the organization												V	0
										г		Yes	No
3 Did the organization list any former officer,	•		e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	- 1			v
line 1a? If "Yes," complete Schedule J for s		••								· }-	3	_	X
4 For any individual listed on line 1a, is the su									the organization	J	J	7.7	1
and related organizations greater than \$15										· -	4	X	
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	idual for services	1			77
rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	per	son					5		X
Section B. Independent Contractors	 												
1 Complete this table for your five highest co	-									pensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear/	endi	ng v	vith	or w	ıthır	n the organization's tax	year.				
(A)				_			i	(B)		0	(C	;)	
Name and business	address	M	INC	<u> </u>				Description of s	services		ompe	isauo	n
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	··												
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received r	nore than				
\$100,000 of compensation from the organi						0							
											Form ¹	990 (2013)

332008 10-29-13

20-4920260 THE KRANZBERG FOUNDATION Page 9 Form 990 (2013) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 100,000 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 100,000. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . .. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances .

Form 990 (2013)

100,000.

b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue

Total revenue. See instructions.

d All other revenue e Total. Add lines 11a-11d

11 a

332009 10-29-13

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor		this Part IX	•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	631,049.	631,049.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ĺ			
	persons (as defined under section 4958(f)(1)) and			:	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,314.		1,314.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	10.		10.	·
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		· · · · · · · · · · · · · · · · · · ·		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS EXPENSE	15.		15.	
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	632,388.	631,049.	1,339.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check have (44.11 COD 00 0 (45.55 050 700)	l i		1	

Form 990 (2013)
Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End	(B)
	d of year
1 Cash - non-interest-bearing 631,138 · 1	164,900.
2 Savings and temporary cash investments 2	
3 Pledges and grants receivable, net	
4 Accounts receivable, net	
5 Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees. Complete	
Part II of Schedule L. 5	
6 Loans and other receivables from other disqualified persons (as defined under	
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	
employers and sponsoring organizations of section 501(c)(9) voluntary	
employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7	
8 Inventories for sale or use	· · · · · · · ·
9 Prepaid expenses and deferred charges 9	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a	
b Less: accumulated depreciation 10b 10c	
11 Investments - publicly traded securities 11	
12 Investments other securities. See Part IV, line 11	
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34) 631,138. 16	164,900.
17 Accounts payable and accrued expenses 17	1,250.
18 Grants payable	65,000.
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to current and former officers, directors, trustees,	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties	
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 D	
26 Total liabilities. Add lines 17 through 25 0 26	66,250.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets	98,650.
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
Örganizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	
้อ and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 On Temporarily restricted net assets 29 Onganizations that do not follow SFAS 117 (ASC 958), check here 31 Onganizations that do not follow SFAS 117 (ASC 958), check here 32 Onganizations that do not follow SFAS 117 (ASC 958), check here 30 Capital stock or trust principal, or current funds 31 Onganizations that do not follow SFAS 117 (ASC 958), check here	
33 Foral net assets or fund balances	98,650.
34 Total liabilities and net assets/fund balances 631,138. 34	164,900.

Form **990** (2013)

Form 990 (2013)

