For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493318108630

2019

OMB No. 1545-0047

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.

Open to Public Inspection

| Treasu | epartment of the reasury ternal Revenue Service Foo to www.irs.gov/Form990 for instructions and the latest information. | | | | | | |
|--------------------------------|---|------------------|---|------------------------|--------------------|----------------|--------------------|
| A F | or th | ne 2019 c | alendar year, or tax year beginning 01-01-2019 , and ending 12-31 | 2019 | | | |
| | | applicable: | C Name of organization Jewish Federation of St Louis | | D Employ | er identi | fication number |
| | | change | % BRIAN HERSTIG CEO | | 43-065 | 2643 | |
| ☐ In | | hange eturn | Doing business as | | | | |
| | | rn/terminated | | | | | |
| | | ed return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12 Millstone Campus Drive | 9 | E Telephoi | | |
| □ Ap | plicat | ion pending | · | | (314) 4 | 142-0020 |) |
| | | | City or town, state or province, country, and ZIP or foreign postal code St Louis, MO 63146 | | | | |
| | | | | | | | 170,464,169 |
| | | | F Name and address of principal officer: BRIAN HERSTIG | H(a) Is this | | turn for | |
| | | | 12 MILLSTONE CAMPUS DRIVE | suboro H(b) Are all | dinates? | tec | □Yes ☑No |
| | | | ST LOUIS, MO 63146 | include | | ies | ☐ Yes ☐No |
| I ⊺a | x-exe | mpt status: | ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 | | | • | instructions) |
| J W | ebsi | te:► WW | /W.JFEDSTL.ORG | H(c) Group | exemption | numbe | • |
| K For | n of o | organization | : ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of forma | tion: 1 947 | M State | of legal domicile: |
| P | art I | Sum | mary | | | | |
| | | _ | scribe the organization's mission or most significant activities: | | | | |
| e e | | PRESERVE | AND ENHANCE JEWISH LIFE IN ST.LOUIS, ISRAEL AND AROUND THE WOR | LD. | | | |
| E C | | | | | | | |
| Ĕ | | | | | | | |
| Governance | 2 | Check th | is box $lacktriangle$ if the organization discontinued its operations or disposed of mo | re than 25% | of its net a | assets. | |
| 5 | 3 | Number (| of voting members of the governing body (Part VI, line 1a) | | | 3 | 32 |
| 20 ლ | 4 | Number (| of independent voting members of the governing body (Part VI, line 1b) . | | | 4 | 32 |
| £ E | 5 | Total nur | nber of individuals employed in calendar year 2019 (Part V, line 2a) | | | 5 | 87 |
| Activities & | 6 | Total nur | nber of volunteers (estimate if necessary) | | • | 6 | 520 |
| ď | 7a | Total unr | elated business revenue from Part VIII, column (C), line 12 | | | 7a | -88,357 |
| | b | Net unre | ated business taxable income from Form 990-T, line 39 | | • | 7b | -89,751 |
| | | | | Pric | or Year | | Current Year |
| <u>Qr</u> | 8 | Contribut | ions and grants (Part VIII, line 1h) | | 18,476, | 689 | 19,500,10 |
| Ravenue | 9 | _ | service revenue (Part VIII, line 2g) | | 45, | 623 | 45,20 |
| Α÷ | 10 | Investme | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 6,301, | 260 | 4,313,90 |
| _ | 11 | Other rev | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 150, | 792 | 164,09 |
| | 12 | Total rev | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 24,974, | 364 | 24,023,31 |
| | 13 | Grants ar | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 10,194, | 194 | 8,750,83 |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | | 0 | (|
| æ | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 5,379, | 908 | 5,275,71 |
| Expenses | 16 | a Professio | nal fundraising fees (Part IX, column (A), line 11e) | | | 0 | (|
| Š | b | Total fund | raising expenses (Part IX, column (D), line 25) ▶2,801,009 | | | | |
| ш | 17 | Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,853, | 445 | 4,240,83 |
| | 1 | | enses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 19,427, | | 18,267,38 |
| | 19 | Revenue | less expenses. Subtract line 18 from line 12 | | 5,546, | 817 | 5,755,93 |
| Net Assets or Fund Balances | | | | Beginning | of Current \ | /ear | End of Year |
| sets | 20 | Total acc | ets (Part X, line 16) | | 129,822, | 698 | 145,745,81 |
| AB | 1 | | ilities (Part X, line 26) | | 36,190, | | 36,936,020 |
| ž Š | 1 | | es or fund balances. Subtract line 21 from line 20 | | 93,632, | | 108,809,789 |
| | | | | | 93,032, | 3/1 | 100,009,76 |
| | a rt II r per | | ature Block erjury, I declare that I have examined this return, including accompanying s | chedules and | statement | s, and to | the best of my |
| know | ledge | e and belie | f, it is true, correct, and complete. Declaration of preparer (other than office | | | | |
| any k | nowl | ledge. | | | | | |
| | | ***** | к | 2020 | 0-11-15 | | |
| Sign | ı | Signat | ure of officer | Date | | | |
| Here | | BRIAN | HERSTIG CEO | | | | |
| | | | r print name and title | | | | |
| | | , P | rint/Type preparer's name Preparer's signature Dai | te Char | | PTIN | |
| Pai | d | | | | employed | P0104123 | 5 <i>/</i> |
| Pre | | er F | irm's name ► BKD LLP | Firm | 's EIN 🟲 | | |
| Use | - | 1 | irm's address ► 211 N BROADWAY SUITE 600 | Phor | ne no. (314) | 231-5544 | <u> </u> |
| | | - ' | ST LOUIS, MO 631022733 | | (01 1) | 55 - | |
| | | | | | | [. zi | Yes 🗆 No |
| ı⊻ıa∨ t | ne II | K5 discuss | this return with the preparer shown above? (see instructions) | | | | res i INO |

Cat. No. 11282Y

Form **990** (2019)

| Form | 990 (2019) | | | | | Page 2 | | | | | | | |
|------|--|--|------------------|---------------------------|---|----------------|--|--|--|--|--|--|--|
| Pa | rt III Statement | of Program Service | e Accomplis | hments | | | | | | | | | |
| | Check if Sche | dule O contains a respo | onse or note to | any line in this Part III | | 🗹 | | | | | | | |
| 1 | Briefly describe the o | organization's mission: | | | | | | | | | | | |
| | | | | | AN AND FINANCIAL RESOURCES T | O PRESERVE AND | | | | | | | |
| ENHA | NCE JEWISH LIFE IN S | ST. LOUIS, IN ISRAEL | AND AROUND T | HE WORLD. | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on | | | | | | | | | | | | |
| | the prior Form 990 o | r 990-EZ? | | | | ☐ Yes ☑ No | | | | | | | |
| | If "Yes," describe the | ese new services on Sch | nedule O. | | | | | | | | | | |
| 3 | • | cease conducting, or m | | changes in how it cond | ucts, any program | | | | | | | | |
| | services? | | | | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount of | largest program services, as meas of grants and allocations to others, | | | | | | | | |
| | (Code: | (Code:) (Expenses \$ 9,881,542 including grants of \$ 8,750,832) (Revenue \$ | | | | | | | | | | | |
| | See Additional Data | | . , | | | , | | | | | | | |
| | | | | | | | | | | | | | |
| 4b | (Code: |) (Expenses \$ | 3,383,789 | including grants of \$ |) (Revenue \$ | 45,208) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4c | (Code: |) (Expenses \$ | 1,015,793 | including grants of \$ |) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4d | Other program servi | | | | | | | | | | | | |
| | (Expenses \$ | incl | uding grants of | \$ |) (Revenue \$ |) | | | | | | | |
| 4e | Total program serv | vice expenses ▶ | 14,281,1 | 24 | | | | | | | | | |

| Form 990 (2019) Pag | | | | | | | | |
|---------------------|---|-----|-----|--------|--|--|--|--|
| Par | tiV Checklist of Required Schedules | | | | | | | |
| | | | Yes | No | | | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 | 1 | Yes | | | | | |
| 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 | 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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule D,</i> Part 2 | 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? <i>If "Yes," complete Schedule D,</i> Part III | 8 | Yes | | | | | |
| 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 V | 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. | | | | | | | |
| | 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 | | | | | |
| | 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 | | | | | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its | 11c | | No | | | | |
| d | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2 | 11d | | No | | | | |
| е | 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 | 11e | 162 | No | | | | |
| 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 | | No | | | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No | | | | |
| | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | No | | | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) | 17 | | No | | | | |
| 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 | | | | |

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

| m s | 990 (2019) | | | Pag |
|------------------|---|-----|-----|----------------|
| ² art | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | 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 |
|) | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| ı | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| | 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 |
| | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | N: |
|) | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | N ₁ |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧 | 29 | Yes | |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | N- |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | N |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No No |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| | 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 | |
| 3 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| | 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 | |
| | 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 | | N |
| | 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 | | N |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| ari | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | 므 |
| | | | Yes | N |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 60 | | | l |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | i |

1c

Yes

| OI III | Statements Degarding Other IDS Filings and Tay Compliance (continued) | | | rage 3 |
|------------|--|------------|-----|---------------|
| | Statements Regarding Other IRS Filings and Tax Compliance (continued) | - 1 | - | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | 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 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 4a | | No |
| - - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | - | | NI - |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | No No |
| | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | NI - |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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? | | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | , | 9a | | No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| р 11 | 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.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 1 |
| ь | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in | | | |
| c | which the organization is licensed to issue qualified health plans | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |

| ı a | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | o" respo | onse to | lines 🔽 |
|--------------------------------------|--|--------------------------------------|-------------------------|------------|
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 32 | | | |
| | 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 1b 32 | | | |
| 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 | | No |
| 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 | J |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 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 |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | Yes | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | | Yes | |
| b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | Yes | |
| b 12a | 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. | 11a | | |
| b 12a b | 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 | 11a 12a | Yes | |
| b 12a b | 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? | 11a 12a 12b | Yes Yes | |
| b 12a b c | 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. | 11a 12a 12b | Yes Yes | |
| b 12a b c | 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? | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c 13 14 | 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? | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c 13 14 15 | 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 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? | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 | 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 | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b | 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 | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b | 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b | 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b 16a b | 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
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| b 12a b c 13 14 15 a b 16a b | 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b 16a b | 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |

