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DLN: 93493317050524

# Form **990**

Department of the Treasury Internal Revenue Service

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

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

OMB No 1545-0047

2013

Open to Public Inspection

	ck if applica	ble C Name of organization JEWISH FEDERATION OF ST LOUIS	D Employer identification number				
_	ress change			43-0652	2643		
Nam	ne change	Doing Business As					
Initia	al return	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone	number		
Tern	minated	12 MILLSTONE CAMPUS DRIVE		(314)44			
☐ Ame	ended return	City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 631465776		(314)44	-2-0020		
Mppl Appl	lication pend			<b>G</b> Gross rece	ipts \$ 44,783,230		
		F Name and address of principal officer DR ANDREW REHFELD		is a group re			
		12 MILLSTONE CAMPUS DRIVE	subo	rdinates?	Γ Yes <b>Γ</b> No		
		ST LOUIS,MO 631465776		ıll subordınat	tes		
 т Тах	-exempt sta	ntus	inclu If "N		ist (see instructions)		
		WWW JEWISHINSTLOUIS ORG, WWW JFEDSTL ORG					
		tion Corporation Trust Association Other ►	1	ip exemption	1		
K Form	n of organiza	tion   Corporation   Trust   Association   Other -	L Year of fo	mation 1947	M State of legal domicile		
Par	tI S	ummary					
		y describe the organization's mission or most significant activities CIT, COLLECT, DISTRIBUTE & ADMINISTER CONTRIBUTIONS FOR TH	E DENECIT	OE JEWICH	CHADITABLE ODGS		
ا به	3011	CIT, COLLECT, DISTRIBUTE & ADMINISTER CONTRIBUTIONS FOR TH	C BENEFII	OF JEWISH	CHARITABLE ORGS		
Activities & Governance							
<u> </u>		k this box ▶─ if the organization discontinued its operations or disposed of	more than 2	5% of its ne	t assets		
λος  -	2 01100	k this box F <sub>1</sub> in the organization discontinued its operations of disposed of	more enum z	3 70 OT 163 HE	c d35ct5		
×5	<b>3</b> Numl	per of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$ .			3 31		
<u>8</u>	4 Numl	per of independent voting members of the governing body (Part VI, line 1b)			4 31		
[ ]	<b>5</b> Total	number of individuals employed in calendar year 2013 (Part V, line 2a) $$ .			<b>5</b> 63		
ଧି		number of volunteers (estimate if necessary)		· · ⊢	6 300		
		unrelated business revenue from Part VIII, column (C), line 12		_	7a -14,236		
_	<b>b</b> Net u	inrelated business taxable income from Form 990-T, line 34	1		<b>7b</b> -16,579		
	<b>9</b> Co	ntributions and grants (Part VIII, line 1h)	Pric	13,784,608	Current Year 3 13,631,279		
할		ogram service revenue (Part VIII, line 2g)		302,909			
듧		restment income (Part VIII, mie 29)		4,032,375			
걆		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	750,0				
		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		10.060.044	10.422.206		
-+		)		18,869,949			
		nefits paid to or for members (Part IX, column (A), line 4)		9,247,275	0 10,005,214		
		laries, other compensation, employee benefits (Part IX, column (A), lines			5		
82		10)		4,244,060	4,227,937		
Expenses	<b>16a</b> Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		21,690	19,295		
ਡੈ	<b>b</b> Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 1,515,335					
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,257,922			
1		tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		16,770,94			
$\overline{}$	<b>19</b> Re	venue less expenses Subtract line 18 from line 12	+	2,099,002 g of Current			
÷ 27 1			_	ear ear	End of Year		
Sec. S		tal assets (Part X, line 16)		111,884,990	136,334,976		
kssets or Bafances	<b>20</b> To						
ond B	<b>21</b> To	tal liabilities (Part X, line 26)		31,473,136 80,411,854			