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs qov/form990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			NZBERG FOUND						2	0-4920	260)
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t) See inst	ructions.				· ·
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 📙	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)	١.				
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🖳	A hospital or	a cooperative hospi	tal service organization (described	in section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pital desci	nbed in <mark>se</mark>	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	ıl's nar	ne,
	city, and stat	e:										
5		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or un	niversity o	wned or op	perated by	a governi	mental un	ıt describ	ed in		,
6 🔲			ent or governmental uni	t describer	d in sectio	n 170/b\/	ιγαγω					
7	•	. •	eives a substantial part					r from the	neneral	nublic des	cabod	ın
•		b)(1)(A)(vi). (Comple		or its supp	or nom a	governine	ina anic	<i>,</i> 110111 tile	general	public desc	JIDEG	
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🔲	-		eives: (1) more than 33	•	•	rom contri	hutione m	ombarch	n foor a	and arose re	ocounts	from
•	_		nctions - subject to certa							-	•	
		•	axable income (less sect	•		•				•		
		509(a)(2). (Complete		lionomia	x) iioiii bu	31103303	acquired b	y the orga	ilization	aitei Julie	30, 13	13.
10			perated exclusively to te	et for nubl	ic eafaty S	Soo soctio	n 500(a)(/	1)				
11 🗓	-	- ·	perated exclusively for the	•	-			-	y out the	DUIDOCOC	of one	or
11 (22)			itions described in secti						-			Oi
			organization and compl				. j. Oce sc	, tion 505(ajtoj. On	eck tile box	Culat	
	a X Type			ype III - Fu	_		c	Tyr	a III - No	n-functiona	lly inte	aratod
e X			t the organization is not		-	-					-	_
0 222			han one or more publicly							-		
f			ten determination from t							3001101130	رماردا	•
•	-	rganization, check th			at it is a 1y	pe i, Type	ii, oi Type	· ···				X
g		-	rganization accepted ar	ny aift or c	 ontribution	from any	of the follo		sons?		•••	
3			rectly controls, either al							,	Yes	No
		=	upported organization?	ono or rog	04.10. ******	Pordono	ioooniooa i	iii (ii) ai ia i	(iii) Delett	11g(i)	+	X
	_	• •	described in (i) above?	ı		•			•	11g(ii)		X
		•	person described in (i)			•	••••	•	••	11g(iii)		X
h	• •	•	about the supported or	• •					-	119(11)	<u> </u>	<u></u>
••	1 101100 010 1	ono wing imormation	about the supported of	garnzanorn	(Ο).							
/i\ Nome	of ourse orted	/::\ EIN	/:::\ Tune of organization	(iv) Is the o	rganization	(v) Did vos	a notify the	(vi) !:	s the	(-::\ A		
	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	organizáti	on in col. :	(vii) Amoun	it of me pport	inetary
orgo	mzation		above or IRC section		document?	(i) of you	r support?	(i) organiz U.S	5.?]	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 THE KRANZBERG FOUNDATION 20-49202 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				ļ	<u> </u>	
3	The value of services or facilities					}	
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
	Total. Add lines 1 through 3		 				
5	The portion of total contributions					İ	
	by each person (other than a		ľ				
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				 		
	ction B. Total Support		1	·	<u> </u>	1	L
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		1 N	1-7	1-7	1=7=3.0	17.13.0
8	Gross income from interest,			1			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			<u></u>			
9	Net income from unrelated business						
	activities, whether or not the					<u> </u>	
	business is regularly carried on .	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	L	<u>l</u>	l	ļ		
	Gross receipts from related activities,	•	,			12	·
13	First five years. If the Form 990 is for	•	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. \square
So	organization, check this box and stop ction C. Computation of Publ		ercentage				<u>▶</u> ∟
				(6)		1441	
	Public support percentage for 2013 (I Public support percentage from 2012					15	<u>%</u>
	33 1/3% support test - 2013. If the c				1/10 33 1/3% or i	L	%
100	stop here. The organization qualifies					•	DX and ▶□
ь	33 1/3% support test - 2012. If the o		_	••	 d line 15 ts 33 1/3%		his hox
_	and stop here. The organization qual					o o moro, cricon n	▶□
17a	10% -facts-and-circumstances tes					 and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					alo organ	▶ □
b	10% -facts-and-circumstances tes	•	•		•		10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization		•	•	, ,,		is
						edule A (Form 990	

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 THE KRANZBERG FOUNDATION Part III | Support Schedule for Organizations Described in Section 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.)