| 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th | Form 990 (2019) | | | | | | | | | | | Pag | ge 7 |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|----------------------------------|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o | | | Truste | es, I | Key | En | nploy | ees | , Highest Comp | ensated Employ | yees, | | |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization | Check if Schedule O contains a | response or no | te to an | y line | in t | his | Part VI | ١. | | | | . [| |
| ■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga | Section A. Officers, Directors, Tru | istees, Key E | mploy | ees, | an | d H | lighe | st C | Compensated En | nployees | | | |
| ■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi | year. | | • | | | | | | , , | | - | n's ta | Κ |
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| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations. | | | | | | | | | | | | | |
| Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above. | of reportable compensation from the organiz | ation and any re | elated o | rgani | zatio | ons. | | | . , | · | · | | |
| (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations | organization, more than \$10,000 of reportab | le compensatio | n from t | | | | | | | | Э | | |
| Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer | Check this box if neither the organizatio | n nor any relate | d organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee. | | | |
| it steed | | Average hours per week (list any hours | than o is b | ne bo oth a direct | o no ox, u n of or/t | t che inles ficer | s pers | on | Reportable compensation from the organization | Reportable compensation from related organizations | Estir amount compe fror | nated of oth nsation the | n |
| See Additional Data Table | | organizations below dotted | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | , , | relate | ated | |
| | See Additional Data Table | | | | | | | | | | | | |
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| (A) Name and title | | | | | ınles | eck moss pers and a ee) | son | Repor comper from organi | table sation the zation | (E) Reportable compensation from related organizations (W-2/1099- | | (F) Estima amount o compens from t | ited f other sation the |
|---|--|-----------------------------------|-----------------------|---------|--------------|-------------------------------|--------|-----------------------------------|----------------------------------|---|--------|--|----------------------------------|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/: MIS | | (W-2/1099- | | organizati relati organiza | ed |
| See Additional Data Table | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b Sub-Total | art VII, Section | | | • | | P | | 1,03 | 4,789 | | 0 | | 60,428 |
| Total number of individuals (including of reportable compensation from the | but not limited | to thos | | | bove | e) who | rece | eived more | than \$1 | 00,000 | | | <u> </u> |
| 3 Did the organization list any former of | | | ee, ke | ey er | mplo | oyee, d | or hig | ghest com | pensated | employee on | | Yes | No |
| line 1a? If "Yes," complete Schedule 3 For any individual listed on line 1a, is organization and related organization. | the sum of repo | ortable o | | ensa | | | | | | the | 3 | | No |
| individual Did any person listed on line 1a receive services rendered to the organization | | | | | | | | | on or indi | vidual for | 4 5 | Yes | No |
| Section B. Independent Contract | ors . | | | | | • | | | | | | | 110 |
| Complete this table for your five high- from the organization. Report comper | est compensate | | | | | | | | | | mpens | sation | |
| Name a | (A) and business addre | SS | | | | | | | Desc | (B) ription of services | | (C Compen | |
| | | | | | | | | | | | | | |

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 ▶ 0

| orm 9 Part | | | of F | Revenue | | | | | | Page 9 |
|---|------------|--|------------|----------------------|-------------|-------------------------|-------------------|---|--------------------------------|--|
| | | Check if Scheo | dule | O contains a | respo | onse or note to any | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a | Federated campa | aigns | 5 | 1 a | 142,277 | | revenue | | 512 - 514 |
| ants unts | Ŀ | Membership due | s. | . [| 1 b | | | | | |
| <u>n</u> | 6 | : Fundraising even | nts . | [| 1c | | | | | |
| ffs, ir A | c | l Related organiza | tions | s [| 1 d | 1,785,300 | | | | |
| ⊒ٌ.ق | 6 | Government grants | (con | tributions) | 1e | 96,000 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contribution and similar amounts above | | | 1f | 17,476,530 | | | | |
| eti p | ç | Noncash contribution lines 1a - 1f:\$ | ns in | ncluded in | 1g | 3,081,978 | | | | |
| Con | ŀ | h Total. Add lines | 1a-1 | .f | | > | 19,500,107 | | | |
| | | | | | | Business Code | 13,300,107 | | | |
| | 2a | COMMUNITY DEVELO | PME | NT | | 900099 | 28,143 | 28,143 | | |
| nue | b | PLANNING & ALLOCA | TION | ls | | 000000 | 17,065 | 17,065 | | |
| Re ve | _ | | | | | 900099 | | | | |
| цсе | c | | | | | | | | | |
| Program Service Revenue | d | | | | | | | | | |
| ran | _ | | | | | + | | | | |
| ¥ ogi | е | | | | | | | | | |
| - | f | All other program | serv | ice revenue. | | | | | | |
| | g | Total. Add lines 2 | 2a-2 | 2f | • | 45,208 | l | l | | |
| | | investment income imilar amounts) | | luding divide | nds, i | nterest, and other | 656,229 | 9 | -88,357 | 7 744,586 |
| | | Income from invest | | | • npt bo | | <u> </u> | 0 | | |
| | 5 F | Royalties | | | | 🕨 | • | 0 | | |
| | | | | (i) Rea | l | (ii) Personal | _ | | | |
| | 6a | Gross rents | 6a | | 53,917 | 7 | | | | |
| | | Less: rental expenses | 6b | | | | 7 | | | |
| | | Rental income | | | | | 1 | | | |
| | | or (loss) | 6 c | | 53,917 | 7 | 0 | | | |
| | d | Net rental income | or | (loss) (i) Securi | · · | (ii) Other | 53,91 | / | | 53,917 |
| | 7a | Gross amount | | (I) Securi | ties | (II) Other | \dashv | | | |
| | | from sales of assets other than inventory | 7a | 150,0 | 198,532 | 2 | | | | |
| | _ | Less: cost or other basis and sales expenses | 7b | 146,4 | 40,853 | 3 | | | | |
| | С | Gain or (loss) | 7c | 3,6 | 57,679 |) | | | | |
| | d | Net gain or (loss) | | | | | 3,657,67 | 9 | | 3,657,679 |
| <u>a</u> | | Gross income from fu (not including \$ | ındra | ising events of | | | | | | |
| Other Revenue | | contributions reporte See Part IV, line 18 | | | | | | | | |
| Re | | Less: direct expen | | | 8a 8b | C | | | | |
| ē | | Net income or (los | | | | ents 🔈 | ┙, | o | | |
| | _ | | | | | | | | | |
| ľ | Уa | Gross income from See Part IV, line 19 | gam • | ing activities. | 9a | C | , | | | |
| | b | Less: direct expen | ses | | 9b | C | | | | |
| | C | Net income or (los | ss) fr | rom gaming a | activit | ies \blacktriangleright | <u> </u> | 0 | | |
| | 10a | Gross sales of inve | ento | ry, less | | | | | | |
| | | returns and allowa | | | 10a | С | _ | | | |
| | | Less: cost of good | | | 10b | | | 0 | | |
| - | С | Net income or (los Miscellaneo | _ | | invent | Business Code | <u> </u> | 0 | | |
| | 11 | aOTHER INCOME | us K | CVCIIUC | | 90009 | 9 110,170 | 6 | | 110,176 |
| | | | | | | | | | | |
| | b | | | | | | | | | |
| | | | | | | | | | | |
| | c | | | | | | | | | |
| | | | | | | | | | | <u> </u> |
| | | All other revenue | | | | | | | | |
| | | Total. Add lines 1 | | | | • | 110,17 | 6 | | |
| | 12 | Total revenue. S | ee ir | nstructions . | • | | 24,023,31 | 6 45,208 | -88,357 | 4,566,358 |
| | | | | | | | | | | Form 990 (2019) |

| Form | 990 (2019) | | | | Page 10 |
|------|---|------------------------|------------------------------------|---|--|
| Pa | rtIX Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations must co | | | | mn (A). |
| | Check if Schedule O contains a response or note to an | y line in this Part IX | | | <u> L</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 6,631,332 | 6,631,332 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 2,119,500 | 2,119,500 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 515,227 | 280,886 | 67,389 | 166,952 |
| | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 3,474,466 | 1,894,310 | 457,210 | 1,122,946 |
| | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 548,580 | 338,488 | 67,300 | 142,792 |
| 9 | Other employee benefits | 440,498 | 239,638 | 47,708 | 153,152 |
| 10 | Payroll taxes | 296,945 | 163,879 | 39,834 | 93,232 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 65,176 | | 65,176 | |
| С | Accounting | 77,922 | | 77,922 | |
| d | Lobbying | 0 | | | |
| | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 870,515 | 640,904 | 18,707 | 210,904 |
| 12 | Advertising and promotion | 618,011 | 320,886 | 30,032 | 267,093 |
| | Office expenses | 148,214 | 87,733 | 14,229 | 46,252 |
| | Information technology | 121,654 | 76,921 | 19,420 | 25,313 |
| | Royalties | 0 | , | • | · · · · · · |
| | Occupancy | 330,555 | 196,913 | 110,805 | 22,837 |
| | Travel | 29,970 | 27,116 | 860 | 1,994 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | , | | <u> </u> |
| | Conferences, conventions, and meetings | 483,879 | 191,359 | 45,709 | 246,811 |
| | Interest | 163,156 | 42,642 | 95,188 | 25,326 |
| 21 | Payments to affiliates | 0 | | | |
| | Depreciation, depletion, and amortization | 445,668 | 322,870 | 6,847 | 115,951 |
| | Insurance | 98,435 | 63,909 | 8,128 | 26,398 |
| | 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.) | · | , | | <u> </u> |
| ā | AWARDS AND GRANTS | 210,116 | 201,386 | 1,981 | 6,749 |
| _ | | | | | |
| ł | MISSIONS | 422,107 | 347,860 | 1,083 | 73,164 |
| • | SUBSCRIPTIONS AND DUES | 99,596 | 84,890 | 8,074 | 6,632 |
| Č | MISCELLANEOUS | 55,860 | 7,702 | 1,647 | 46,511 |
| • | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 18,267,382 | 14,281,124 | 1,185,249 | 2,801,009 |
| | 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).

10a

10b

Notes and loans receivable, net

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

| Part X Balance Sheet | | | |
|---|---------------------------------|---|---------------------------|
| Check if Schedule O contains a response or note to any line in this Part IX | | | 🗆 |
| | (A) Beginning of year | | (B) End of year |
| 1 Cash-non-interest-bearing | 274,029 | 1 | 2,051,622 |
| 2 Savings and temporary cash investments | 4,848,302 | 2 | 6,789,891 |

Page 11

4.039.448 280,287

0

145,360

6,717,560

89,185,343

26.536.304

145,745,815

813,743

3.026.502

24,111,975

1,605,862

2,542,496

4,835,448

36.936.026

42,522,286

66,287,503

108,809,789

145,745,815

Form 990 (2019)

0

0

0

0

121,133

6,813,347

84,820,417

22,712,248

129,822,698

919,531

3.329.940

21,632,720

1,758,645

4,183,682

4,365,609

36,190,127

39,023,022

54,609,549

93,632,571

129,822,698

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12 0 13

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19

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21

22

23

24

25

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27

28

29

30

31

32

33

0

0

| ı | | Savings and temporary cash investments | 7,070,302 | | |
|---|---|---|-----------|---|---|
| | 3 | Pledges and grants receivable, net | 9,991,892 | 3 | 1 |
| | 4 | Accounts receivable, net | 241,330 | 4 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled | 0 | _ | |

11,395,478

4,677,918

| 3 | Pledges and grants receivable, net | 9,991,892 | 3 | |
|---|--|-----------|---|--|
| 4 | Accounts receivable, net | 241,330 | 4 | |
| 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | |
| 6 | | 0 | , | |

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 43-0652643 Name: Jewish Federation of St Louis

Form 990 (2019)

Form 990, Part III, Line 4a: COMMUNITY INVESTMENTS: JEWISH FEDERATION OF ST. LOUIS IS THE JEWISH COMMUNITY'S CENTRAL FUNDRAISING AND PLANNING ORGANIZATION. FOUNDED IN 1901, IT IS ONE OF THE REGION'S OLDEST AND LARGEST NONPROFIT ORGANIZATIONS. FUNDS ARE DISTRIBUTED TO DOZENS OF LOCAL, NATIONAL, AND INTERNATIONAL AGENCIES TO FEED THE HUNGRY, EDUCATE STUDENTS OF ALL AGES, CARE FOR THE YOUNG AND OLD, FIGHT ANTI-SEMITISM, PROMOTE JEWISH CULTURE AND SUPPORT THE JEWISH COMMUNITY IN ISRAEL AND AROUND THE WORLD. CONTINUED ON SCHEDULE O.