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

✓ Yes ☐ No

orm 9	90 (2	2013)					Page <b>2</b>
Part	Ш		of Program Servi ule O contains a resp			TII	
1	Briefly		rganization's mission		o any nine in tina i are		
EWIS N ST DF AL	H FEC LOUI	DERATION MOI IS, ISRAEL, AN /ISH CHARITAE	BILIZES THE HUMAN D AROUND THE WO BLE, SOCIAL WELFA	N AND FINAN RLD TO SOLI RE, CULTURA	CIT, COLLECT AND L, EDUCATIONAL, A	EEDED TO PRESERVE AND ENDISTRIBUTE CONTRIBUTION INDICEMBER OF THE PROPERTY OF	IS FOR THE BENEFIT
t	he pri	or Form 990 or	indertake any significa 990-EZ? se new services on So		ervices during the yea	r which were not listed on	┌ Yes ┌ No
9	servic	es?	= ·		nt changes in how it co	onducts, any program 	┌ Yes ┌ No
e	expen	ses Section 50		) organizations	s are required to repo	nree largest program services, a rt the amount of grants and alloc	
4a	(Code	!	) (Expenses \$	11,352,408	ıncludıng grants of \$	10,005,214 ) (Revenue \$	16,677 )
	IN 190 PROGISTHE YIN CONNING TO NO FOR THE FLOCAL STROM ISOLATION AND FLOCAL STROM ISOLATION IS A CONTROL OF FINAN IS A CONTROL IN TERM ISOLATION IS A CONTROL IN THE FOR THE	D1, IT IS ONE OF THRAMS AND SERVICE OUNG AND OLD, FIGURE OUNG AND OLD, FIGURE OUNG AND SERVICES ARE REVIEWED AND SERVICES ARE REVIEWED AND SERVICES ARE REVIEWED AND SERVICES AND SHEET OF SERVICES AND	HE REGION'S OLDEST AND SES, THREE INTERNATIONAL GHT ANTI-SEMITISM, PROFIL, THE FEDERATION DIRECT LISECTORS OF THE COMMENT OF THE FEDERATION DIRECT LISECTORS OF THE COMMENT	LARGEST NONPROLAGED TO MOTE JEWISH CU MOTE JEWISH CU MOTE JEWISH CU MOTE JEWISH CO MOTE JEWISH CO MOTE JEWISH CO MOTE JEWISH CO MOTE JEWISH MOTE JEWIS	OFIT ORGANIZATIONS FUI FOUR TARGETED AREAS - LTURE AND SUPPORT JEW DUIS TO ISRAEL THROUGH RVE ON BOARDS AND COM LARS TO THE FEDERATION CYCLES NATIONAL AND IN UND A VISION OF AN INSPOYS HIS HOLD TO THE FEDERATION OF AN INSPOYS HIS HIGH TO HIS HIGH TO HIS HOLD TO HIS HIGH TO HIS HIS HIGH TO HIS HIS HIGH TO HIS HIGH TO HIS HIROUGH TO YEARS OF AGIT HIS HIGH TO HIS HIROUGH TO YEARS OF AGIT HIS HIROUGH TO YEARS OF AGIT HIS HIROUGH TO YEARS OF AGIT HIROUGH TO YEAR HIROUGH TO YEA	NITY'S CENTRAL FUNDRAISING AND PL NDS ARE DISTRIBUTED TO 30 LOCAL AN TO FEED THE HUNGRY, EDUCATE STUI 'S IN ISRAEL AND AROUND THE WORLD A SISTER-CITY PROGRAM THE FEDER MITTEES, RAISE FUNDS, MANAGE END I'S FAMILY OF AGENCIES, PROGRAMS A TERNATIONAL AGENCIES ARE REVIEWE PIRING, CARING AND UNITED JEWISH OF SEMENT OF FUTURE GENERATIONS, OF AND FAMILIES WITH CHILDREN, EDUCA TIFY, MONITOR AND CARE FOR THE MI ENGTHEN AND OPTIMIZE THE COMMUN JIDED BY COMMUNITY INPUT FROM SO IS WITH AGENCIES TO EXAMINE GEOGRA ENTLY AND WITH LITTLE DUPLICATION STRATIVE STRENGTH OF OUR AGENCIES MAJOR PROGRAMS ARE UNDER THE AGE IOR PROGRAM ST LOUIS NORC IS DE DIGRAMS/ACTIVITIES TO KEEP THEM ACE OF RESIDENTS REPORT HAVING MOVE TE NURSING HOME BED IN ST LOUIS ( G THE LIFESTYLE CHOICE OF MATURE A AREGIVERS, WHICH IS A PROJECT OF ACTOR OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE AGE OF THE STRENGT OF SOCIAL WORK D ATTERITY OF THE SOCIAL	ID 21 NATIONAL AGENCIES, DENTS OF ALL AGES, CARE FOR TO STRENGTHEN ST LOUIS' ATION IS LED BY HUNDREDS OWMENTS, RESPOND TO ND SERVICES LOCAL D ANNUALLY THE COMMUNITY AND IS GUIDED BY REATE A VIBRANT, EMBRACING, ATE AND ADVOCATE FOR A COST VULNERABLE AND MITY'S INFRASTRUCTURE TO ME 60 LOCAL LAY LEADERS APHIC AND DEMOGRAPHIC OF SERVICES ADDITIONALLY, SEALTHOUGH THE GREAT GIS OF PLANNING AND SIGNED TO HELP SENIORS TIVE AND MENTALLY ENGAGED THE ST LOUIS NORCED FROM THE NORC INTO ACCORDING TO GENWORTH ADULTS ELDERLINK ST LOUIS THE SENIOR SERVICE OF SERVICES AND ARE AREGIVER RESOURCES, TO ALTH, SAFETY AND LEGAL WERE RECEIVED WITH AND OTHERS IN ADDITION, SITED THE ELDERLINK ST LOUIS SITED THE ELDERLINK ST LOUIS THE RECEIVED WITH AND OTHERS IN ADDITION, SITED THE ELDERLINK ST LOUIS SITED THE ELDERLINK ST LOUIS THE RECEIVED WITH AND OTHERS IN ADDITION, SITED THE ELDERLINK ST LOUIS SITED THE ELDERLINK ST LOUIS SITED THE ELDERLINK ST LOUIS THE RATIONAL PJ LIBRARY WE SIGNED UP (OR SOME
4b	SUPPO COMM DONO CARDO COMM AND M DONO FEDER MILLST LEADE PROM LEADE INSPIR THE P	N AND FINANCIAL FORT THE NEEDS OF IUNITY CAMPAIGN I RS, MANY OF WHOI DO AND MONTEFIC IUNITY FOUNDATIO MANAGE ENDOWMEN AS AND LOCAL AGE ACTION'S SERVICE ATION'S SERVICE AT TONE INSTITUTE FORES, STRENGTHEN COTES A STRONG ENTES (PRIMARILY INTROFESSIONAL ASSO	THE COMMUNITY AND TO IS THE JEWISH COMMUNITY MARTICIPATE IN PEER GORE SOCIETIES WHICH DE N (JCF) OF ST LOUIS, LALNTS AND PLANNED GIFTS NCIES TO BENEFIT FROM AS TRUSTEE OF THE ST LOR JEWISH LEADERSHIP WORGANIZATIONS AND CREATED THE ST ON VOLUNTEER LETHER 30'S AND 40'S), THE ITHEIR 30'S AND 40'S), THE ITHEIR 30'S AND 40'S), THE ITHEIR SO'S AND 40'S), THE ITHEIR SPEAKERS SERIES, THE ITHEIR SPEAKERS SERIES, THE ITHEIR SO'S AND 40'S), THE ITHEIR SPEAKERS SERIES, THE ITHEIR SPEAKERS SERIES, THE ITHEIR SO'S AND 40'S), THE ITHEIR SPEAKERS SERIES, THE ITHEIR SPEAKERS SERIES, THE ITHEIR SO'S AND 40'S), THE ITHEIR SPEAKERS SERIES, THE SPEAKERS SERIES SPEAKERS SPEAKERS SERIES SPEAKERS SERIES SPEAKERS SERIES S	DEVELOP PROFES Y'S LARGEST FUN ROUP ACTIVITIES VELOP FUTURE C JINCHED BY THE J BEQUESTS, CHAR THE COORDINATE DUIS' JEWISH COI HICH IS A COMMI ATE AN ENVIRON EADERSHIP DEVEL E LENS FOR YOUN MPACT SERIES FO MEMBERS FROM	SSIONAL AND VOLUNTEER IDRAISING EFFORT CAMP SOUCH AS WOMEN'S PHILA SOUCH AS WEBSIT OF COMING WOMEN'S WEBSIT OF COMING WOMEN'S WITH FOR COLLABORATION FOR ADULTS IN THEIR 20'S, OR EFFECTIVE BOARD AND TO SOUCH AS WOMEN'S IN THE SOUCH AS WOMEN'S IN THE SOUCH AS WOMEN'S	0 ) (Revenue \$ T EFFICIENT FUNDRAISING THROUGH I LEADERSHIP AND HUMAN RESOURCES AIGN DONATIONS ARE RECEIVED FROM NTHROPY, YOUNG PROFESSIONALS DI NDOWMENTS AND PLANNED GIVING AR DO6 JCF SERVES AS OUR COMMUNITY'S ES AND DONOR-ADVISED FUNDS JCF A MUNITY ASSETS IT IS BACKED BY 100- E WWW JCF ORG IN ADDITION, THE F OUGHOUT THE NONPROFIT JEWISH CO NS THAT WAS ESTABLISHED IN JANUAR LUDED THE MILLSTONE FELLOWS FOR I THE WOMEN'S INSTITUTE (PRIMARILY D WONK CULTURES AND THE BOARD PE RAINING, NETWORKING AND THE SHAF	THE FEDERATION'S ANNUAL 1 APPROXIMATELY 5,280 VISION AND THE MAIMONIDES, IE HANDLED BY THE JEWISH IS CENTRAL PLACE TO ACCEPT ALSO PROVIDES A PLACE FOR PLUS YEARS OF THE EDERATION HOUSES THE MMUNITY TO DEVELOP Y, 2011 THE INSTITUTE EMERGING AND ESTABLISHED IN THEIR 50'S AND 60'S), RESIDENTS' CIRCLE JPROSTL,
4c	(Code	:	) (Expenses \$	599,759	including grants of \$	0) (Revenue \$	0)
	HOLOG INCLU CHRO ME EX	CAUST MUSEUM & L DING 25,000 STUD NOLOGICAL HISTOR	EARNING CENTER THE MU ENTS ADMITTANCE TO TH BY OF THE HOLOCAUST WI	JSEUM AND LEAR IE MUSEUM AND A TH PERSONAL AC	NING CENTER OPENED IN ALL PROGRAMS ARE FREE COUNTS OF HOLOCAUST S	1995 MORE THAN 30,000 PEOPLE VIS: AND OPEN TO THE PUBLIC THE MUSEL JURVIVORS WHO IMMIGRATED TO ST L S OF DISCRIMINATION AND ENCOURAGE	T THE MUSEUM EACH YEAR, JM PROVIDES A OUIS A CHANGE BEGINS WITH
	(Code		) (Expenses \$	708,284	including grants of \$	0) (Revenue \$	0)
4d		r program servic	ces (Describe in Sche 708,284 incl		of \$	) (Revenue \$	)
40	• •	·	708,284 IIICI		·	) (ive venue à	,

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 $I^{\bullet}$	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part $\sqrt{2}$	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 IV			1
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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 direct or indirect 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 $M$ $\blacksquare$	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		Νo
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

GII	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	] No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   42		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?			-11
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Database and the second of the			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		N
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		N
	Did the organization make any taxable distributions under section 49667	9a 9b		N N
	Section 501(c)(7) organizations. Enter	30		IN
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	[		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI 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
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		No
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	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	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	J , ,			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se		evenu	<i>ie Cod</i> <b>Yes</b>	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶MO
- 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.