Se	ction A. Public Support	<u>, p</u>							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
78	a Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Arnounts 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				ļ				
	Add lines 7a and 7b			-					
8	Public support (Subtract line 7c from line 6) ction B. Total Support	L	L	L	<u> </u>	<u>ļ</u>	L		
		(-) 0000	(E) 0010	(-) 0011	(-1) CO1 C	1 10010	(D.T.).		
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
t	Unrelated business taxable income								
	(less section 511 taxes) from businesses		1						
	acquired after June 30, 1975			ļ	ļ				
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital				 				
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)			-		 			
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,		
	check this box and stop here				<u> </u>		▶□		
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2013 (line 8, column (f) d	ivided by line 13,	column (f))		15	<u>%</u>		
16						16	<u>%</u>		
	ction D. Computation of Inve					, , ,			
17	Investment income percentage for 20	•	•	ne 13, column (f))		17	<u>%</u>		
18	, ,	· · · · · · · · · · · · · · · · · · ·				18	%		
19:	a 33 1/3% support tests - 2013. If the						17 is not		
_	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
1	b 33 1/3% support tests - 2012. If the	•							
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						· ···· 【片		
20	rivate roundation, if the organization	ar did flot check a	DOA OH III IO 14, 18	a, or 130, check		hadula A (Form 90	000 EZI 2012		

Schedule A	(Form 990 or 990-EZ) 2013 THE KRANZBERG	FOUNDATION	20-4920260 _{Pa}
Part IV	(Form 990 or 990-EZ) 2013 THE KRANZBERG Supplemental Information. Provide the expla	nations required by Part II	, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information.	(See instructions)	, , , , , , , , , , , , , , , , , , , ,
	7 and complete this part for any additional information.	1000 mondonomy.	
			
			
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	<u> </u>		
			
			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

OMB No 1545-0047

Open to Public Inspection

THE KRANZBERG FOUNDATION

Employer identification number 20-4920260

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the							
	organization answered "Yes" to Form 990, Part IV, line	e 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds							
-	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a	-	e used only							
_	for charitable purposes and not for the benefit of the donor of	• •	•							
	impermissible private benefit?		Yes No							
Par		ganization answered "Yes" to Form 990,								
1	Purpose(s) of conservation easements held by the organization									
-	Preservation of land for public use (e.g., recreation or e		storically important land area							
	Protection of natural habitat Preservation of a certified historic structure									
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last							
_	day of the tax year.		i or a sorrouvation suspinion on the last							
	out of the tax your		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
	Number of conservation easements on a certified historic str	ucture included in (a)	2c							
	Number of conservation easements included in (c) acquired		· - 							
_	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, re	 leased extinguished or terminated by th	· 							
Ü	year	icases, extriguished, or terminated by tr	ic organization during the tax							
4	Number of states where property subject to conservation ea	sement is located								
5	Does the organization have a written policy regarding the per	·								
•	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	• • • • • • • • • • • • • • • • • • • •								
7	Amount of expenses incurred in monitoring, inspecting, and	_								
8	Does each conservation easement reported on line 2(d) above	-								
	and section 170(h)(4)(B)(ii)?	to called, the requirements of section ()	Yes No							
9	In Part XIII, describe how the organization reports conservati	 ion easements in its revenue and expens								
•	include, if applicable, the text of the footnote to the organiza									
	conservation easements.	indired in a read state of the control of the contr	o the organization o accounting for							
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.							
	Complete if the organization answered "Yes" to Form	-								
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art							
	historical treasures, or other similar assets held for public ext	•	•							
	the text of the footnote to its financial statements that descri		2.100 of poolio defined, provide, 417 die 7.111,							
h	If the organization elected, as permitted under SFAS 116 (AS		of and balance sheet works of art, historical							
-	treasures, or other similar assets held for public exhibition, e									
		ducation, or research in furtherance of pr	done service, provide the following amounts							
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		> ¢							
	(ii) Assats included in Form 000. Bort V	••	> \$							
2	If the organization received or held works of art, historical tre		· · · · · · · · · · · · · · · · · · ·							
~	the following amounts required to be reported under SFAS 1		ai gaiii, provide							
~		to hoo ago) relating to these items.	L ¢							
	Revenues included in Form 990, Part VIII, line 1		*							
p	Assets included in Form 990, Part X		a							