Form 990, Part III, Line 4b:

COMMUNITY DEVELOPMENT: FEDERATION, THROUGH MULTIPLE CHANNELS, STRIVES TO MEET THE FUTURE FINANCIAL NEEDS OF THE COMMUNITY, PROVIDE COMMUNITY

EDUCATION AND ENGAGEMENT, AND DEVELOP CURRENT AND FUTURE COMMUNITY PROFESSIONALS. FEDERATION SERVES AS THE JEWISH COMMUNITY'S CENTRAL PLACE

TO ACCEPT AND MANAGE ENDOWMENTS AND PLANNED GIFTS BEQUESTS, CHARITABLE TRUSTS, ANNUITIES, AND DONOR-ADVISED FUNDS. CONTINUED ON SCHEDULE O

HOLOCAUST MUSEUM AND LEARNING CENTER: THE MUSEUM AND LEARNING CENTER OPENED IN 1995. MORE THAN 30,000 PEOPLE VISIT THE MUSEUM EACH YEAR, INCLUDING 20,000 STUDENTS, ADMITTANCE TO THE MUSEUM AND ALL PROGRAMS ARE FREE AND OPEN TO THE PUBLIC. THE MUSEUM PROVIDES A CHRONOLOGICAL HISTORY OF THE HOLOCAUST WITH PERSONAL ACCOUNTS OF HOLOCAUST SURVIVORS WHO IMMIGRATED TO ST. LOUIS, A "CHANGE BEGINS WITH ME" FXHIBIT PROMOTES TOLERANCE AND DIVERSITY AND CHRONICLES MODERN DAY EXAMPLES OF DISCRIMINATION AND ENCOURAGES PERSONAL ACTION WITHIN THE COMMUNITY.

Form 990, Part III, Line 4c:

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

NANCY TULLY

EMILY MCLEAN

KAREN SHER

GREG YAWITZ

BOARD CHAIR

SUSAN K GOLDBERG

SR DIR OF FINANCE

SR DIR OF MARKETING

......

VP, COMMUNITY ENGAGEMENT

VICE CHAIR, STRATEGIC PLANNING

......

| | formulated | | | | | | | | (W. 2/1000 | mom the |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| DONALD HANNON COO and Interim CEO | 40.0 | | | x | | | | 211,876 | 0 | 11,572 |
| MICHAEL OBERLANDER CHIEF PHILANTHROPY OFFICER | 40.0 | | | х | | | | 142,497 | 0 | 6,042 |
| ANDREW REHFELD CHIEF EXECUTIVE OFFICER | 40.0 | | | х | | | | 143,240 | 0 | 0 |
| MINDEE FREDMAN | 40.0 | | | | | x | | 111,946 | 0 | 14,674 |

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103,732

104,853

102,556

5,808

10,772

5,226

6,334

0

0

0

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0

0

| ANDREW REHFELD | 40.0 | | , | | 143,240 | 0 | ı |
|-------------------------|------|--|---|---|---------|---|---|
| CHIEF EXECUTIVE OFFICER | 2.0 | | ^ | | 143,240 | 0 | 1 |
| MINDEE FREDMAN | 40.0 | | | | | | |
| VP, COMMUNITY IMPACT | | | | Х | 111,946 | 0 | |
| VP, COMMONITY IMPACT | 2.0 | | | | | | |
| JULIE GIBBS | 40.0 | | | | | | Ī |
| | | | | Х | 114,089 | 0 | |
| VP, DEVELOPMENT | 0.0 | | | | · | | |

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

GERALD P GREIMAN

HARVEY N WALLACE

AMY BENDER-LEVY

SHIRA BERKOWITZ

DIRECTOR

DIRECTOR

DIRECTOR

BURT GARLAND

PAST PRESIDENT/BOARD CHAIR

......

PAST PRESIDENT/BOARD CHAIR

| | (34) | | | | | | organization | organizations | from the | |
|---|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------------|----------------------|----------------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| CATHY GOLDSTICKER VICE CHAIR, TREASURER | 7.0 | Х | | х | | | | 0 | 0 | 0 |
| JOHN B GREENBERG VICE CHAIR, DEVELOPMENT | 7.0 | х | | х | | | | 0 | 0 | 0 |
| CRAIG L ROSENTHAL VICE CHAIR, COMMUNITY IMPACT | 7.0 | х | | х | | | | 0 | 0 | 0 |
| CAROL STAENBERG VICE CHAIR, SECRETARY | 7.0 | Х | | х | | | | 0 | 0 | 0 |
| TOBY WARTICOVSCHI VICE CHAIR, PLANNED GIVING | 7.0 | X | | х | | | | 0 | 0 | 0 |

| | 0.0 | | | | | |
|----------------------------|-----|---|---|--|---|--|
| CAROL STAENBERG | 7.0 | | | | | |
| | | Х | Х | | 0 | |
| VICE CHAIR, SECRETARY | 0.0 | | | | | |
| TOBY WARTICOVSCHI | 7.0 | | | | | |
| | | Х | х | | 0 | |
| VICE CHAIR, PLANNED GIVING | 0.0 | | | | | |
| GERALD P GREIMAN | 5.0 | | | | | |

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

| | formulated | | | | | | | (14/ 2/1000 | (W. 2/1000 | |
|-----------------------|---|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| EMILY STEIN MACDONALD | 5.0 | | | | | | | | | |
| | | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.0 | | | | | | | | | |
| TIMOTHY C STERN | 5.0 | | | | | | | | | |
| | | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.0 | | | | | | | | | |
| ROBERT WASSERMAN | 5.0 | | | | | | | | | |
| NINCOLOR | | Х | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.0 | | | | | | | | | |
| BEN R CHERRY | 5.0 | | | | | | | | | |
| DIDECTOR | | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.0 | | | | | | | | | |

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KENNETH KRANZBERG DIRECTOR

BETSY G DENNIS

KATHERINE GREEN

DANIEL FRIEDMAN

STEPHANIE L GROSS

.......

DIRECTOR

J J FLOTKEN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation from the

and Independent Contractors

BRIGITTE ROSENBERG

SUSAN SCHLICHTER

SHERRY SHUMAN

HENRY S WEBBER

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DONN RUBIN

| | | | | | | • |) | organization | organizations | from the |
|-------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| GIANNA JACOBSON | 5.0 | | | | | | | | | |
| DIRECTOR | 0.0 | X | | | | | | 0 | 0 | 0 |
| NEIL JAFFE DIRECTOR | 5.0 | Х | | | | | | 0 | 0 | 0 |
| MICHAEL LEFTON DIRECTOR | 5.0 | Х | | | | | | 0 | 0 | 0 |
| MICHAEL LITWACK | 5.0 | Х | | | | | | 0 | 0 | 0 |

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|------------------|-----|---|---|--|--|---|--|
| MICHAEL LEFTON | 5.0 | | | | | | |
| DIRECTOR | 0.0 | Х | | | | 0 | |
| MICHAEL LITWACK | 5.0 | | | | | | |
| DIRECTOR | 0.0 | Х | | | | 0 | |
| ROBERT L NEWMARK | 5.0 | | | | | | |
| DIRECTOR | | Х | | | | 0 | |

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| SC | HED | ULE A | - Dublic (| Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 |
| | m 99 | | Complete if the or | rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form | ion 501(c)(3) e empt charitable 990 or Form 99 | organization or trust. 00-EZ. | · a section | 2019 |
| | | the Treasury | ► Go to <u>www.irs</u> | <u>.gov/Form990</u> for i | nstructions and | I the latest info | ormation. | Open to Public Inspection |
| Nam | e of th | he organiza ation of St Loui | | | | | Employer identific | ation number |
| | | | | | | | 43-0652643 | |
| | rt I | | for Public Charity State a private foundation because | | | | See instructions. | |
| 1 | nganiz | | onvention of churches, or as | • | • | | (A)(i) | |
| 2 | | · | , | | | | | |
| | | | scribed in section 170(b)(| | , | | | |
| 3 | | · | or a cooperative hospital serv | _ | | | - | |
| 4 | Ц | name, city, | esearch organization operate and state: | ed in conjunction with | a nospital descri | ibed in section : | 17U(b)(1)(A)(III). E | nter the hospital's |
| 5 | | | ation operated for the benefit (iv). (Complete Part II.) | t of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ı)(v). | |
| 7 | ✓ | | ation that normally receives a (O(b)(1)(A)(vi). (Complete | | s support from a | governmental u | nit or from the gener | al public described in |
| 8 | | | ty trust described in section | • | (Complete Part I | I.) | | |
| 9 | | | ural research organization de rant college of agriculture. Se | | | | | ege or university or a |
| 10 | | from activit investment | ation that normally receives: dies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co | ctions—subject to ceres taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross |
| 11 | | An organiza | ation organized and operated | l exclusively to test fo | r public safety. S | See section 509 | (a)(4). | |
| 12 | | more public | ation organized and operated ly supported organizations of through 12d that describes | described in section 5 | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | |
| a | | Type I. A so | supporting organization oper n(s) the power to regularly a Part IV, Sections A and B. | ated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organiz | zation(s), typically by | |
| b | | Type II. A manageme | supporting organization sup nt of the supporting organiza plete Part IV, Sections A a | ervised or controlled i ation vested in the sar | | | • | _ |
| С | | Type III f | unctionally integrated. A sorganization(s) (see instructi | supporting organizatio | | | | ted with, its |
| d | | Type III n functionally | on-functionally integrated integrated. The organization (s). You must complete Par | d. A supporting organi n generally must satis | ization operated fy a distribution | in connection wi requirement and | th its supported orgar | |
| e | | Check this | box if the organization received or Type III non-functionally | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | the number | of supported organizations | | | | <u> </u> | |
| g | | | ing information about the su | · · · · · · · · · | т' | | | 1 |
| | (i) Name of supported organization (ii) | | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | | tion Act Notice, see the Ir | | Cat. No. 11285 | | Schedule A (Form 9 | 000 ==\ 000 |