- 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 during the tax year
- 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 (314)442-3857

Form 990	(2013	
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#### 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, 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	me and Title  A verage hours per week (list any hours and a director/trustee)  A verage hours and a director/trustee)  A verage more than one box, unless companies for any hours and a director/trustee)		(D Repor compen from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W-	tion amount of o ted compensat s (W- from the							
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-	·MISC)	2/1099-MISC)		ganızatı relate organıza	ed
1b c	Sub-Total		 ection /		•			•				+		
d	Total (add lines 1b and 1c)			` .	٠.	٠.	•	•		934,855		0		121,059
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
											Г		Yes	No
3	on line 1a? If "Yes," complete S					key •	emplo	yee •	, or highest	compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5	1 65	No
														140
1	ection B. Independent Co Complete this table for your fiv	ve highest comp												
	compensation from the organiz	zation Report co (A) Jame and business		ation	for	the c	alend	arye	ear ending y		thin the organization (B) cription of services	on's t	ax year (C Comper	)
												+		
												1		
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f
levenue	9 3 4 5 6a b c d 7a b
Other R	b c 9a b c
	b c 11a b c
	e

<b>/</b>	Statement o Check if Schedi	f Revenue ule O contains a respo	onse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1	a 179,475				
Ь	Membership du	es <b>1</b>	b				
c	Fundraising eve		. ——				
d		rations 10					
	Government grants						
e f	All other contribution	ons, gifts, grants, and <b>1</b>					
g	sımılar amounts no Noncash contribution 1a-1f \$	ons included in lines	2,682,199				
h	Total. Add lines	s 1 a - 1 f		13,631,279			
			Business Code				
2a	OFFICE SERVICES		900099	126,129	126,129		
ь	OCCUPANCY	_	900099	118,582	118,582		
С	MEMBERSHIP DUES	S	900099	16,677	16,677		
d							
e							
f	All other progra	ım service revenue					
g	Total. Add lines	s 2a – 2f	<u> </u>	261,388			
3		ome (including divide					
	and other simila	aramounts)	•	1,729,940		-14,236	1,744,176
4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
5	Royalties	(1) Dool	<b>-</b>				
6a	Gross rents	(ı) Real 34,359	(II) Personal				
b	Less rental	0					
_ ر	expenses Rental income	34,359					
l .	or (loss)	,	1	34,359			34,359
d	Net rental incol	me or (loss)  (i) Securities	(II) Other	34,333			34,337
7a	Gross amount from sales of assets other	28,545,308	(II) O thei				
ь	than inventory Less cost or other basis and	25,350,844					
	sales expenses						
C	Gain or (loss)	3,194,464		3,194,464			3,194,464
d 8a	Gross income f events (not inc	——————————————————————————————————————		3,134,404			3,134,404
	\$	s reported on line 1c)					
	See Part IV, lin		,				
Ь	less directey						
c		(loss) from fundraising					
9a	Gross income f See Part IV, lin	rom gaming activities le 19					
Ь	less directev	penses I					
c		(loss) from gaming act					
10a	Gross sales of returns and allo	owances .					
		a					
b		oods sold <b>b</b> (loss) from sales of in	ventory				
۲	Miscellaneous		Business Code				
11a	INTERCOMPA		900099	479,071			479,071
ь	OTHER INCOM		900099	101,885			101,885
С							
d	All other reven	ue					
е	Total. Add lines	s 11a-11d	🕨	580,956			
12	Total revenue.	See Instructions .			26:		
1			, i	19,432,386	261,388	-14,236	5,553,955

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</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	6,595,985	6,595,985		
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	3,409,229	3,409,229		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,055,911	467,798	407,660	180,453
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	2,514,651	1,491,955	320,204	702,492
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,297	87,967	14,103	45,227
9	Other employee benefits	289,895	162,868	44,594	82,433
10	Payroll taxes	220,183	121,448	43,213	55,522
11	Fees for services (non-employees)				
а	Management				
ь	Legal	71,167	39,716	24,424	7,027
c	Accounting	99,291		99,291	
d	Lobbying	105,834		105,834	
e	Professional fundraising services See Part IV, line 17	19,295			19,295
f	Investment management fees	6,453		6,453	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	567,209	357,461	165,796	43,952
12	Advertising and promotion	194,357	143,161	14,456	36,740
13	Office expenses	183,964	52,787	105,411	25,766
14	Information technology	103,904	32,767	103,411	23,700
15	Royalties				
16	Occupancy	585,874	271,065	264,958	49,851
17	Travel	18,928	11,154	6,607	1,167
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,320	11,134	0,007	1,107
19	Conferences, conventions, and meetings	207,820	85,759	65,141	56,920
20	Interest	490,061		490,061	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	293,313	92,978	165,035	35,300
23	Insurance	61,646	7,255	54,391	
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	TRANSITION EXPENSES	775,617	143,868	496,917	134,832
b	AWARDS AND GRANTS	125,819	113,567	10,257	1,995
c	MISCELLANEOUS	61,608	22,106	24,991	14,511
d	MISSIONS	51,993	11,966	18,175	21,852
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,153,400	13,690,093	2,947,972	1,515,335
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 here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash-non-interest-bearing	1,965,282	1	1,222,266
2	Savings and temporary cash investments	3,261,436	2	5,318,070
3	Pledges and grants receivable, net	3,428,892	3	3,351,700
4	Accounts receivable, net	514,837	4	507,725
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			_	
7	Notes and loans receivable net	660,296		22,381,467
		000,200		22,001,407
		312 293		98,807
10a	Land, buildings, and equipment cost or other basis Complete	,		
h			100	2,997,037
	·			65,889,061
				34,568,843
		07,002,200	-	01,000,010
	· ·			
		111 884 990		136,334,976
				3,477,997
		3,007,040		0,477,007
		21 672 166		17,588,776
22	Loans and other payables to current and former officers, directors, trustees,	21,072,100	21	17,300,770
			22	
23				
		1,193,402		22,830,180
25	Other liabilities (including federal income tax, payables to related third parties,	1,123,132		
	D	5,600,528	25	4,330,230
26	Total liabilities. Add lines 17 through 25	31,473,136	26	48,227,183
	Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	40,902,028	27	44,201,864
28	Temporarily restricted net assets	22,107,100	28	24,915,002
29	Permanently restricted net assets	17,402,726	29	18,990,927
	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		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	80,411,854	33	88,107,793
	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  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 instructions) Complete Part II of Schedule L  Notes and loans receivable, net  Inventores for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  Less accumulated depreciation . 10a 5,046.8  Investments—publicly traded securities  Investments—publicly traded securities  Investments—program-related See Part IV, line 11  Intangible assets	1 Cash-non-interest-bearing 1,005,202 2 Savings and temporary cash investments 3,261,408 3 Pledges and grants receivable, net 514,837 4 Accounts receivable, net 514,837 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 600,266 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 112, and, buildings, and equipment cost or other basis Complete Part VI of Schedule D 6 Less accumulated depreciation 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—program-related See Part IV, line 11 1 Investments—program-related See Part IV, line 11 1 11.844,980 11 Investments—program-related See Part IV, line 11 1 11.844,980 12 Investments—program-related See Part IV, line 11 1 11.844,980 13 Grants payable and accrued expenses 3 3,007,040 18 Grants payable and accrued expenses 3 3,007,040 18 Grants payable and accrued expenses 4 3,007,040 19 Deferred revenue 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 Serings 3 2 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 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 49 58 (f)(1)), persons described in section 49 58 (c)(3)(8), and contributing employers and sponsoring organizations of section 50 1 (c)(9) voluntary employees; beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Lead, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a Lead, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b Less accumulated depreciation 11 Investments—pother securities See Part IV, line 11 12 Investments—other securities See Part IV, line 11 13 Investments—pother securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Total assets, Add lines 1 through 15 (must equal line 34) 16 Total assets, add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 11 Tax-exempt bond liabilities 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D 10 Tax-exempt bond liabilities 11 Total liabilities. Add lines 17 through 25 10 Ther liabilities (including defail income, or other Part X of Schedule D 11 Total liabiliti

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,4	132,386
2	Total expenses (must equal Part IX, column (A), line 25)	2		181	153,400
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		1,2	278,986
7	L L L L L L L L L L L L L L L L L L L	4		80,4	11,854
5	Net unrealized gains (losses) on investments	5		4.8	303,444
6	Donated services and use of facilities				
_	<u> </u>	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	$\dashv$			
		9		1,6	13,509
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		88,1	107,793
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
За	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?	<u> </u>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 43-0652643