Part VII Investments - Other Securities.	E 000 D 10/1-	145 O F 000 B 1 V. I 10	
Complete if the organization answered "Yes" ((c) Method of valuation: Cost or en	d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Welliou of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	····		
(3) Other			
(A)	· 		
(B)			
(C) _			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			al african a-lich rahira
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
(6)	 		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		1	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	/b) D==1=1
	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			ļ
(6)			
(7)			
(8)	·		
(9)			ļ— — — — — — — — — — — — — — — — — — —
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15.)	<u> </u>	<u> </u>
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	to Form 990, Part IV, line	 	ō
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	<u></u>	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740), Check	here if the text of the footnote has been	n provided in Part XIII 🛣

332053 09-25-13 Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
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:	
a Net unrealized gains on investments 2a	
b Donated services and use of facilities	
c Recovenes of pnor year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•
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:	
a Donated services and use of facilities 2a	1 1
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	 }
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part	V. line 4: Part X. line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1, 1,
The La and 15, and 1 arring mode La and 1217 has somption the part to provide any Laboratoria manner.	
PART X, LINE 2:	
THE FEDERATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENU	JE
	(2)
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 I	PRESCRIBES A
RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE	FINANCIAL
STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TO	AKEN OR EXPECTED
TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE RI	EALIZED.
THE FEDERATION AND ITS CONSOLIDATED ENTITIES FILE AS TAX	EXEMPT
ORGANIZATIONS. THE FEDERATION'S 2010, 2011, 2012 AND 2013 332054 09-25-13	3 (WHEN FILED) TAX Schedule D (Form 990) 2013

chedule	D (Form !	990) 2013		THE KRANZBI	ERG	FOU	IDATION			20-4920260	Page 5
Part XI	I Sup	olement	al Info	THE KRANZBI prmation (continued)							
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337055									,	Schedule D (Form	990) 20

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

ent of the Treasury

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.

2013 Open to Public Employer identification number

Inspection

Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

Schedule I (Form 990) (2013) 20-4920260 JARIOUS PROGRAM SUPPORT JARIOUS PROGRAM SUPPORT /ARIOUS PROGRAM SUPPORT VARIOUS PROGRAM SUPPORT VARIOUS PROGRAM SUPPORT (h) Purpose of grant or assistance SUPPORT FOR NISHMAH X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance N/A N/A X/A N/A A/A (f) Method of valuation (book, FMV, appraisal, other) N/A 0.N/A N/A N/A 0.N/A 0.N/A Ö ó (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 10,000. 10,000, 27,299 10,000 10,000 510,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KRANZBERG FOUNDATION 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 43-0681477 61-1420053 43-0653369 43-0652643 43-0653290 80-0594269 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? (1) Name and address of organization JEWISH FEDERATION OF ST. LOUIS SUITE 15 650 MARYVILLE UNIVERSITY DRIVE 1 RABBI ALVAN D RUBIN DRIVE THE CONGREGATION TEMPLE ISRAEL 12 MILLSTONE CAMPUS DRIVE 2 MILLSTONE CAMPUS DRIVE or government 5062 WATERMAN BOULEVARD JEWISH COMMUNITY CENTER 8251 MARYLAND AVENUE, JEWISH STUDENT UNION MARYVILLE UNIVERSITY ST. LOUIS, MN 63146 ST. LOUIS, MO 63105 ST. LOUIS, MO 60141 ST. LOUIS, MO 63108 ST. LOUIS, MO 63146 ST. LOUIS, MO 63141 NEXT DOR Part II

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Schedule I (Form 990) THE KRANZBERG FOUNDATION Part II Continuation of Grants and Other Assistance to Governments	BERG FOUN		nizations in the Ur	nited States (Sche	r and Organizations in the United States (Schedule I (Form 990), Part II)		20-4920260 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 JEWISH LIGHT PO BOX 955519 ST. LOUIS, MO 63195	43-0965860	501(C)(3)	12,500.	0	N/A	N/A	VARIOUS PROGRAM SUPPORT
JUDAISM ALIVE 14560 WHITE BIRCH VALLEY LANE ST. LOUIS, MO 63017	26-3766713	501(C)(3)	10,000.	0	N/A	N/A	VARIOUS PROGRAM SUPPORT
JEWISH ROCK RADIO 14560 WHITE BIRCH VALLEY LN CHESTERFIELD, MO 63017	26-3766713	501(C)(3)	10,000.	0	0.N/A	N/A	VARIOUS PROGRAM SUPPORT
ST. LOUIS KOLLEL 8200 DELMAR BLVD ST. LOUIS, MO 63146	43-1594954	501(C)(3)	7,500.	.0	0.N/A	N/A	VARIOUS PROGRAM SUPPORT
HILLEL COLUMBIA 1107 UNIVERSITY AVE COLUMBIA, MO 65201	43-1600778	501(0)(3)	5,000.	0	N/A	N/A	VARIOUS PROGRAM SUPPORT
							Schedule I (Form 990)