10 11 12 13 14 15 16

| | Public support. Subtract line 5 | | | | | | 77,688,616 |
|-----|--|--|--|--|---|-----------------------------------|-----------------|
| | from line 4. ection B. Total Support | | | | | | |
| | Calendar year | | | | T | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 13,926,450 | 13,500,643 | 23,240,391 | 18,476,689 | 19,500,107 | 88,644,280 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,655,840 | 989,360 | 806,657 | 746,794 | 710,146 | 4,908,797 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | 758,016 | 1,251,846 | 47,034 | 82,303 | 110,176 | 2,249,375 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 95,802,452 |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 263,561 |
| 13 | First five years. If the Form 990 is for | or the organization | n's first, second, th | ird, fourth, or fifth | tax year as a sect | tion 501(c)(3) org | janization, |
| | check this box and stop here | | | | | ▶[| |
| S | ection C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2019 (li | ne 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | 81.093 % |
| 15 | Public support percentage for 2018 Sc | hedule A, Part II, | line 14 | | | 15 | 78.276 % |
| 16a | 33 1/3% support test-2019. If the | e organization did i | not check the box | on line 13, and lin | e 14 is 33 1/3% or | more, check this | box |
| b | and stop here. The organization qual 33 1/3% support test—2018. If the | | | | | | |
| 17a | box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets | t— 2019. If the oron meets the "facts | ganization did not s-and-circumstance | check a box on lines" test, check this | ie 13, 16a, or 16b, s box and stop he | and line 14 re. Explain | ▶□ |
| b | organization | zation meets the " | facts-and-circumst | ances" test, check | this box and stor | here. | ▶□ |
| 18 | supported organization | | | | | and see | ▶□ |
| | instructions | | | | | | |
| | <u> </u> | | | | Schedul | e A (Form 990 c | or 990-EZ) 2019 |

| Р | art III Support Schedule for | | | | | | |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
| | (Complete only if you cl | | | | | | er Part II. If |
| S | the organization fails to ection A. Public Support | quality under | the tests listed i | pelow, please co | ompiete Part II.) | | |
| 30 | Calendar year | () 2015 | (1) 2016 | () 2247 | (1) 2010 | () 2010 | (O.T.) |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grants."). | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| 4 | under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| L | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | 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.) | | | | | | |
| Se | ection B. Total Support | | 1 | | | | Г |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources. | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, 1975. | | | | | | |
| С | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 12 | (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | | | | |
| 13 | 11, and 12.). | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, th | nird, fourth, or fift | h tax year as a sec | tion 501(c)(3) o | ganization <u>,</u> |
| | check this box and stop here | | | | | | ▶ ⊔ |
| | ection C. Computation of Public S | | | ! (6)) | | 1 1 | |
| 15 | Public support percentage for 2019 (lin | | • | | | 15 | |
| 16 | Public support percentage from 2018 S | - | <u> </u> | | | 16 | |
| | ection D. Computation of Investr Investment income percentage for 201 | | | line 13 column (f | :)) | 17 | |
| 17 10 | Investment income percentage for 201 | - | | - | | 17 | |
| 18 10- | 331/3% support tests—2019. If the | | • | | | 18 33 1/3% and lin | e 17 is not |
| | more than 33 1/3%, check this box and s | | | | | | |
| | more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the | | | | | | |
| ט | not more than 33 1/3%, check this box | - | | | • | | _ |
| 20 | Private foundation. If the organization | - | - | | | | |
| | Frivate foundation. If the organization | ni ulu not check a | a DOX ON UNE 14, I | .a, or iad, check | , unis pox and see I | HSGRUCHONS | . 📂 📖 |

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

| | edule A (101111 330 01 330 E2) 2013 | | | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| _ | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| | | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization. | | | |
| S | ection C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| S | ection D. All Type III Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing | | | |
| | documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| _ | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions): | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ı | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| • | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | |

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| _ | | |

| 7 Total annual distributions. Add lines 1 through 6. | | | | | | |
|---|--|--|--|--|--|--|
| 8 Distributions to attentive supported organizations to who details in Part VI). See instructions | | | | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | 9 Distributable amount for 2019 from Section C, line 6 | | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | | | |
| Section E - Distribution Allocations (see instructions) | (iii) Distributable Amount for 2019 | | | | | |
| Distributable amount for 2019 from Section C, line 6 | | | | | | |
| | | | | | | |

| details in Part VI). See instructions | | (| | | | | |
|---|---|--|---|--|--|--|--|
| 9 Distributable amount for 2019 from Section C, line 6 | | | | | | | |
| 10 Line 8 amount divided by Line 9 amount | 10 Line 8 amount divided by Line 9 amount | | | | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | | |
| 1 Distributable amount for 2019 from Section C, line 6 | | | | | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | | | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | | | | |
| a From 2014 | | | | | | | |
| b From 2015 | | | | | | | |
| c From 2016 | | | | | | | |
| d From 2017 | | | | | | | |
| e From 2018. | | | | | | | |

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART II, LINE 10. MISCELLANEOUS 2015 AMOUNT: \$ 170.002 2016 AMOUNT: \$ 258.022 2017 AMOUNT: \$ 47.034 2018 AMO

UNT: \$ 82,303 2019 AMOUNT: \$ 110,176 INTERCOMPANY CHARGES 2015 AMOUNT: \$ 588,014 2016 AMOU EXPLANATION FOR OTHER NT: \$ 993,824 2017 AMOUNT: \$ 0 2018 AMOUNT: \$ 0 2019 AMOUNT: \$ 0 INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493318108630

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

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. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Jewish Federation of St Louis 43-0652643 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 3 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1,472,589

Schedule C (Form 990 or 990-EZ) 2019

Return Reference

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (| a) | (b) |) |
|---------------|---|--|-------------|-------------------------------|-----|
| ctivi | | Yes | No | Amou | ınt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| e | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | 76 H = 61 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | (5), o | r secti | on | |
| | , | (5), o | r secti | | . N |
| ar | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | | r secti | Yes | s N |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? | | r secti | Yes | i N |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | E | Yes | s N |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? | | [| Yes 1 2 3 | |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | (5), o | r secti | Yes 1 2 3 on 501(| |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part | (5), o | r secti | Yes 1 2 3 on 501(| |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." | (5), o | r secti | Yes 1 2 3 on 501(| |
| ar | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | (5), o III-A | r secti | Yes 1 2 3 on 501(| |
| ar ar b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year | (5), o III-A 1 2a 2b | r secti | Yes 1 2 3 on 501(| |
| ar ar b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | (5), o III-A 1 2a 2b 2c | r secti | Yes 1 2 3 on 501(| |
| ar ar b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | (5), o III-A 1 2a 2b | r secti | Yes 1 2 3 on 501(| |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | (5), o IIII-A 1 2a 2b 2c 3 | r secti | Yes 1 2 3 on 501(| |
| ar ar b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does | (5), o III-A 1 2a 2b 2c | r secti | Yes 1 2 3 on 501(| |

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493318108630

Cat. No. 52283D Schedule D (Form 990) 2019

OMB No. 1545-0047

Supplemental Financial Statements

2019

Department of the Treasury Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | ame of the organization vish Federation of St Louis | | Empl | oyer identification | number |
|--------|---|--|-----------|----------------------------|---------------|
| Jew | visin redefaction of St Louis | | 43-06 | 552643 | |
| Pa | art I Organizations Maintaining Donor Adv | | r Acco | ounts. | |
| | Complete if the organization answered "Y | | | | |
| _ | | (a) Donor advised funds | (| (b) Funds and other | accounts |
| L | Total number at end of year | 210 | | | |
| 2 | Aggregate value of contributions to (during year) | 1,475,012 | | | |
| 3 | Aggregate value of grants from (during year) | 2,333,407 | | | |
| 1 | Aggregate value at end of year | 8,439,427 | | | |
| 5 | Did the organization inform all donors and donor advisorganization's property, subject to the organization's e | | | _ | Yes 🗌 No |
| 5 | Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the donor private benefit? | or or donor advisor, or for any other purpose c | | ng impermissible |] Yes □ No |
| Pa | Conservation Easements. Complete if the organization answered "Y | es" on Form 990. Part IV, line 7. | | | |
| _ | Purpose(s) of conservation easements held by the org | | | | |
| - | Preservation of land for public use (e.g., recreati | | historic | ally important land | area |
| | | , | | | ai ca |
| | ☐ Protection of natural habitat | ☐ Preservation of a c | ertiriea | nistoric structure | |
| | ☐ Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held easement on the last day of the tax year. | a qualified conservation contribution in the for | m of a | | - f +l V |
| _ | Total number of conservation easements | I | 2a | Held at the End | of the Year |
| a b | Total acreage restricted by conservation easements . | | 2a 2b | | |
| | Number of conservation easements on a certified histo | - | 2c | | |
| c d | | ` ' | 2d | | |
| a | structure listed in the National Register | uned after 7/23/00, and not on a historic | Zū | | |
| 3 | Number of conservation easements modified, transfer tax year ▶ | red, released, extinguished, or terminated by t | the orga | anization during the | |
| 1 | Number of states where property subject to conservat | ion easement is located 🕨 | | | |
| 5 | Does the organization have a written policy regarding | the periodic monitoring, inspection, handling of | of violat | ions. | |
| | and enforcement of the conservation easements it hol | | | Yes | □ No |
| 5 | Staff and volunteer hours devoted to monitoring, inspe | ecting, handling of violations, and enforcing co | nservat | tion easements duri | ng the year |
| 7 | Amount of expenses incurred in monitoring, inspecting \$ \\$ | g, handling of violations, and enforcing conserv | /ation e | asements during th | e year |
| | Does each conservation easement reported on line 2(d | 1) above satisfy the requirements of section 13 | 70(h)(4 | \/R\/i\ | |
| • | and section $170(h)(4)(B)(ii)$? | | , 0(11)(4 | Yes | □ No |
| 9 | In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme | e footnote to the organization's financial state | | | |
| aı | rt III Organizations Maintaining Collection | | er Sim | nilar Assets. | |
| | Complete if the organization answered "Y | | | | |
| La | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final | or public exhibition, education, or research in fo | | | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items: | | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | |
| (| ii)Assets included in Form 990, Part X | | | ▶ \$ | 49,940 |
| 2 | If the organization received or held works of art, histo following amounts required to be reported under SFAS | rical treasures, or other similar assets for finar | | | · |
| а | Revenue included on Form 990, Part VIII, line 1 | , - | | ▶ \$ | |
| L | Assots included in Form 990 Part V | | | | |