Name: JEWISH FEDERATION OF ST LOUIS

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, High	nest		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	nan (d nan o n is b dire	ne booth a	ox, u an of trus	inless ficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1039-14130)	related organizations	
PATRICIA CROUGHAN	20 00	х		х				0	0	0	
BOARD CHAIR JANE ROODMAN WEISS - VICE CHAIR	0 00										
FINANCIAL & HUMAN RESOURCES	0 00	Х		Х				0	0	0	
HARVEY WALLACE	10 00	×		х				o	0	o	
VICE CHAIR CAMPAIGN MICHAEL OBERLANDER	0 00 10 00										
VICE CHAIR FINANCE/TREASURER	0 00	Х		Х				0	0	0	
RUTH RASKAS	10 00	×		х				0	0	o	
VICE CHAIR PLANNING & ALLOCATIONS GREG YAWITZ	0 00 10 00										
VICE CHAIR STRATEGIC PLANNING	0 00	×		Х				0	0	0	
ROBERT NEWMARK  VICE CHAIR AT LARGE/SECRETARY	10 00	×		х				0	0	o	
ROBERT MILLSTONE	10 00	×		x				0	0	0	
IMMEDIATE PAST BOARD CHAIR SUSAN GODWIN KOFKOFF	0 00			^				Ů			
MEMBER AT LARGE	5 00 0 00	×						0	0	О	
LISA GRAIVIER BARNES	5 00	×						0	0	0	
MEMBER AT LARGE MICHAEL LITWACK	0 00 5 00							Ů			
MEMBER AT LARGE	1 00	×						0	0	О	
SANFORD NEUMAN	5 00	х						0	0	0	
MEMBER AT LARGE RICK RECHT	0 00 5 00										
MEMBER AT LARGE	0 00	×						0	0	0	
IAN SILBERMAN	5 00	х						0	0	0	
MEMBER AT LARGE MICHAEL STAENBERG	0 00 5 00										
MEMBER AT LARGE	2 00	X						0	0	0	
JULIE STERN	5 00	×						0	0	0	
MEMBER AT LARGE RABBI SUSAN TALVE	0 00 5 00										
MEMBER AT LARGE	0 00	Х						0	0	0	
LEE WIELANSKY	5 00	×						0	0	0	
MEMBER AT LARGE  JJ FLOTKEN	0 00 5 00								_		
MEMBER AT LARGE	0 00	×						0	0	0	
RANDALL GREEN	5 00	×						0	0	0	
MEMBER AT LARGE TOM GREEN	0 00 5 00										
MEMBER AT LARGE	3 00	×						0	0	0	
SHEILA GREENBAUM MEMBER AT LARGE	5 00	×						0	0	0	
C BRADLEY GROSS	5 00	x						0	0	0	
MEMBER AT LARGE JOHN KALISHMAN	0 00	<u> </u>						ı	0		
MEMBER AT LARGE	5 00	x						0	0	0	
DAVID KASLOW	5 00	x						0	0	0	
MEMBER AT LARGE	0 00							<u> </u>	0	<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Cor	itracto	rs			, -	,			
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below	Posit more the perso and a Or dis	ion (c nan o n is b i dire	ne both a	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	Individual trustae or director	Institutional Trustee	<u>"</u>	Key employee	Highest compensated employee	<b></b>			organizations
KEN KRANZBERG	5 00	x						0	0	0
MEMBER AT LARGE	1 00									
RONALD RUBIN  MEMBER AT LARGE	5 00	x						0	0	О
TODD SIWAK	5 00									
MEMBER AT LARGE	1 00	Х						0	0	0
SHERRI FRANK WEINTROP	5 00	,,								
MEMBER AT LARGE	0 00	X						0	0	0
JEFF SPARKS	5 00	х						0	0	0
PLANNING CHAIR	0 00	^						0	0	
BURT GARLAND	5 00	×						0	0	0
PLANNING CHAIR	0 00									
DIANE KATZMAN	5 00	×						0	0	0
PLANNING CHAIR	0 00									
MARK LEVIN	5 00	×						0	0	0
PLANNING CHAIR	0 00									
SUE SCHLICHTER	5 00	X						0	0	0
PLANNING CHAIR	0 00		-				<u> </u>			
SHERRY SHUMAN	5 00	×						0	0	0
DR ANDREW REHFELD	0 00	-	-							
	40 00			х				206,923	0	6,400
PRESIDENT & CEO SANDRA JANITCH-SCHWARZEN	3 00 40 00		-							
				х				119,258	0	20,858
DIRECTOR OF FISCAL SERVICES  BARRY ROSENBERG - FORMER	0 00 40 00									
SPECIAL COUNSEL TO THE PRESIDENT	0 00				Х			282,437	0	40,842
RUTH L LEDERMAN - FORMER	40 00									
VP & DIRECTOR OF DEVELOPMENT	0 00				X			158,201	0	18,115
STEPHEN G COHEN	40 00				V			168,036	^	24 944
VP	0 00				X			100,036	0	34,844

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#### \_ \_ \_ \_ \_ \_

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

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

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

2013

Open to Public Inspection

Name of the organization JEWISH FEDERATION OF ST LOUIS Employer identification number

43-0652643

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganizations	must comp	olete this p	art.) See ıı	nstruct	ions.		
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	ox )				
1	$\sqcap$	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(b	o)(1)(A)(i).				
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedı	ıle E )						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal researcl	h organızatıon operat	ted ın conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(	iii). Ent	er the	
_	_			ty, and state									
5	ı	-	•	erated for the benefi	_	or universi	ty owned or o	perated by a	a governmen	tal unit	describ	ed in	
_	_			(A)(iv). (Complete P				470(1)(4					
6	 		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	굣		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)										
8	Γ			described in <b>section</b>		-	nplete Part II	)					
9	Γ		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than	331/3%	of	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) fro	m busır	nesses	
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Par	tIII)				
10	$\Gamma$	An org	anızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	1 509(a)(4).				
11	$\sqcap$	Anorg	anızatıon org	ganized and operated	d exclusively	for the bene	efit of, to perf	orm the fund	tions of, or t	o carry	out the	purpos	ses of
				ly supported organiz						ee <b>sect</b>	ion 509	(a)(3).	Check
				bes the type of supp <b>b</b> Type II <b>c</b>						on-func	tionally	ıntear:	ated
e	$\vdash$			ox, I certify that the									
•	'			on managers and otl									
			n 509(a)(2)										
f			_	received a written de	etermination	from the IR	S that it is a <sup>-</sup>	Type I, Type	e II, or Type	III sup	porting	organı	zation,
g			this box August 17-2	2006, has the organi	zation accer	ted any dift	or contribution	on from any	of the				,
9			ng persons?			, 9		,					
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)	)		Yes	No
		and (111	) below, the	governing body of th	ie supported	organızatıor	1?				11g(i)		
		(ii) A f	amıly memb	er of a person descr	bed in (i) abo	ove?					11g(ii)	)	
				lled entity of a perso							11g(iii	)	
h		Provide	e the follown	ng information about	the supporte	ed organizat	ion(s)						
	·			,	<b></b>		1				Τ,		
•	) Nan uppoi		(ii) EIN	(iii) Type of organization	( <b>iv)</b> Is t organızatı		(v) Did you the organiz	•	(vi) Is organizat		- 1		nount of etary
		ation		(described on	col (i) list		ın col (i) o		col (i) org				port
	_			lines 1- 9 above	your gove	_	suppor	t?	in the U	S?		·	
				or IRC section	docume	nt?							
				(see instructions))									
				,	Yes	No	Yes	No	Yes	No			
Total			I	I		I		I	1	1	1		

supported organization

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 12,188,066 13,951,639 12,215,962 13,784,608 13,631,279 65,771,554 not include any "unusual grants ") 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 12,188,066 13,951,639 12,215,962 13,784,608 13,631,279 65,771,554 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 198,975 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 65,572,579 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 **(e)** 2013 (a) 2009 (d) 2012 (f) Total beginning in) 🟲 12,215,962 13,784,608 13,631,279 Amounts from line 4 12,188,066 13,951,639 65,771,554 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,456,652 1,236,010 1,330,068 1,374,492 1,778,535 7,175,757 and income from similar sources Net income from unrelated business activities, whether or 10,590 10,590 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 467,652 564,837 634,036 722,298 580,956 2,969,779 capital assets (Explain in Part IV) 11 Total support (Add lines 7 75,927,680 through 10) 12 Gross receipts from related activities, etc (see instructions) 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 86 360 % Public support percentage for 2012 Schedule A, Part II, line 14 15 85 290 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2013 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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	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						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 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 **Supplemental Information.** Provide the explanations 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).