05-01-13

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2013) THE KRANZBERG FOUNDATION Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE CRITERIA PRIOR TO GRANT APPROVAL, ONCE GRANT IS APPROVED THE BOARD EITHER THROUGH A PRESENTATION BY (d) Amount of non-cash assistance THE BOARD REVIEWS GRANT APPLICATIONS BASED ON DESIGNATED (c) Amount of cash grant (b) Number of recipients GRANTEE OR AN ANNUAL PROGRESS REPORT. APPRISED OF THE PROGRAM PROGRESS, (a) Type of grant or assistance PART I, LINE Part III

Schedule I (Form 990) (2013)

28

332102 10-29-13

Page 2

20-4920260

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

THE KRANZBERG FOUNDATION

Employer identification number 20-4920260

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		1	
	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)	1	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
			Ì	
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	 	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,]	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		1	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		}	ŀ
	establish compensation of the CEO/Executive Director, but explain in Part III.	•		
	Compensation committee		1	1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		Ì	İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:		[
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		}		
	Only section 501(c)(3) and 501(c)(4) organizations 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	ļ	1	1
	contingent on the revenues of:	ŀ		ŀ
а	The organization?	_5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.	1	ĺ	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	j]	
	contingent on the net earnings of:			
а	The organization?	6a	ļ	X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		Į.	
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	7	 	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			٠,-
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	L

332111 09-13-13 Schedule J (Form 990) 2013

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

Schedule J (Form 990) 2013 THE KRANZBERG FOUNDATION

Pari II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(i)-{iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	reported as deferred in prior Form 990
(1) DR. ANDREW REHFELD	E		0	0.		0.		
DIRECTOR		170,000.	34,000.	2,923.	400	9,000.	213,323.	0
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PART I, LINE 3:
THE ORGANIZATION RELIED ON ITS SUPPORTED ORGANIZATION,
JEWISH FEDERATION OF ST. LOUIS TO DETERMINE COMPENSATION FOR THE TOP
TANAGEMENT OFFICIAL. THE JEWISH FEDERATION OF ST. LOUIS USED THE FOLLOWING
PRACTICES WHEN DETERMINING COMPENSATION: COMPENSATION COMMITTEE, WRITTEN
EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE
SOARD OR COMPENSATION COMMITTEE.
Schedule J (Form 990) 2013

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 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

THE KRANZBERG FOUNDATION 20-4920260 FORM 990, PART VI, SECTION A, LINE 2: MARY ANN SRENCO AND ANDREW SRENCO - FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE FOUNDATION'S GOVERNING DOCUMENTS PROVIDE THAT THE JEWISH FEDERATION OF ST. LOUIS SHALL HAVE THE POWER TO APPOINT ONE DIRECTOR MORE THAN THE TOTAL DIRECTORS APPOINTED BY THE KRANZBERG FAMILY. FEDERATION DIRECTORS MAY BE REMOVED FROM THE BOARD OF DIRECTORS AT ANY TIME BY ACTION OF THE BOARD OF DIRECTORS OF THE JEWISH FEDERATION OF ST. LOUIS. FORM 990, PART VI, SECTION B, LINE 11: AFTER FILING, THE FORM 990 WILL BE PRESENTED TO THE BOARD AT A BOARD MEETING FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING METHOD -100.FORM 990, PART XII, LINE 1: CHANGE IN ACCOUNTING METHOD DURING THE YEAR THE FOUNDATION CHANGED ITS ACCOUNTING METHOD FROM THE CASH BASIS TO THE ACCRUAL BASIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