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

| Sched | dule D (Form 990) 2019 | | | | | | | | | | | Page 2 |
|-------|--|---|-------------------------------|---------------|----------------|--------|------------|-------------|---------------------------------------|------------------|----------|----------|
| Part | Organizations | Maintaining Col | lections of Art, Hi | istori | cal T | reası | ures, or | Other | Similar Assets | (contin | ued) | |
| 3 | Using the organization's items (check all that app | | າ, and other records, ເ | check a | any of | the fo | ollowing t | hat are a | significant use of | its colle | ction | |
| а | ☑ Public exhibition | | | d | | Loan | or excha | ange prog | grams | | | |
| b | Scholarly research | | | е | | Othe | er | | | | | |
| c | ✓ Preservation for fu | ture generations | | | | | | | | | | |
| 4 | Provide a description of t Part XIII. | | lections and explain h | ow the | y furtl | ner th | e organiz | ation's e | xempt purpose in | | | |
| 5 | During the year, did the assets to be sold to raise | | | | | | | | _ | ſes | ☑ N | o |
| Par | | ustodial Arrange organization answ | ments. vered "Yes" on Forn | n 990 | , Part | IV, | ine 9, or | reporte | ed an amount on | Form | 990, | Part |
| 1a | Is the organization an ag included on Form 990, Pa | | | | | | | | | ſes | ☑ N | o |
| b | If "Yes," explain the arra | ngement in Part XIII | and complete the foll | lowing | table: | | | | Amoun | t | | _ |
| c | Beginning balance | | | | | | | 1c | | | | _ |
| d | Additions during the year | r | | | | | [| 1d | | | | _ |
| е | Distributions during the | /ear | | | | | [| 1e | | | | _ |
| f | Ending balance | | | | | | [| 1f | | | | _ |
| 2a | Did the organization inclu | ude an amount on Fo | rm 990. Part X. line 2 | 1. for | escrov | or cu | ustodial a | ccount li | ability? 🔽 🔻 | es. | □ N | _ n |
| b | If "Yes," explain the arra | | , , | | | | | | · · · · · · · · · · · · · · · · · · · | | | _ |
| | rt V Endowment F | | T OTTO IT OTTO OX | pianaci | | | , promaci | 4 111 1 410 | | | | |
| | | | vered "Yes" on Forn | n 990 | , Part | IV, ا | ine 10. | | _ | | | |
| | | | (a) Current year | | rior yea | - | | | (d) Three years bac | + | our year | |
| | Beginning of year balance | | 100,349,163 | | 100,822 | | | 1,897,076 | <u> </u> | + | | 055,999 |
| b (| Contributions | | 3,139,719 | | 4,206 | | | 6,178,870 | | | | 350,456 |
| | Net investment earnings, | - | 13,667,486 | | -2,596 | 5,264 | | 1,351,603 | · ' ' | 5 | | 714,201 |
| d (| Grants or scholarships . | | 2,695,545 | | 2,083 | 3,454 | | 8,605,059 | 6,148,47 | 6 | 6,3 | 397,746 |
| | Other expenditures for fac | ilities | | | | | | | | | | |
| f / | Administrative expenses | | | | | | | | | | | |
| g E | End of year balance . | | 114,460,823 | | 100,349 | 9,163 | 10 | 0,822,490 | 91,897,07 | 6 | 82,2 | 294,508 |
| 2 | Provide the estimated pe | - | , | (line 1 | g, colu | mn (a | ı)) held a | s: | | | | |
| а | Board designated or qua | | 49.000 % | | | | | | | | | |
| b | Permanent endowment | | | | | | | | | | | |
| С | Temporarily restricted er | *************************************** | 000 % | | | | | | | | | |
| 3a | The percentages on lines Are there endowment fur | | • | on that | are h | eld ar | nd admini | stered fo | r the | F | | |
| | organization by: | | | | | | | | Г | 2-(:) | Yes | No |
| | (i) unrelated organization | | | | • | | | | <u> </u> | 3a(i) 3a(ii) | \dashv | No No |
| b | (ii) related organizations If "Yes" on 3a(ii), are the | | | n Sche | · · | ? . | | | | 3b | \dashv | |
| 4 | Describe in Part XIII the | | | | | • | | | L | | | |
| | | s, and Equipmer | | | | | | | | | | |
| | | | vered "Yes" on Forn | n <u>99</u> 0 | <u>, Par</u> t | IV, | ine 11a. | See Fo | rm 990 <u>,</u> Part X, | <u>ine</u> 10 | | |
| | Description of property | (a) Cost or oth | | or other | basis (| other) | (c) Acc | umulated (| depreciation | (d) Boo | ok value | 9 |

1a Land . . . ${f b}$ Buildings 4,195,421 1,606,441 2,588,980 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment 7,200,057 3,071,477 4,128,580 e Other . . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 6,717,560

| Part VII Investments—Other Securities. | | | | | Page 3 |
|---|-----------------------|------------|-----------------------------|----------|---|
| Complete if the organization answered "Yes" on F | | ne 11b | | | |
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Metho Cost or end-of | | |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (A) CSV OF LIFE INSURANCE | 1,271,084 | | | F | |
| (B) OTHER | 29,821 | | | F | |
| (C) PRIVATE EQUITY | 4,210,601 | | | F | |
| (D) PRIVATE DEBT | 6,388,537 | | | F | |
| (E) ABSOLUTE RETURN STRATEGIES | 3,289,351 | | | F | |
| (F) REAL ESTATE | 7,652,267 | | | F | |
| (G) COMMODITIES | 3,694,643 | | | F | |
| (H) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 26,536,304 | | | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F | Form 990, Part IV, li | ne 11c | . See Form 990, | Part > | ۲, line 13. |
| (a) Description of investment | | | (b) Book value | |) Method of valuation: t or end-of-year market |
| 42 | | | | | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | • | | | |
| Part IX Other Assets. Complete if the organization answered 'Yes' on Fe | orm 990 Part IV lin | o 11d | Soo Form 000 Par | + V 1ii | |
| (a) Description | | ie iiu. | See Form 990, Far | ι Λ, III | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | | | • | |
| Part X Other Liabilities. | | | | | D 1 1 1 2 5 |
| Complete if the organization answered 'Yes' on Fig. (a) Description of li | | <u>11e</u> | or 11f.See Form | 990, | (b) Book value |
| (1) Federal income taxes | | | | | 0 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | L | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | | | • | | 4,835,448 |
| Liability for uncertain tax positions. In Part XIII, provide the text o organization's liability for uncertain tax positions under FIN 48 (ASC 7) | | _ | | | |
| , , , , , , , , , , , , , | , | | | · · | |

2

b

d

е

3

4

1

2

b

Part XIII

5

Schedule D (Form 990) 2019

Page 4

33,327,834

9,304,518

24,023,316

24,023,316

18,267,382

| • | , and and meraded on Form 550, Fare VIII, mile 12, Sac not on mile 2. | | | | | 1 |
|---|---|----|--|--|----|---|
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | | | | ĺ |
| b | Other (Describe in Part XIII.) | 4b | | | | ĺ |
| c | Add lines 4a and 4b | | | | 4c | ĺ |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Donated services and use of facilities

Other (Describe in Part XIII.)

1 18,267,382

Other (Describe in Part XIII.) d Add lines 2a through 2d . . Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

8.657.851

646,667

2e

3

2e

3

5 18.267.382

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

Add lines **4a** and **4b**

Supplemental Information

| chedule D (Form 990) 2019 | Page 5 |
|--|---------------|
| Part XIII Supplemental Information (continued) | |
| Return Reference Explanation | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 43-0652643

Name: Jewish Federation of St Louis

Supplemental Information

Return Reference

Explanation SCHEDULE D, PART III, LINE 4 ART AND HISTORICAL TREASURERS ARE USED FOR DISPLAY AT THE HOLOCAUST MUSEUM AND LEARNING

CENTER AND ALSO USED FOR SPECIAL EXHIBITS.

| Supplemental Information | |
|------------------------------|---|
| Return Reference | Explanation |
| SCHEDULE D, PART IV, LINE 2B | FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE INVESTMENTS OF VARIOUS BENEFICIARY AGENCIES AND O THER ORGANIZATIONS WHICH PARTICIPATE IN THE POOLED INVESTMENT PROGRAM OF THE FEDERATION, W HICH ARE RELATED PARTIES. THESE AGENCIES AND ORGANIZATIONS RETAIN THE AUTHORITY TO WITHDRA W THESE FUNDS AT ANY TIME WITH CERTAIN ADVANCE NOTICE. FUNDS HELD IN CUSTODY FOR OTHERS AL SO INCLUDE THE ESTIMATED AMOUNT TO BE DISTRIBUTED TO OTHER ORGANIZATIONS UPON THE DEATH OF A DONOR ANNUITY BENEFICIARY AND AMOUNTS TO BE DISTRIBUTED IN ACCORDANCE WITH THE PASSPORT TO ISRAEL PROGRAM. |

| Supplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| SCHEDULE D, PART V, LINE 4 | FEDERATION'S ENDOWMENT FUNDS SUPPORT FEDERATION'S CHARITABLE PURPOSE, BY MAKING FUNDS AVAI LABLE TO BE USED IN FEDERATION'S ANNUAL SUPPORT OF BENEFICIARY AGENCIES, TO SUPPORT SPECIF IC PROGRAMS OF FEDERATION, OR TO SUPPORT OTHER DESIGNATED PROGRAMS OUTSIDE THE ORGANIZATIO N. |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| | MANGAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 74 0. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIO NS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. |

| plemental Information | | | | |
|----------------------------|--|--|--|--|
| Return Reference | Explanation | | | |
| HEDULE D, PART XI, LINE 2D | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$ 646,667 | | | |

Sup

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318108630 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Jewish Federation of St Louis 43-0652643 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 40.153.474 3a Sub-total . b Total from continuation sheets to Part I . . . 40,153,474 c Totals (add lines 3a and 3b)

Cat. No. 50082W

Schedule F (Form 990) 2019

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

| and EIN (If applicable) | | | disbursement | assistance | assistar |
|-------------------------|--|------------|--------------|------------|----------|
| | Russia and the Newly Independent States | SEE PART V | CHECK/WIRE | | N/A |

N/A

N/A N/A N/A

N/A

Schedule F (Form 990) 2019

Page 2

appraisal, other)

2,119,500 CHECK/WIRE

CHECK/WIRE

| ognized as tax- | |
|-----------------|--|

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized

SEE PART V

SEE PART V

Middle East and North

Africa

Schedule F (Form 990) 2019

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

| | uplicated if addit | (c) Number of | | (a) Mannay of as -1- | (f) Amount of | (a) Decembring | (h) Math |
|----------------------------|--------------------|---------------|-----------------------------|------------------------------------|--|---|---|
| ype of grant or assistance | (b) Region | recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other |
| | | | | | | | |
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| Schedule F (Form 990) 2019 | | | | |
|----------------------------|---|--------------|-------------|--|
| Par | TIV 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) | ☑ Yes | □No | |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990) | | | |
| | Instructions for Forms 3520 and 3520-A, don't life with Form 990) | Yes | ☑ 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) | | | |
| | Corporations. (See Instructions for Form 3471) | Yes | ✓ 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). | ☑ Yes | □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) | | | |
| | (see Instructions for Form 6665) | ✓ Yes | □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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). | ☐Yes | ☑ No | |

| Schedule F (Forr | n 990) 2019 Page 5 |
|------------------|---|
| Pro an me | pplemental Information pvide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information. See instructions. |
| Return | Explanation |
| Reference | |

PER REGION CANNOT BE DETERMINED. THE GRANT AMOUNTS REPORTED IN FEDERATION'S FORM 990 WILL ALSO BE REPORTED ON JFNA FORM 990 SCHEDULE F.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| SCHEDULE F, PART I, | FEDERATION USES ACCRUAL METHOD TO ACCOUNT FOR INVESTMENTS AND EXPENDITURES OUTSIDE |
| LINE 3 | OF THE UNITED STATES. |

990 Schedule F, Supplemental Information

Return Reference

| rtetarii itererense | Explanation |
|---------------------|---|
| SCHEDULE F, PART | THE AMOUNT REPORTED FOR INVESTMENTS HELD OUTSIDE THE UNITED STATES OF \$40,153,474 |
| I, COLUMN F | REPRESENTS THE YEAR ENDED FAIR MARKET VALUE OF INVESTED ASSETS HELD IN MANAGERS DOMICILED |
| | IN THIS REGION. |

Explanation

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| SCHEDULE F, PART II, | THESE GRANTS WERE PASS THROUGH GRANTS TO DISTRIBUTE TO ORGANIZATIONS LOCATED IN |
| COLUMN D | THESE REGIONS. |

Additional Data

Software ID: Software Version:

EIN: 43-0652643

Name: Jewish Federation of St Louis

| Form 990 Schedule F Pai | rt I - Activities | Outside The U | Jnited States | | |
|------------------------------|---|--|--|--|--------------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Grantmaking | PASS THROUGH GRANTS | |
| RUSSIA AND THE NEWLY | | | GRANTMAKING | PASS THROUGH GRANTS | |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa PASSIVE INVESTMENTS 3,921,630 Central America and the PASSIVE INVESTMENTS 36,231,844 Caribbean

(Form 990)