Facts And Circumstances Test						
Return Reference	Explanation					
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2010 AMOUNT \$ 72,838 2011 AMOUNT \$ 176,378 2012 AMOUNT \$ 238,672 2013 AMOUNT \$ 101,885 INTERCOMPANY CHARGES - 2009 AMOUNT \$ 467,652 2010 AMOUNT \$ 491,999 2011 AMOUNT \$ 457,658 2012 AMOUNT \$ 483,626 2013 AMOUNT \$ 479,071					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493317050524

#### OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign 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, Part V, line 35c (Proxy Tax), then

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

	me of the organization /ISH FEDERATION OF ST LOUIS			Employer idei	ntification number
J	IST TESETON SON OF ST ESSES			43-0652643	:
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 527	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$0
3	Volunteer hours				0
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 495!	5	\$0
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 <b>►</b>	\$0
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(	c), except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527 ▶-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's I to a separate political orga	funds Also enter the anization, such as a
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► 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 ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	105,834	
c	Total lobbying expenditures (add lines 1a and 1b	o)	105,834	
d	O ther exempt purpose expenditures	16,532,231		
e	Total exempt purpose expenditures (add lines 1	16,638,065		
f	Lobbying nontaxable amount Enter the amount f	981,903		
	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)	245,476	
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	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ 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 Expen	ditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	<b>(e)</b> Total
2a	Lobbying nontaxable amount	935,310	962,053	914,139	981,903	3,793,405
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,690,108
c	Total lobbying expenditures	96,117	101,618	100,349	105,834	403,918
_d	Grassroots nontaxable amount	233,828	240,513	228,535	245,476	948,352
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,422,528
f	Grassroots lobbying expenditures					

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3	i age <del>-i</del>	
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493317050524

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

## **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. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

lema	r Revenue Service			Tilspection
	me of the organization VISH FEDERATION OF ST LOUIS		Emp	loyer identification number
			43-0	0652643
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 990		nds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year	91		
2	Aggregate contributions to (during year)	1,790,923		
3	Aggregate grants from (during year)	2,072,126		
ļ	Aggregate value at end of year	6,949,712		
•	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		radvı	rsed <b>▽ Yes                                   </b>
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
oa ∣	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)  Preservation of an A	ertifie	
		Γ		Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	ed, released, extinguished, or terminated	by th	ne organization during
	the tax year ►			
ŀ	Number of states where property subject to conservat	ion easement is located ►	_	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ıng of	violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easeme	ents d	luring the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durıng	g the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	ion 17	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial s		•
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		r Otl	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ts held for public exhibition, education, o	r rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		finan	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$

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

Part	Organizations Maintaining Co	llections of Art,	Histo	rical T	reasu	ires, or O	ther	Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	_		-		significant use	of its	
а	Public exhibition		d [	Loar	orexc	hange progra	ams			
b	Scholarly research		е Г	Othe	er					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how th	ney furth	er the o	organızatıon'	s exe	empt purpose ı	n	
5	During the year, did the organization solicit								<b>–</b>	<b>-</b>
Dor	assets to be sold to raise funds rather than t	<u>`</u>						<u> </u>	Yes	No
Fell	Part IV, line 9, or reported an an					ii alisweret	1 16	:5 10 FUIIII 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other ass	ets n		_ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowin	g table		_				
						F	_	Am	ount	
С.	Beginning balance						1c			
d	Additions during the year					-	1d			
e f	Distributions during the year					<u> </u>	1e			
f	Ending balance	000 5 111	242			L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					ļ	✓ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	(a)Current year	answe (b)Prio						(e)Four v	vears back
1a	Beginning of year balance	84,267,931		73,467,620		78,156,133	(4)	71,652,632		60,220,468
b	Contributions	4,018,183		8,700,274	1	2,433,713		3,067,896		2,151,377
c	Net investment earnings, gains, and losses	9,284,594		0.002.14/		1 142 707		8,414,561		1 F 0 9 F 4 9 0
d	Grants or scholarships	8,698,506		8,083,14 <sup>2</sup> 5,983,107	+	-1,142,787 5,979,439		4,978,956		15,085,489 5,804,702
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	88,872,202	8	34,267,93	L	73,467,620		78,156,133		71,652,632
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	Lg, colur	mn (a))	held as				
а	Board designated or quasi-endowment ►	50 930 %								
b	Permanent endowment ► 24 290 %									
C	Temporarily restricted endowment > 24 The percentages in lines 2a, 2b, and 2c sho	780 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	on tha	it are he	ld and a	admınıstered	for t	he		
	organization by							2-4	Yes	+
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>		•				•	3a(		No No
ь	If "Yes" to 3a(II), are the related organization		on Sch	• • edule R´	· · ·		• • •	3b		1
4	Describe in Part XIII the intended uses of th	ne organization's endo	owmen	t funds					<u> </u>	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e orga	anızatıc	n ansv	wered 'Yes'	to F	orm 990, Pa	rt IV, l	ine
	Description of property			(a) Cost o asıs (ınve		( <b>b)</b> Cost or ot basis (othe		(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land									
b I	Buildings					3,626,	956	2,583,23	2	1,043,724
c I	Leasehold improvements									
	Equipment	<u></u>	·			4,416,	644	2,463,33	1	1,953,313
	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>			n (B), line	= 10(c).,	)				2,997,037
								Schedule D	(Form	990) 2013

See Form 990, Part X, line 12.		inswered Yes to Form 990, Part IV, line 11b.
<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	1,255,367	F
(B) OTHER	34,007	F
(C) PRIVATE EQUITY	9,691,627	F
(D) ABSOLUTE RETURN STRATEGIES	13,120,460	F
(E) REAL ESTATE	10,467,382	F
	<b>b</b> 24.500.40	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. C	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. Complete if the organization		
(a) Descri	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 3	15.)	
		Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes  SPLIT INTEREST OBLIGATIONS	2,593,889	
ACCRUED PENSION LIABILITY	1,736,341	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,330,230	
2. Liability for uncertain tax positions In Part XIII, provid	e the text of the footnote to the	organization's financial statements that

Part			evenue per Audited Financial Statements With Revenue povered 'Yes' to Form 990, Part IV, line 12a.	er Re	<b>eturn</b> Complete if
1			r support per audited financial statements	1	
2			t not on Form 990, Part VIII, line 12		
a			ments 2a		
b		<u> </u>	acilities		
c			5		
d					
e				2e	
3				3	
4			O, Part VIII, line 12, but not on line <b>1</b>		
a			uded on Form 990, Part VIII, line 7b . 4a		
b		•	4b		
c				4c	
5			· · · · · · · · · · · · · · · · · · ·	5	
			xpenses per Audited Financial Statements With Expenses		Return. Complete
Turt			swered 'Yes' to Form 990, Part IV, line 12a.	рс.	retarm complete
1			audited financial statements	1	
2	A mou	nts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donat	ed services and use of fa	acilities		
ь	Prior	year adjustments	2b		
c	Other	losses			
d					
e				2e	
3				3	
4	A mou	nts included on Form 99	0, Part IX, line 25, but not on line <b>1:</b>		
а			uded on Form 990, Part VIII, line 7b   4a		
Ь			4b		
С				4c	
5			nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
Part		Supplemental Inf			
			Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,		
	V , line 4 nation	4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p	rovid	e any additional
11110111					
		turn Reference	Explanation		
PART :	IV,LIN	E 2B	FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE INVESTMENTS OF AGENCIES AND OTHER ORGANIZATIONS WHICH PARTICIPATE IN T		
			INVESTMENT PROGRAM OF THE FEDERATION, WHICH ARE RELATED		
			AGENCIES AND ORGANIZATIONS RETAIN THE AUTHORITY TO WITH		
			ANY TIME WITH CERTAIN ADVANCE NOTICE FUNDS HELD IN CUST- INCLUDE THE ESTIMATED AMOUNT TO BE DISTRIBUTED TO OTHER		
			THE DEATH OF A DONOR ANNUITY BENEFICIARY AND AMOUNTS TO		
			ACCORDANCE WITH THE PASSPORT TO ISRAEL PROGRAM		
PART	V, LINE	<b>₹</b> 4	THE FEDERATION'S ENDOWMENT FUNDS SUPPORT THE FEDERATIO		
			PURPOSE, BY MAKING FUNDS AVAILABLE TO BE USED IN THE FEDER SUPPORT OF BENEFICIARY AGENCIES, TO SUPPORT SPECIFIC PRO-		
			FEDERATION OR TO SUPPORT OTHER DESIGNATED PROGRAMS OUT		
			ORGANIZATION		
PART	X, LINE	2	THE FEDERATION HAS BEEN RECOGNIZED BY THE INTERNAL REVEN FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL		
			ACCORDINGLY, IS GENERALLY NOT SUBJECT TO INCOME TAXES TH		
			ADOPTED GUIDANCE REGARDING THE RECOGNITION OF UNCERTA		
			POSITIONS THE FEDERATION'S POLICY PRESCRIBES A RECOGNITIMEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECO		
			MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAI		
			THAT ARE NOT CERTAIN TO BE REALIZED THE FEDERATION AND I		
			ENTITIES FILE AS TAX EXEMPT ORGANIZATIONS THE FEDERATION 2013 (WHEN FILED) TAX YEARS ARE OPEN FOR EXAMINATION BY THE		
			2010 (AMERICALES) TAX TERRO ARE OF ER FOR EXAMINATION BY		_