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

► Attach to Form 990. Related Organizations and Unrelated Partnerships

2013

Open to Public Inspection

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 20-4920260

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

THE KRANZBERG FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

	(a)	(q)	(၁)	(q)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Par ⁺ II	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year.							
(a)	(q)	(0)	(q)	(e)	(1)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 512(b) controlled	0X13) d
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No No
JEWISH FEDERATION OF ST. LOUIS - 43-0652643							
12 MILLSTONE CAMPUS DRIVE	SUPPORT JEWISH CHARITABLE						
ST. LOUIS, MO 63146	DRGANIZATIONS	MISSOURI	501(C)(3)	LINE 7	N/A		×
STAENBERG FAMILY FOUNDATION - 20-2055339							
12 MILLSTONE CAMPUS DRIVE					JEWISH FEDERATION		
ST. LOUIS, MO 63146	SUPPORTING FOUNDATION	MISSOURI	501(C)(3)	LINE 11A, I	OF ST. LOUIS		×
LUBIN-GREEN FOUNDATION - 43-6049332							
12 MILLSTONE CAMPUS DRIVE					JEWISH FEDERATION		
ST. LOUIS, MO 63146	SUPPORTING FOUNDATION	MISSOURI	501(C)(3)	LINE 11A, I	DF ST. LOUIS	~	W
		-					
	,					•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule R (Form 990) 2013 General or Percentage managing ownership Yes No Section Section 512(b)(13) controlled entity? 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. 3 Code V:UBI General of Pranging amount in box partner/ 20 of Schedule Y:1 (Form 1065) Percentage ownership $\widehat{\boldsymbol{\varepsilon}}$ Share of end-of-year assets \equiv **(**6) Yes No Disproportionate allocations? $\widehat{\boldsymbol{\varepsilon}}$ Share of total income Ξ (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) (d)
| Direct controlling | entity Primary activity (C)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 09-12-13 Part IV

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Paris II, III, or IV of this schedule.				Ĺ	Yes	2	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	in Parts II·IV?		4	-	1
				[2]	 >	∢	1
 Gift, grant, or capital contribution to related organization(s) 		•		밀.	4	<u> </u> ;	ı
c Gift, grant, or capital contribution from related organization(s)		٠		위		×	ı
d Loans or loan guarantees to or for related organization(s)		•	٠	19	-	X	,
e Loans or loan guarantees by related organization(s)				1		×	. 1
f Dividends from related organization(s)				#		×	
g Sale of assets to related organization(s)				19		×	ì
				÷		×	ı .
i Exchange of assets with related organization(s)			•	∓		×	
j Lease of facilities, equipment, or other assets to related organization(s)				Ţ.		×	
						>	
R Lease of Jacimites, equipment, of outer assets from related organization (s)	(a) action(c)			= =	1	×	
The following the of services of the fibership of fundations of services of services of services of the fibership of fundations of services of membership of fundations of contractions by related organization(s)	anization(s)			- E	×		ı
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		•	<u> </u>	_	×	
				위		×	1 1
						-	
			:	۽ ڄ	1	{ >	ı
q Reimbursement paid by related organization(s) for expenses				티	-	4	ı
r Other transfer of cash or property to related organization(s)						×	
				18		×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	int involved	_		
(1)							t 1
(2)		!			!		
							ı
(3)							
(4)				ļ			
(5)							ı
(9)							
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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.

Disprepor Code V-UBI General or Percentage uorale amount in box 20 managing ownership yes No (Form 1065) Yes No 3 $\widehat{\boldsymbol{\varepsilon}}$ end-of-year Share of assets <u>6</u> Share of total income $\boldsymbol{arepsilon}$ Predominant income pariners se (related, unrelated, 501(p)(3) excluded from tax under section 512-514) | Yes No (e)
Are all
partners sec
501(c)(3)
orgs? (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity (a)

:

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Schedule R (Form 990) 2013 THE KRANZBERG FOUNDATION Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
Provide additional information for responses to questions on Schedule in (see instructions).	
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