Department of the

Treasury

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

Governments and Individuals in the United States

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019
Open to Public

DLN: 93493318108630

Inspection

| Internal Revenue Service | | | | | | Faranta a sa i da a sa i da | |
|--|------------------------|------------------------------------|-----------------------------|--|---|---|------------------------------------|
| Name of the organization Jewish Federation of St Louis | | | | | | Employer identification 43-0652643 | cation number |
| Part I General Inform | ation on Grants | and Assistance | | | | 143 0032043 | |
| 1 Does the organization mai | | | | | | e, and | |
| the selection criteria used | | | | | | | ☑ Yes 🗌 No |
| Describe in Part IV the orgPart II Grants and Other | | = | _ | | raprization answered "Vec | " on Form 990 Part IV lin | 21 for any recipient |
| that received more | than \$5,000. Part II | can be duplicated if ad | ditional space is needed. | | | on romi 550, raic 10, mie | - 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
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| (5) | | | | | | | |
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| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of sect | . , . , | - | | | | | 67 |
| 3 Enter total number of othe | | | | | | | 1 (Form 900) 2010 |
| For Paperwork Reduction Act Notice | ce, see the Instructio | INS IOF FORM 990. | | Cat. No. 5005! |) P | Scr | hedule I (Form 990) 2019 |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Page **2**

Explanation

Schedule I (Form 990) 2019

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART II

SCHEDULE I, PART I, LINE 2

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

ALL BENEFICIARY ORGANIZATIONS WHICH RECEIVE GRANTS MADE THROUGH 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 FEDERATION'S DONOR ADVISED FUNDS, ALL GRANTEES' 501(C)(3) STATUS IN GOOD STANDING IS CONFIRMED. FEDERATION MONITORS THE USE OF GRANT FUNDS AWARD TO INDIVIDUALS IN THE UNITED STATES BY REQUIRING ALL GRANTEES TO SUBMIT ANNUAL PROGRESS REPORTS THAT INCLUDE

INFORMATION ON NUMBER OF CLIENTS SERVED, DOLLARS SPENT, EVALUATION RESULTS, PLANS FOR THE COMING YEAR, AND SUBSTAINABILITY EFFORTS. IF THE PROGRESS REPORTS ARE NOT SATISFACTORY, FEDERATION STAFF MEET WITH THE GRANTEE STAFF AND/OR MAKE SITE VISITS TO SEE THE PROGRAM IN ACTION.

THE LARGE VARIETY IN ORGANIZATIONS RECEIVING GRANTS FROM FEDERATION IS DUE TO THE INCLUSION OF GRANTS MADE THROUGH DONOR ADVISED FUNDS.





Additional Data

220 E 42nd St Ste 400 NEW YORK CITY, NY 10017 AMERICAN FRIENDS OF HAND

IN HAND PO BOX 80102 PORTLAND, OR 97280

Software ID: Software Version:

EIN: 43-0652643

Name: Jewish Federation of St Louis

12,000

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

GENERAL SUPPORT

GNERAL SUPPORT

| (a) Name and address of | (b) EIN | (c) IRC section | l | | (f) Method of valuation | |
|-------------------------|---------|-----------------|-------|------|-------------------------|--|
| organization | | if applicable | grant | cash | (book, FMV, appraisal, | |

| or government | | | | assistance | other) | |
|---|------------|-----------|--------|------------|--------|--|
| AMERICAN JEWISH JOINT DISTRIBUTION COMM | 13-1656634 | 501(C)(3) | 10,000 | | | |

(book, FMV, appraisal,

501(C)(3)

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization if applicable

93-1269590

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN FRIENDS OF LEKET 20-8202424 501(C)(3) 18.000l IGENERAL SUPPORT ISRAEL

AMERICAN FRIENDS OF THE 13-5626342 501(C)(3) 20,000 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

150 WEST 30TH ST NEW YORK CITY, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-5563393 501(C)(3) 19.000 IGENERAL SUPPORT AMERICAN JEWISH

| COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022 | | | | | |
|---|------------|-----------|--------|--|-----------------|
| ANTI DEFAMATION LEAGUE | 13-1818723 | 501(C)(3) | 68,500 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANTI DEFAMATION LEAGUE 34 N BRENTWOOD STE 2

ST LOUIS, MO 63105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CENEDAL CUIDOCOT

| American Parkinson Disease Association 1415 Elbridge Payne Rd Ste 150 Chesterfield, MO 630178539 | 13-1962//1 | 501(C)(3) | 30,000 | | GENERAL SUPPORT |
|--|------------|-----------|--------|--|-----------------|
| BAIS ABRAHAM | 43-0782212 | 501(C)(3) | 10.000 | | GENERAL SUPPORT |

20.000

201(C)(2) CONGREGATION 6910 DELMAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E04(6)(3)

12 1002771

ST LOUIS, MO 631304316

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) B'NAI AMOONA 43-0706846 501(C)(3) 52.920 GENERAL SUPPORT CONGREGATION

13.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

324 S MASON ROAD ST LOUIS, MO 631418029 CENTRAL REFORM CONGREGATION

5020 WATERMAN ST LOUIS, MO 631081102 43-1336060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 34-2049857 501(C)(3) 90.0001 CHABAD ON CAMPUS IGENERAL SUPPORT 7024 FORSYTH BLVD

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST LOUIS, MO 63105

Congregation Beth Shalom

3433 Walters Ave Northbrook, IL 60062 36-2661150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 43-1365901 501(C)(3) 267.573 COVENANT PLACE IGENERAL SUPPORT FOUNDATION

63.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FOUNDATION 12 MILLSTONE CAMPUS DR ST LOUIS, MO 63146

43-1695861

CROWN CENTER

8350 DELCREST ST LOUIS, MO 63124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-6001158 501(C)(3) 144,780 IGENERAL SUPPORT EPSTEIN HEBREW ACADEMY

| ST LOUIS, MO 63132 | | | | | |
|------------------------------------|------------|-----------|---------|--|-----------------|
| HILLEL AT WASHINGTON UNIVERSITY | 43-6065763 | 501(C)(3) | 193,794 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6300 FORSYTH BLVD

ST LOUIS, MO 631052315

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HILLEL FOR FDT FOR JEWISH 43-1600778 501(C)(3) 80.000 IGENERAL SUPPORT

CAMPUS LIFE 1107 UNIVERSITY AVE COLUMBIA, MO 65201 HILLEL THE FOUNDATION FOR 52-1844823 501(C)(3) 24.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT JEWISH CAMPUS LIFE 800 8TH ST NW WASHINGTON, DC 200013724

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0681477 501(C)(3) 1,253,533 JEWISH COMMUNITY CENTER IGENERAL SUPPORT 2 MILLSTONE CAMPLIS DR

| ST LOUIS, MO 63146 | | | |
|---|------------|-----------|--------|
| JEWISH COMMUNITY CENTERS ASSOCIATION 520 EIGHTH AVE | 13-5599486 | 501(C)(3) | 19,000 |

NEW YORK CITY, NY 10018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-5631988 501(C)(3) 313.507 IGENERAL SUPPORT JEWISH COMMUNITY RELATIONS COUNCIL

14.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

12 MILLSTONE COUNCIL
12 MILLSTONE CAMPUS DR
ST LOUIS, MO 63146

JEWISH COUNCIL FOR PUBLIC
AFFAIRS

116 E 27TH STREET NEW YORK CITY, NY 10016 13-1624104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JEWISH FAMILY & CHILDREN'S 43-0790330 501(C)(3) 889.065 IGENERAL SUPPORT SERVICE

10950 SCHUFTZ ROAD ST LOUIS, MO 63146 JEWISH FEDERATIONS OF 13-1624240 501(C)(3) 2.148.439

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK CITY, NY 10004

IGENERAL SUPPORT NORTH AMERICA 25 BROADWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-5623717 501(C)(3) 43.500 JEWISH STUDENT UNION IGENERAL SUPPORT 8260 MARYLAND AVE

ST LOUIS, MO 63105 JEWISH THEOLOGICAL 13-0887640 501(C)(3) 16.330l IGENERAL SUPPORT SEMINARY OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3080 BROADWAY NEW YORK CITY, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KOL RINAH 90-1003729 501(C)(3) 68.996 IGENERAL SUPPORT 829 N HANLEY RD

829 N HANLEY RD ST LOUIS, MO 631302899

MERSMISSOURI GOODWILL 43-0652657 501(C)(3) 86,000

GENERAL SUPPORT INDUSTRIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1727 LOCUST ST ST LOUIS, MO 63103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-0666759 501(C)(3) 10.000 GENERAL SUPPORT MISSOURI BOTANICAL GARDEN 4344 SHAW

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST LOUIS, MO 63110

NATIONAL COUNCIL OF

JEWISH WOMEN 295 N LINDBERGH ST LOUIS, MO 63141 43-0722936

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) PEF ISRAEL ENDOWMENT 13-6104086 501(C)(3) 100.000 GENERAL SUPPORT

| FUNDS INC 630 THIRD AVE NEW YORK CITY, NY 10017 | | | | | |
|---|------------|-----------|-------|--|-----------------|
| REPERTORY THEATRE ST LOUIS | 43-0970273 | 501(C)(3) | 7,500 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

130 EDGAR ROAD

ST LOUIS, MO 631199824

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1077667 501(C)(3) 10.000 SAFE CONNECTIONS IGENERAL SUPPORT 2165 HAMPTON AVENUE ST LOUIS, MO 63139

2165 HAMPTON AVENUE
ST LOUIS, MO 63139

SAUL MIROWITZ JEWISH
COMMUNITY SCHOOL

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

348 S MASON RD

TOWN COUNTRY, MO 63141

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0662466 501(C)(3) 37.500l SHAARE EMETH IGENERAL SUPPORT CONGREGATION

333.333

CONGREGATION

11645 LADUE ROAD

ST LOUIS, MO 63141

ST LOUIS JEWISH LIGHT 43-0965860 501(C)(3)

6 MILLSTONE CAMPUS DR ST LOUIS, MO 63146

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1594954 501(C)(3) 20.000 IGENERAL SUPPORT ST LOUIS KOLLEL 9201 DELMAD BLVD

| ST LOUIS, MO 631242105 | | | | | |
|---|------------|-----------|--------|--|-----------------|
| ST LOUIS TORAH MITZION KOLLEL 7752 GANNON AVE | 56-2318455 | 501(C)(3) | 15,000 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TORAH PREP SCHOOL 43-0887584 501(C)(3) 280.495 IGENERAL SUPPORT

| 8659 OLIVE BLVD ST LOUIS, MO 63132 | | ,,,, | · | | |
|---------------------------------------|------------|-----------|--------|--|-----------|
| UNITED WAY OF GREATER ST | 43-0714167 | 501(C)(3) | 15,000 | | GENERAL S |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63101

SUPPORT 910 NORTH 11TH ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF KANSAS 48-0547734 501(C)(3) 20.000 IGENERAL SUPPORT 1502 IOWA ST LAWRENCE, KS 66045 UNIVERSITY OF MISSOURI-43-6003859 501(C)(3) 20.000 IGENERAL SUPPORT COLUMBIA