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - De	O NOT PROCESS	As Filed Dat	ta -	DLN:	93493317050524
SCHEDULE F (Form 990)	Statement of	Activities C	Outside the Unite	ed States	OMB No 1545-0047
(F01111 390)	► Complete	_	n answered "Yes" to Form 9 14b, 15, or 16.	990,	2013
Department of the Treasury Internal Revenue Service  ► In			See separate instructions. nd its instructions is at w	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization JEWISH FEDERATION OF ST I	LOUIS			Employer iden	tification number
				43-0652643	
	<b>mation on Activit</b> 90, Part IV, lıne 14l		<b>ne United States.</b> Co	omplete if the organi	zation answered
For grantmakers. Does other assistance, the g to award the grants or	the organization m grantees' eligibility f	naintain records for the grants oi	r assistance, and the s	election criteria used	
<ul><li>2 For grantmakers. Des assistance outside the</li><li>3 Activites per Region (Th</li></ul>	United States.				nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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	
(1) RUSSIA & THE NEWLY INDEPENDENT STATES	; -		PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
( 2) MIDDLE EAST AND NOF AFRICA -	RTH C	0	PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
(3) SOUTH AMERICA - ARGENTINA, BOLIVIA,	C	0	PASS THROUGH GRANTS TO RECIPIENTS LOCATED IN REGION		
(4)					
(5)					
3a Sub-total b Total from continuation s to Part I		0 0			0
c Totals (add lines 3a and 3		0 0		No 50082W <b>Sche</b> e	0 Jule F (Form 990) 2013

1	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
(a) Name of organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV , appraisal, other
(1)		RUSSIA & THE NEWLY INDEPENDENT STATES -	DISTRIBUTION TO ORGANIZATIONS IN RUSSIA & THE NEWLY INDEPENDENT STATES REGION		WIRE/CHECK		N/A	N/A
(2)		MIDDLE EAST AND NORTH AFRICA -	DISTRIBUTION TO ORGANIZATIONS IN THE MIDDLE EASTERN AND NORTH AFRICAN REGION		WIRE/CHECK		N/A	N/A
(3)		SOUTH AMERICA - ARGENTINA, BOLIVIA,	DISTRIBUTION TO ORGANIZATIONS IN SOUTH AMERICAN REGION		WIRE/CHECK		N/A	N/A
(4)			SEE PART V FOR MORE INFORMATION ON GRANTS TO ORGANIZATIONS OUTSIDE THE UNITED STATES	3,409,229	WIRE/CHECK		N/A	N/A

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.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

#### 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	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	<u>ح</u> ا	No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
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	দ	. No
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	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE FEDERATION EXCLUSIVELY USES JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) TO PERFORM GRAN TMAKING TO ORGANIZATIONS OUTSIDE THE UNITED STATES JFNA IS THE OVERSEAS GRANTMKING ORGANI ZATION FOR 155 FEDERATIONS IN THE UNITED STATES JFNA PERFORMS ALL DUE DILIGENCE WITH RESP ECT 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

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	ACCRUAL

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DLN: 93493317050524

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization JEWISH F

EDERATION OF	ST LOUIS				Linployer identification number
					43-0652643
		_	1		000 5 . 711 1 . 47

Pa	<b>ft I Fundraising Ac</b> Form 990-EZ filei	<b>tivities.</b> Complete rs are not required	ıf the oı to comp	ganızatı lete thıs	on answered "Yes" to part.	o Form 990, Part IV,	line 17.
1 a b c d	Indicate whether the organ  Mail solicitations  Internet and email sol  Phone solicitations  In-person solicitation  Did the organization have or key employees listed in  If "Yes," list the ten highe to be compensated at lease	icitations s a written or oral agree n Form 990, Part VII) est paid individuals or o	ment with or entity entities (1	e f g n any indi in connec	Solicitation of non- Solicitation of gove Special fundraising vidual (including officeration with professional fundraising)	-government grants ernment grants g events s, directors, trustees undraising services?	<b>Г Yes Γ N</b> o ndraiser is
(	i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(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
1	SIEGEL MARKETING GROUP PO BOX 686598 CHICAGO, IL 606956598	TELEMARKETING	Yes	<b>No</b> No	73,369	19,295	54,074
2							
3							
4							
5							
6							
7							
8							
9							
10							
ota		<u> </u>		<b>.</b>	73,369	19,295	54,074

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported les 1 and 6b. List				
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
			(event type)	(event type)	(total number)					
Reveilue	1	Gross receipts								
	2	Less Contributions								
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
မှာ	5	Noncash prizes								
Expenses	6	Rent/facility costs								
ă	7	Food and beverages .								
Direct	8	Entertainment								
ā	9	Other direct expenses .								
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )				
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)						
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than				
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col (a) through col (c)				
<u>~</u>	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
Direct B	4	Rent/facility costs								
<u>ā</u>	5	Other direct expenses								
	6	Volunteer labor	✓ Yes         %           ✓ No         %	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	<ul><li>✓ Yes</li></ul>					
	7	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary Subtract line 7 from line 1, column (d)								
9	Enter the state(s) in which the organization operates gaming activities  a Is the organization licensed to operate gaming activities in each of these states? Yes									
а										
b	If"	If "No," explain								
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No  If "Yes," explain								

Does	s the organization operate gaming activit	ies with nonmembers	;?
12			st or a member of a partnership or other entity
		•	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gaming acti		Yes   No
a			
ь			
14	·		organization's gaming/special events books and records
			g
	Name 🟲		
	Address ►		
15a			m whom the organization receives gaming
<b>L</b>			
Ь	amount of gaming revenue retained by		ne organization 🟲 \$ and the
_			
С	If "Yes," enter name and address of the	third party	
	Name ▶		
	Address 🏲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation > \$		
	Description of services provided <b>•</b>		
			<u>_</u>
	·	Employee	Independent contractor
17	Mandatory distributions	- I	bla diskubishing form bla manning managed to
а			ble distributions from the gaming proceeds to
			Yes No
b			istributed to other exempt organizations or spent
Da	in the organization's own exempt activity  To the organization's own exempt activity  To the organization's own exempt activity  To the organization's own exempt activity  The organization of the organizati		planations required by Part I, line 2b, columns (iii) and (v), and
Fal		b, 15c, 16, and 17	blanations required by Part 1, line 2b, columns (iii) and (v), and b, as applicable. Also complete this part to provide any
	Return Reference	-	Explanation

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Schedule I

(Form 990)

Department of the Treasury

JEWISH FEDERATION OF ST LOUIS

Internal Revenue Service

Name of the organization

## **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

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

OMB No 1545-0047

DLN: 93493317050524

Open to Public Inspection

**Employer identification number** 

JEWISH FEDERATION OF STEODIS	,					43-0652643	
Part I General Information	n on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	vard the grants or as	sıstance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin	ssistance to Go	vernments and O	rganizations in the	United States. Con			es" to
(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	<b>(h)</b> Purpose of gra or assistance
See Addıtıonal Data Table							
	1						
2 Entertotal number of section 5	01(c)(3) and govern	ment organizations list	ed in the line 1 table				64

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

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.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
Part IV Supplemental Info	ormation. Provide the inf	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  Return Reference Explanation							

Supplemental II	<b>normation.</b> Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information.
Return Reference	Explanation
,	ALL BENEFICIARY ORGANIZATIONS WHICH RECEIVE GRANTS MADE THROUGH THE FEDERATION'S ALLOCATION PROGRAM HAVE A TRI- ANNUAL ORGANIZATION REVIEW THIS INCLUDES A FINANCIAL AND 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

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 43-0652643

Name: JEWISH FEDERATION OF ST LOUIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUEM FUND 454 WHITIER ST ST LOUIS,MO 63108	43-6070952	501(C)(3)	5,100	0	N/A	N/A	GENERAL SUPPORT

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AISH HATORAH 457 N WOODSMILL RD CHESTERFIELD, MO 63017	43-1839464	501(C)(3)	9,771	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALZHEIMER'S ASSOCIATION 9370 OLIVE BLVD ST LOUIS,MO 63132	43-1237069	501(C)(3)	21,252	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN JEWISH COMMITTEE 7751 CARONDOLET AVE ST LOUIS,MO 53105	13-5563393	501(C)(3)	14,860	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ANTI DEFAMATION LEAGUE 15 E 84TH ST NEW YORK, NY 10028	13-1679610	501(C)(3)	9,840	0	N/A	N/A	GENERAL SUPPORT		