REYNOLDS ALUMNI CTR 704 CONLEY AVE

COLUMBIA, MO 631011018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0653611 501(C)(3) 40.000 IGENERAL SUPPORT WASHINGTON UNIVERSITY

| ONE BROOKINGS DR ST LOUIS, MO 63130 | | | | | |
|--|------------|-----------|--------|--|-----------------|
| YESHIVAT KADIMAH HIGH SCHOOL | 46-3021300 | 501(C)(3) | 49,500 | | GENERAL SUPPORT |

1142 NORTH WARSON RD

ST LOUIS, MO 63132

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BARNES-1EWISH HOSPITAL 43-1648435 501(0)(3) 10 0001 GENERAL SLIPPORT

UNIVERSITY - MONTEREY BAY 100 CAMPUS CENTER SEASIDE, CA 939558000

| FOUNDATION 1001 HIGHLANDS PLAZA DR W STE 140 ST LOUIS, MO 631101339 | +3-10-0-33 | 301(0)(3) | 10,000 | | GENERAL SOFFORT |
|--|------------|-----------|--------|--|-----------------|
| CALIFORNIA STATE | 95-6123757 | 501(C)(3) | 10,000 | | GENERAL SUPPORT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1547551 501(C)(3) 23,000 IGENERAL SUPPORT DERECH ETZ CHAIM

| LAKEWOOD, NJ 08701 | | | | | |
|---|------------|-----------|---------|--|-----------------|
| DONALD DANFORTH PLANT SCIENCE CENTER | 31-1584621 | 501(C)(3) | 300,000 | | GENERAL SUPPORT |

975 NORTH WARSON ST LOUIS, MO 631329605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1819166 501(C)(3) 52.060 ESTHER MILLER BAIS YAAKOV IGENERAL SUPPORT 700 NORTH SOUTH STLOUIS, MO 63130

IGENERAL SUPPORT

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HAWTHORN LEADERSHIP SCHOOL FDT

PO BOX 50059 ST LOUIS, MO 63105 47-1545141

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEXT DOR 80-0594269 501(C)(3) 20.000 IGENERAL SUPPORT 5062 WATERMAN

IGENERAL SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

5062 WATERMAN
ST LOUIS, MO 63108

SALANTER AKIBA RIVERDALE 13-2646185
ACADEMY

655 W 254TH ST BRONX, NY 104711247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Carleton College 41-0694747 501(C)(3) 10.000 IPROGRAM SUPPORT

| 1 North College Street Northfield, MN 550574001 | | , , , , | · | | |
|---|------------|-----------|--------|--|-----------------|
| FOREST PARK FOREVER 5595 Grand Drive in Forest Park | 43-1427062 | 501(C)(3) | 89,500 | | program support |

Saint Louis, MO 631121095

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-2659113 501(C)(3) 12.800 ISRAEL BOUND IGENERAL SUPPORT 6181 SABLEWOOD CIR

PORTAGE, MI 49024 Jewish Community Foundation 47-0874376 501(c)(3) 10.000 of Greater Phoenix

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT 12701 N Scottsdale Rd Ste 202 Scottsdale, AZ 852545455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Jewish Neighborhood Center 82-2032280 501(c)(3) 20.000 IGENERAL SUPPORT 4110 BLAINE AVE

ST LOUIS, MO 63110

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EAST ST LOUIS, IL 62202

Join Hands ESL Inc. 43-1607996 501(C)(3) 8.000 IGENERAL SUPPORT PO Box 1429

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KARA LOVE PROJECT 13-1845456 501(0)(3) 25 nool GENERAL SUPPORT

| 1715 Westridge Rd Los Angeles, CA 90049 | 15-10-5-50 | 301(0)(3) | 23,000 | | GENERAL SOFFORT |
|--|------------|-----------|--------|--|-----------------|
| Missouri University of Science | 47-1784520 | 501(C)(3) | 10,000 | | GENERAL SUUPORT |

& lecn 300 W 13th Street

ROLLA, MO 65049

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government National World War II Museum 72-1200790 501(C)(3) 10.000 IGENERAL SUPPORT 945 Magazine St

IGENERAL SUPPORT

72,290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

New Orleans, LA 70130

New York Public Library

445 5th Ave 8th Floor New York, NY 10016 13-1887440

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IGENERAL SUPPORT

| Purdue University | 35-6002041 | 501 (c)(3) | 10,000 | | GENERAL SUPPORT |
|-------------------------|------------|------------|--------|--|-----------------|
| 475 Stadium Mall Drive | | | | | |
| Lafayette, IN 479072050 | | | | | |

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SITEMAN CANCER CENTER

7425 Forsyth Blvd Ste 2200 ST LOUIS, MO 63130 43-0653611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0666769 501(c)(3) 20.000 St Louis Symphony IGENERAL SUPPORT 718 N Grand

ST LOUIS, MO 63103 TEMPLE ISRAEL 43-0653290 501(C)(3) 32.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63141

IGENERAL SUPPORT CONGREGATION 1 Rabbi Alvan D Rubin Dr

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CENTERAL CURRORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E01/C1/21

Various Taus al Obab Zadali of N

ST LOUIS, MO 631441339

STE 306

12 2117076

| Riverdale 6015 Riverdale Ave NEW YORK, NY 104711615 | 13-311/0/6 | 501(C)(3) | 11,550 | | GENERAL SUPPORT |
|---|------------|-----------|--------|--|-----------------|
| THE RESEARCH AND PLANNING GROUP 1750 S BRENTWOOD BLVD | | | 11,600 | | GENERAL SUPPORT |

11 550

| efil | le GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 93 | 49331 | 18108 | 630 |
|-------|---|--|-----------------------------|---|-------------------------|--------|-----------------|------|
| Sch | nedule J | C | ompensati | ion Information | OI | ИВ No. | 1545-0 | 0047 |
| (Forr | m 990) | | Compensa ganization answ | rustees, Key Employees, and Hig ated Employees rered "Yes" on Form 990, Part IV, to Form 990. | , line 23. | 2019 | | |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.go</u> | ov/Form990 for | instructions and the latest inform | mation. | Open i | to Pul ectio | |
| Nar | me of the organiza | | | | Employer identifica | | | |
| Jewi | ish Federation of St | Louis | | | 43-0652643 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ition | | | | | |
| | | | | | | | Yes | No |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | | |
| | | s or charter travel | | Housing allowance or residence for | • | | | |
| | | companions | | Payments for business use of perso | | | | |
| | | nification and gross-up payment | ts 🔽 | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e.g., maid, chauf | reur, cner) | | | |
| b | | | | follow a written policy regarding pay ve? If "No," complete Part III to expl | | 1b | Yes | |
| 2 | | | | or allowing expenses incurred by all | - 4-2 | 2 | Yes | |
| | airectors, truste | es, officers, including the CEO/ | Executive Director | r, regarding the items checked on Lir | ne la? | | | |
| 3 | organization's C | EO/Executive Director. Check a | ll that apply. Do r | d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i | | | | |
| | ✓ Compens | ation committee | | Written employment contract | | | | |
| | | ent compensation consultant | ✓ | Compensation survey or study | | | | |
| | ☐ Form 990 | of other organizations | \checkmark | Approval by the board or compensa | tion committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-cor | itrol payment? . | | | 4a | | No |
| b | | r receive payment from, a supp | | | | 4b | Yes | |
| c | Participate in, o | r receive payment from, an equ | ity-based comper | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the app | olicable amounts for each item in Part | t III. | | | |
| | Only 501 (-)(2 | \ F01(-\/4\ F01(-\/20 | \ | word complete lines F O | | | | |
| 5 | |), 501(c)(4), and 501(c)(29 | _ | the organization pay or accrue any | | | | |
| , | | ontingent on the revenues of: | | the organization pay or accrue any | | | | |
| а | The organization | 1? | | | | 5a | | No |
| b | | | | | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III. | | | | | | |
| 6 | | ed on Form 990, Part VII, Section on Form 990, Part VII, Section on the net earnings o | | the organization pay or accrue any | | | | |
| а | The organization | 1? | | | | 6a | | No |
| b | | | | | | 6b | | No |
| | · · | 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | the organization provide any nonfixe rt III | | 7 | | No |
| 8 | subject to the in | nitial contract exception describe | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de | | 8 | | No |
| 9 | If "Yes" on line | 8, did the organization also follo | ow the rebuttable | presumption procedure described in | Regulations section | 9 | | No |
| For F | Panerwork Redu | ction Act Notice, see the Ins | structions for Fo | orm 990. Cat No ^a | 50053T Schedule J | | 1 9901 | 2019 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on 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.

| instructions, on row (ii). Note. The sum of colum | Do no ns (B) | ot list any individuals that)(i)-(iii) for each listed in | t are not listed on Form 9 dividual must equal the to | 90, Part VII. otal amount of Form 990, | Part VII, Section A, line | 1a, applicable column (D) | and (E) amounts for tha | t individual. |
|--|-----------------|---|--|---|--------------------------------|---------------------------|-------------------------|---|
| (A) Name and Title | | | of W-2 and/or 1099-MIS | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1 DONALD HANNON COO and Interim CEO | (i) | 193,126 | 0 | 18,750 | 0 | 11,572 | 223,448 | _ |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | |
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| | | | | | | | Schedule | J (Form 990) 2019 |

| Schedule J (Form 990) 2019 | Page 3 | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | |
| , , | DR. ANDREW REHFELD, CHIEF EXECUTIVE OFFICER AND JULIE GIBBS, VP DEVELOPMENT: THE ORGANIZATION PAID FOR DUES EXPENSES IN THE CURRENT TAX FILING YEAR. THE BENEFIT WAS NOT INCLUDED IN TAXABLE COMPENSATION. THE MEMBERSHIP PROVIDES MARKETING BENEFITS AND DONOR REFERRAL SOURCES TO THE ORGANIZATION TO HELP IT IN MEETING ITS MISSION AND OBJECTIVES. | | | | | | | |
| SCHEDULE J, PART I, LINE 4B | A CONTRIBUTION WAS MADE TO A 457(F) PLAN FOR DONALD HANNON AND A PAYMENT WILL NOT BE MADE UNTIL VESTING REQUIREMENTS ARE MET IN THE PLAN DOCUMENTS. | | | | | | | |