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ARTS & EDUCATION COUNCIL 10420 OLD OLIVE STREET RD ST LOUIS,MO 63141	13-1818723	501(C)(3)	15,070	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BAIS ABRAHAM CONGREGATION 3547 OLIVE ST ST LOUIS,MO 63103	43-0790672	501(C)(3)	12,105	0	N/A	N/A	GENERAL SUPPORT		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BARNES JEWISH HOSPITAL 600 S TAYLOR AVE ST LOUIS,MO 63110	43-1648435	501(C)(3)	41,528	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 1784 NEW YORK, NY 10156	13-4092050	501(C)(3)	130,354	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
B'NAI B'RITH HILLEL FOUNDATION 6300 FORSYTH ST LOUIS,MO 63105	43-6065763	501(C)(3)	208,872	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CANCER SUPPORT COMMUNITY 1058 OLD DES PERE RD ST LOUIS,MO 63131	43-1587517	501(C)(3)	6,325	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTRAL AGENCY FOR JEWISH EDUCATION 12 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	23-7123583	501(C)(3)	1,268,304	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTRAL REFORM CONGREGATION 5020 WATERMAN ST LOUIS,MO 63108	43-1336060	501(C)(3)	34,300	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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		
CHABAD OF GREATER ST LOUIS 8124 DELMAR ST LOUIS,MO 63130	43-1287764	501(C)(3)	37,050	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY AGING CORPORATION 8 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	43-1365901	501(C)(3)	85,263	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONGREGATION B'NAI AMOONA 324 S MASON RD ST LOUIS,MO 63141	43-0706846	501(C)(3)	41,772	0	N/A	N/A	GENERAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGREGATION TEMPLE ISRAEL 1 RABBI ALVIAN D RUBIN DR ST LOUIS,MO 63141	43-0653290	501(C)(3)	49,544	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONTEMPORARY ART MUSEUM 3750 WASHINGTON BLVD ST LOUIS,MO 63108	43-1202816	501(C)(3)	16,000	0	N/A	N/A	GENERAL SUPPORT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CRAFT ALLIANCE EDUCATION FOUNDATION 6440 DELMA BLVD ST LOUIS,MO 63130	43-1022226	501(C)(3)	6,500	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DONALD DANFORTH PLANT SCIENCE CENTER 975 N WARSON RD ST LOUIS,MO 63132	31-1584621	501(C)(3)	62,000	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GATEWAY TO HOPE 845 N NEW BALLAS CRT STE 380 ST LOUIS,MO 63141	20-2737792	501(C)(3)	5,500	0	N/A	N/A	GENERAL SUPPORT		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GLADYS & HENRY CROWN CENTER 8350 DELCREST DR ST LOUIS,MO 63124	43-1695861	501(C)(3)	102,972	0	N/A	N/A	GENERAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HF EPSTEIN HEBREW ACADEMY 1138 WARSON RD ST LOUIS,MO 63132	43-6001158	501(C)(3)	176,579	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOLOCAUST MUSEUM & LEARNNG CENTER 12 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	43-0652643	501(C)(3)	13,821	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH COMMUNITY CENTER 2 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	43-0681477	501(C)(3)	1,366,743	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH COMMUNITY RELATIONS COUNCIL 12 MILLSTONE CAMPUS DR ST LOUIS,MO 63146	20-5631988	501(C)(3)	338,904	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 E 27TH ST NEWYORK,NY 10016	13-1624104	501(C)(3)	8,000	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH FAMILY & CHILDREN'S SERVICE 10950 SCHUETZ RD ST LOUIS,MO 63146	43-0790330	501(C)(3)	807,641	0	N/A	N/A	GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JEWISH FEDERATION OF SOUTHERN ILLINOIS 3419 W MAIN ST BELLEVILLE,IL 62226	37-0661214	501(C)(3)	7,900	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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		
KOL RINAH RELIGIOUS SCHOOL 829 N HANLEY RD ST LOUIS,MO 63130	90-1003729	501(C)(3)	7,207	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MERS GOODWILL 1727 LOCUST ST ST LOUIS,MO 63103	43-0652657	501(C)(3)	41,986	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MIRIAM FOUNDATION 501 BACON AVE ST LOUIS,MO 63119	43-0667478	501(C)(3)	26,600	0	N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MISSOURI BOTANICAL GARDEN PO BOX 299 ST LOUIS,MO 63166	43-0666759	501(C)(3)	26,130	0	N/A	N/A	GENERAL SUPPORT			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL COUNCIL OF JEWISH WOMEN 8350 DELCREST DR ST LOUIS,MO 63124	43-0722936	501(C)(3)	11,230	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEXT DOR 5062 WATERMAN ST LOUIS,MO 63108	80-0594269	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(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 ISRAEL 46 BOWAN RD WARWICK,NY 10990	13-1663143	501(C)(3)	27,629	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NINE NETWORK OF PUBLICATIONS 3655 OLIVE ST RD ST LOUIS,MO 63108	43-0685345	501(C)(3)	7,680	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PLANNED PARENTHOOD OF ST LOUIS 4251 FOREST PARK AVE ST LOUIS,MO 63108	43-0652666	501(C)(3)	8,360	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAFE CONNECTIONS 2165 HAMPTON AVENUE ST LOUIS,MO 63139	43-1077667	501(C)(3)	11,000	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
SAINT LOUIS PUBLIC LIBRARY 1301 OLIVE ST ST LOUIS,MO 63103		CITY OF ST LOUIS	53,478	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALVATION ARMY 1130 HAMPTON AVE ST LOUIS,MO 63139	43-0653584	501(C)(3)	42,829	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL 348 S MASON RD ST LOUIS,MO 63141	43-1772004	501(C)(3)	147,906	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHAARE EMETH CONGREGATION 11645 LADUE RD ST LOUIS,MO 63141	43-0662466	501(C)(3)	25,756	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SHAARE ZEDEK SYNAGOGUE 829 N HANLEY RD ST LOUIS,MO 63130	43-0827996	501(C)(3)	12,311	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHRINER'S HOSPITAL FOUNDATION 2001 S LINDBERGH BLVD ST LOUIS,MO 63131	32-2193608	501(C)(3)	30,078	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS ART MUSEUM 1 FINE ARTS DR ST LOUIS,MO 63110	43-1056957	501(C)(3)	11,280	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS CHILDREN'S HOSPITAL PO BOX 500522 ST LOUIS,MO 63150	43-1626863	501(C)(3)	26,000	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> 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)	101,370	0	N/A	N/A	GENERAL SUPPORT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS JEWISH STUDENT UNION 8251 MARYLAND AVE STE 15 ST LOUIS,MO 63105	13-5623717	501(C)(3)	29,685	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS KOLLEL 8200 DELMAR BLVD ST LOUIS,MO 63124	43-1594954	501(C)(3)	30,193	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS SOCIETY FOR THE BLIND 8770 MANCHESTER RD ST LOUIS,MO 63144	43-0666768	501(C)(3)	40,104	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS SYMPHONY ORCHESTRA 718 N GRAND BLVD ST LOUIS,MO 63103	43-0666769	501(C)(3)	12,800	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST LOUIS ZOO ONE GOVERNMENT DR ST LOUIS,MO 63110	43-1027365	501(C)(3)	61,850	0	N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STAGES OF ST LOUIS 444 CHESTERFIELD CTR ST LOUIS,MO 63017	43-1434156	501(C)(3)	10,575	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEMPLE EMANUEL 12166 CONWAY RD ST LOUIS,MO 63141	43-6015404	501(C)(3)	5,075	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THREADS OF HOPE 7400 GURNEY DR PLANO,TX 75024	26-4580974	501(C)(3)	20,052	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TORAH MITZION KOLLEL 7741 GANNON AVE ST LOUIS,MO 63130	56-2318455	501(C)(3)	27,780	0	N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TORAH PREPERATORY SCHOOL 8000 STANFORD ST LOUIS,MO 63130	56-2318455	501(C)(3)	227,031	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED HEBREW CONGREGATION 13788 CONWAY RD ST LOUIS,MO 63141	43-0743415	501(C)(3)	13,437	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule 1, Pai	<u>rt II, Grants an</u>	<u>id Otner Assistanc</u> e	<u>a to Governments</u>	and Organizations	<u>s in the United Sta</u>	.tes	
(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)	24,340	0	N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
USY 820 SECOND AVE 10TH FL NEW YORK, NY 10017	13-1659707	501(C)(3)	9,463	0	N/A	N/A	GENERAL SUPPORT	

<u> Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WASHINGTON UNIVERSITY 660 S EUCLID AVE ST LOUIS,MO 63110	43-0653611	501(C)(3)	207,250	0	N/A	N/A	GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(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
YESHIVAT KADIMAH HIGH SCHOOL 1142 N WARSON RD ST LOUIS,MO 63132	46-3021300	501(C)(3)	88,500	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(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
YOUNG ISRAEL OF ST LOUIS 8101 DELMAR BLVD ST LOUIS,MO 63130	43-0824829	501(C)(3)	13,130	0	N/A	N/A	GENERAL SUPPORT

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DLN: 93493317050524

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to 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.irs.gov/form990. Open to Public Inspection

Name of the organization JEWISH FEDERATION OF ST LOUIS **Employer identification number** 

43-0652643

Pai	t I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Executive for the control of the center of the cente			2	Yes	
	. , , , , , , , , , , , , , , , , , , ,			<del>-</del>	103	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at appl	y Do not check any boxes for methods			
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
a	Receive a severance payment or change-of-control p	aymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
a	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)\text{?}$	rebutt	able presumption procedure described in Regulations	9		

## Part 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)(1)-(111) 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

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	170,000 0	34,000 0	2,923 0	400 0	6,000 0	213,323	0
	(i) (ii)	177,015 0	0	105,422 0	21,409 0	19,433 0	323,279 0	0
(3)RUTH L LEDERMAN - FORMER VP & DIRECTOR OF DEVELOPMENT	(i) (ii)	107,150 0	0	51,051 0	11,097 0	7,018 0	176,316 0	0
	(i) (ii)	161,048 0	5,000 0	1,988 0	15,132 0	19,712 0	202,880 0	0

Schedule J (Form 990) 2013

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	DR ANDREW REHFELD HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - NOT INCLUDED IN TAXABLE INCOME
PART I, LINES 4A-B	409(A) NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN DISTRIBUTION - BARRY ROSENBERG \$100,000 SEVERANCE PAYMENTS - RUTH L LEDERMAN \$47.089

Schedule J (Form 990) 2013

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DLN: 93493317050524

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Internal Revenue Service

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

Inspection **Employer identification number** Name of the organization JEWISH FEDERATION OF ST LOUIS 43-0652643 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . 2,682,199 STOCK MARKET QUOTES Securities—Publicly traded . Χ 192 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . 25 Other ► (\_\_ 26 Other ►( \_\_\_ **27** Other ►( \_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo b If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	THE FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON SCHEDULE M, PART I, COLUMN (B)

Schedule M (Form 990) (2013)

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DLN: 93493317050524

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.

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

2013
Open to Public Inspection

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

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

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

Return Reference	Explanation
	THE MEMBERS OF THE FEDERATION MAY ACT TO ADD TO, ALTER, AMEND, OR REPEAL THE BY-LAWS, SUBJECT TO THE FOLLOWING TWO CONDITIONS (I) THE AFFIRMATIVE VOTE OF AT LEAST THREE-FOURTHS (3/4) OF THE MEMBERS OF THE FEDERATION PRESENT AT ANY MEETING OF THE MEMBERS AS TO WHICH NOTICE OF THE CONTEMPLATED ACTION WAS GIVEN, AND (II) 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO THE FILING OF FORM 990, THE FEDERATION BUDGET FINANCE AND ADMINISTRATION (BF&A) COMMITTEE WILL CARRY OUT A DETAILED REVIEW OF THE FORM 990 THE BF&A COMMITTEE CHAIR, SUBSEQUENT TO THIS REVIEW, WILL PRESENT THE FORM 990 TO THE FULL BOARD FOR APPROVAL TO FILE EACH BOARD MEMBER WILL RECEIVE A FULL COPY OF THE FORM 990 PRIOR TO THIS PRESENTATION UPON APPROVAL OF THE BOARD MANAGEMENT WILL FILE THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, EACH DIRECTOR, TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE WILL SIGNUPDATE A CONFLICT OF INTEREST DISCLOSURE STATEMENT THIS STATEMENT WILL LIST ANY POTENTIAL CONFLICTS AND AFFIRM THE PERSON'S RESPONSIBILITY ON DISCLOSURE OF A POTENTIAL CONFLICT EACH OF THE ABOVE NAMED PERSON'S (OTHER THAN EMPLOYEES) MUST DISCLOSE POTENTIAL CONFLICTS TO THE FEDERATION'S BOARD CHAIR AND THE CHAIRMAN OF THE AUDIT COMMITTEE AN EMPLOYEE MUST ALSO DISCLOSE POTENTIAL CONFLICTS TO THE EXECUTIVE VICE PRESIDENT & CEO THE POTENTIAL CONFLICT/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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND CEO 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 2013 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 2013

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 102,337 PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST 1,511,172

DLN: 93493317050524

OMB No 1545-0047

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## **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization JEWISH FEDERATION OF ST LOUIS **Employer identification number** 

43-0652643

art I Identification of Disregarded Entitles Complete	ii tile organization a	aliswered les of	1101111 330, Pa	artiv, lille 55.	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
art II Identification of Related Tax-Exempt Organiza	<b>tions</b> Complete ıf t	he organızatıon ar	nswered "Yes"	on Form 990, Pa	art IV, line 34 because it had one

or more related tax-exempt organizations during t	he tax year. '	3		,	,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) on 512(b) controlled ntity?	
						Yes	No	
(1) LUBIN-GREEN FOUNDATION	SUPPORTING FOUNDATION	МО	501(C)(3)	LINE 11A, I	JEWISH FEDERATION OF ST LOUIS	Yes		
12 MILLSTONE CAMPUS DR					10013			
ST LOUIS, MO 63146 43-6049332								
(2) STAENBERG FAMILY FOUNDATION	SUPPORTING FOUNDATION	МО	501(C)(3)	LINE 11A, I	JEWISH FEDERATION OF ST	Yes		
2127 INNERBELT BUSINESS CTR STE 200					LOUIS			
ST LOUIS, MO 63114								
20-2055339								
(3) THE KRANZBERG FOUNDATION	SUPPORTING FOUNDATION	MO	501(C)(3)	LINE 11A, I	JEWISH FEDERATION OF ST LOUIS	Yes		
12 MILLSTONE CAMPUS DR					10013			
ST LOUIS, MO 63146 20-4920260								

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllii entity		ated, total income ed, from er 512-	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in bo 20 of Schedule K- (Form 1065)	x managing partner? 1		ng owners		
					314)				Yes	No		Yes	No		
	ed Organizations Taxable e or more related organization	ons treated a							werec	1 163	Oll Follin	<i>55</i> 0,			
Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Lega doma (state or count	al cile foreign	С	(d) Direct controlling entity	(€	e) f entity , S corp,	<b>(f)</b> Share of total Income		( <b>g)</b> e of end- year assets	-of- Perce owne	ntage		(i) Section 5 (b)(13 controlle entity?	) ed
Name, address, and EIN of related organization	(b) Primary activity  TRUST INVESTMENTS	Lega domic (state or	al cile foreign	С	rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed
Name, address, and EIN of related organization  REMAINDER TRUSTS	Primary activity	Lega domic (state or count	al cile foreign	С	rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No
Name, address, and EIN of related organization  REMAINDER TRUSTS	Primary activity	Lega domic (state or count	al cile foreign	С	rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No
Name, address, and EIN of related organization  REMAINDER TRUSTS	Primary activity	Lega domic (state or count	al cile foreign	C	rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No
Name, address, and EIN of	Primary activity	Lega domic (state or count	al cile foreign	C	rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No
Name, address, and EIN of related organization  REMAINDER TRUSTS	Primary activity	Lega domic (state or count	al cile foreign		rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No
Name, address, and EIN of related organization  REMAINDER TRUSTS	Primary activity	Lega domic (state or count	al cile foreign		rect controlling	Type of (C corp,	e) f entity , S corp,	<b>(f)</b> Share of total		of end- year	-of- Perce	ntage		Section 5 (b)(13 controlle entity? <b>Yes</b>	) ed ? No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

f 1 During the tax year, did the organization engage in any of the following transactions with $f c$	one or more related organizati	ons listed in Parts II-IV?				,			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
<b>b</b> Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)									
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete this line, includ	ıng covered relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	(d)					
1) LUBIN-GREEN FOUNDATION	С	549,100	CASH TRANSFER						
2) STAENBERG FAMILY FOUNDATION	С	207,500	CASH TRANSFER						
			ı						

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																											
(a) 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)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?			(f) (g) Share of Share of total end-of-year	(g) Share of end-of-year assets	assets			(g) Share of end-of-year assets  (h) Disproprtions allocations	(h) Disproprtionate allocations?		(i) Code V7UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership					
			314)	Yes	No			Yes	No		Yes	No															
												]															
												$\Box$															
	•																										

Schedule R (Form 990) 2013

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013