Schedule J (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318108630 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Jewish Federation of St Louis 43-0652643 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 161 3,081,978 STOCK MARKET QUOTES 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019) | Page 2 | | | | | | |
|--|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | | | |
| Return Reference | Explanation | | | | | | |
| SCHEDULE M, PART I, COLUMN (B) | FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON SCHEDULE M, PART I, COLUMN (B). | | | | | | |
| | Schedule M (Form 990) (2019) | | | | | | |

| efile GRAPH | IIC prin | t - DO NOT PROCESS | As Filed Data - | | DLN: | 93493318108630 | | | |
|-----------------------------------|--|--|--|--|---|---|--|--|--|
| SCHEDUL (Form 990 or EZ) | 990- | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Open to P | | | | OMB No. 1545-0047 2019 Open to Public Inspection | | | |
| Jewish Federation of St Louis | | | | | Employer identi 43-0652643 | fication number | | | |
| 990 Schedul | e O, Su | pplemental Information | 1 | | | | | | |
| Return Reference | | Explanation | | | | | | | |
| FORM 990, PART III, LINE 4A | ISRAEL SECTO RESPO FAMILY THREE PLANN JEWISH AN ENG SAFET JEWISH BY OUI PLUS S EXAMII ADDRE | THROUGH A SISTER-CITY RS OF THE COMMUNITY, WIND TO EMERGENCIES, EV. OF AGENCIES, PROGRAM -YEAR CYCLES. NATIONAL ING AND ALLOCATIONS PR I COMMUNITY AND IS GUID GAGED, VIBRANT, AND FLO YOF INDIVIDUALS WITHIN I PEOPLE WORLDWIDE (4) R COMMUNITY. COMMUNIT STAFF REPRESENTING A WINE STAFF REPRESENTING A WINE SES THEM EFFICIENTLY AN IED AT STRENGTHENING I | PROGRAM. FEDER (HO SERVE ON BOA ALUATE NEEDS, AN IS, AND INTERNATION COCESS IS BUILT AFFINED BY FEDERATION URISHING ST. LOU THE JEWISH COMM DEVELOP THE FINAY IMPACT IS GUIDE VARIETY OF ACTORS OF WITH LITTLE DUFFINED WITH LITTLE DUFFINED SHIFTS DE WITH LITTLE DUFFINED SERVED SAND AND ACTORS OF AC | ECTIONS TO ISRAEL, FEDERAL ATION IS LED BY HUNDREDS AND SAND COMMITTEES, RAIS ID DISTRIBUTE CHARITABLE IS LOCAL AGENCIES ARE REVIEWE ROUND A VISION OF AN INSPIN'S FOUR CORE COMMITMEN IS JEWISH COMMUNITY (2) SE IUNITY (3) STRENGTHEN OUR ANCIAL, HUMAN RESOURCES ID BY COMMUNITY INPUT FROM BY COMMUNITY INPUT FROM BY COMMUNITY WHERE NEEDS AFPLICATION OF SERVICES. ADDITION OF SERVICES. ADDITION IN INSPINANT AND ADMINISTRAND | OF VOLUNTEER SE FUNDS, MANA DOLLARS TO THE EWED AND FUND D ANNUALLY, FE RING, CARING, A STS: (1) EXPAND ECURE THE WELI R CONNECTION T I, AND INFRASTR DM SOME 60 LOC RE GREATEST AN DITIONALLY, EFF | S FROM ALL GE ENDOWMENTS, E FEDERATION'S S ALLOCATED IN DERATION'S IND UNITING THE AND STRENGTHEN L-BEING AND O ISRAEL AND THE UCTURE NEEDED IAL LAY LEADERS, WITH AGENCIES TO ID MAKE PLANS TO ORTS ARE | | | |

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART III, LINE 4B | CONTINUATION: FEDERATION ALSO PROVIDES A PLACE FOR DONORS AND LOCAL AGENCIES TO BENEFIT FROM THE COORDINATED MANAGEMENT OF COMMUNITY ASSETS. IT IS BACKED BY 110-PLUS YEARS OF FEDER ATION'S SERVICE AS TRUSTEE OF THE ST. LOUIS COMMUNITYCOMMUNITY EDUCATION AND ENCAGEMENT FEDERATION OFFERS AN ADULT AND TEEN EDUCATION PROGRAM WHICH, THROUGH STIMULATING CLASS EN VIRONMENTS, STRIVES TO STRENGTHEN THEIR JEWISH IDENTITY. IN ADDITION, FEDERATION PROFILES TEACHER-TRAINING OPPORTUNITIESFOR TEACHERS AT CONGREGATIONS. ST. LOUIS IS ONE OF MANY JEWI SH COMMUNITIES THROUGHOUT THE COUNTRY THAT OFFERS THE NATIONAL PJ LIBRARY PROGRAM FOR LOCA L FAMILIES WITH CHILDREN AGED 6 MONTHS THROUGH 7 YEARS OF AGE. MORE THAN 800 LOCAL FAMILIE S HAVE SIGNED UP (FOR SOME 1,300 CHILDREN) TO RECEIVE A FREE JEWISH CHILDREN'S BOOK OR CD EACH MONTH FOR A YEAR IN ORDER TO BUILD A JEWISH IDENTITY. THE NEXT GEN INITIATIVE IS DESI GNED TO CONNECT YOUNG ADULTS, AGES 22-40, WITH THE JEWISH FEDERATION OF ST. LOUIS, JEWISH RESOURCES, AND EACH OTHER THROUGH A SERIES OF SOCIAL PROGRAMS, EDUCATIONAL OPPORTUNITIES, AND INDIVIDUAL CONNECTIONS. THE GOAL OF THESE IS TO CONTINUE TO BUILD A VIBRANT ST. LOUIS JEWISH COMMUNITY FOR GENERATIONS TO COME. THE ST. LOUIS NATURALLY OCCURRING RETIREMENT COM MUNITY (NORC) SENIOR PROGRAM: ST. LOUIS NORC IS DESIGNED TO HELP SENIORS REMAIN INDEPENDENT IN THEIR HOMES TO AGE IN PLACE WITH SUPPORT SERVICES AND PROGRAMISIACTIVITIES TO KEEP THE M ACTIVE AND MENTALLY ENGAGED. NORC ENCOMPASSES A THREE-MILE AREA IN WEST ST. LOUIS COUNTY AND HAS A CURRENT MEMBERSHIP OF 642 PEOPLE AGED 65+. THE ST. LOUIS NORC OFFERS A LOW-COST ALTERNATIVE TO INSTITUTIONALIZATION. LESS THAN 1% OF THE ST. LOUIS NORC OFFERS A LOW-COST ALTERNATIVE TO INSTITUTIONALIZATION. LESS THAN 1% OF THE ST. LOUIS NORC OFFERS A LOW-COST ALTERNATIVE TO INSTITUTIONALIZATION, LESS THAN 1% OF THE ST. LOUIS OCOUNTY AND HAS A CURRENT MEMBERSHIP OF 642 PEOPLE AGED 65+. THE ST. LOUIS NORC OFFERS A LOW-COST ALTERNATIVE TO INSTITUTIONALIZATION, LESS THAN 1% OF THE ST. LOUIS OCOU |

Return Explanation

| Reference | |
|------------------------|--|
| FORM 990, PART III, | THE SHARING OF RESOURCES. PARTICIPANTS INCLUDE ALL LEVELS OF EMPLOYEES FROM FRONT-LINE TO SENIOR MANAGERS. |
| LINE 4B | |

Return

| Reference | |
|------------|--|
| FORM 990, | ANY JEWISH ADULT INDIVIDUAL (AGE EIGHTEEN OR OLDER) WHO MAKES PAYMENT OR A CONTRIBUTION OF NOT |
| PART VI, | LESS THAN THIRTY DOLLARS (\$30.00) TO FEDERATION'S ANNUAL CAMPAIGN, OR TO ANY CAMPAIGN CONDUCTED IN |
| SECTION A, | \mid LIEU OF THE ANNUAL CAMPAIGN, SHALL BE A VOTING MEMBER FOR THE FISCAL YEAR IN RESPECT TO WHICH SUCH \mid |
| LINE 6 | PAYMENT IS MADE AND UNTIL ADJOURNMENT OF THE ANNUAL MEETING OF THE ORGANIZATION HELD THE |
| | \mid FOLLOWING YEAR. AS A CONDITION PRECEDENT TO MEMBERSHIP, AN INDIVIDUAL SHALL AGREE (AND CONTINUE TO \mid |
| | ABIDE BY SUCH AGREEMENT) TO RESPECT THE FEDERATION'S MISSION STATEMENT AS SET FORTH IN ARTICLE |
| | TWO OF FEDERATION'S BY-LAWS. |

Explanation

Return

| Reference | ļ ļ | ĺ |
|------------|---|---|
| FORM 990, | AT EACH ANNUAL MEETING OF THE MEMBERS, THE MEMBERS SHALL ELECT TO FILL THE POSITIONS OF THOSE AT | |
| PART VI, | LARGE TRUSTEES WHOSE TERMS ARE EXPIRING FROM A SLATE OF NOMINEES PREPARED AND PROPOSED BY THE | |
| SECTION A, | BOARD DEVELOPMENT AND NOMINATING COMMITTEE OR FROM THOSE NOMINEE(S) PROPOSED BY TWO HUNDRED | |
| LINE 7A | FIFTY MEMBERS OF 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 | 1 |

PARTICIPATE IN DISCUSSIONS OF COMMUNITY PRIORITIES.

Explanation

AT-LARGE TRUSTEES WHO WILL EACH SERVE ON THE BOARD DEVELOPMENT AND NOMINATING COMMITTEE; AND

Return

| Reference | |
|------------|--|
| FORM 990, | THE MEMBERS OF FEDERATION MAY ACT TO ADD TO, ALTER, AMEND, OR REPEAL THE BY-LAWS, SUBJECT TO THE |
| PART VI, | FOLLOWING TWO CONDITIONS: (I) THE AFFIRMATIVE VOTE OF AT LEAST THREE-FOURTHS (3/4) OF THE MEMBERS OF |
| SECTION A, | FEDERATION PRESENT AT ANY MEETING OF THE MEMBERS AS TO WHICH NOTICE OF THE CONTEMPLATED ACTION |
| LINE 7B | 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 ACTION. |
| | FORM 990, PART VI, SECTION A, LINE 8B THE ORGANIZATION DOES NOT HAVE AN EXECUTIVE COMMITTEE OR |
| | SIMILAR COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD. |

Explanation

Return

| Reference | Explanation | |
|------------|---|---|
| , | 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 | l |
| SECTION B, | REVIEW, WILL PRESENT THE FORM 990 TO THE FULL BOARD FOR APPROVAL TO FILE. EACH BOARD MEMBER WILL | l |
| LINE 11B | RECEIVE A FULL COPY OF THE FORM 990 PRIOR TO THIS PRESENTATION. UPON APPROVAL OF THE BOARD, MANAGEMENT WILL FILE THE FORM 990. | l |

Evolunation

Return

| Reference | |
|------------|--|
| FORM 990, | ON AN ANNUAL BASIS, EACH DIRECTOR, TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE WILL |
| PART VI, | SIGN/UPDATE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS STATEMENT WILL LIST ANY CONFLICTS AND $lacksquare$ |
| SECTION B, | AFFIRM THE PERSON'S RESPONSIBILITY ON DISCLOSURE OF A POTENTIAL CONFLICT. EACH OF THE ABOVE NAMED |
| LINE 12C | PERSONS (OTHER THAN EMPLOYEES) MUST DISCLOSE POTENTIAL CONFLICTS TO FEDERATION'S BOARD CHAIR |
| | AND THE CHAIRMAN OF THE AUDIT COMMITTEE. AN EMPLOYEE MUST ALSO DISCLOSE POTENTIAL CONFLICTS TO |
| | THE EXECUTIVE VICE PRESIDENT AND CEO. THE POTENTIAL CONFLICT/TRANSACTION WILL BE DETERMINED TO |
| | EITHER BE OR NOT BE A CONFLICT BY A MAJORITY OF FEDERATION'S BOARD MEMBERS OR COMMITTEE MEMBERS. |
| | INDIVIDUALS WITH A CONFLICT WILL NOT BE ALLOWED TO PARTICIPATE IN THE DISCUSSION OR VOTE. ALL |
| | PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES. |

Explanation

GOALS, THIS PROCESS WAS LAST UNDERTAKEN IN 2019.

Return Reference Explanation FORM 990. THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND CEO INCLUDED A REVIEW AND

PART VI,
SECTION B,
LINE 15A

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 2019.
KEY EMPLOYEES AND OTHER OFFICERS OF FEDERATION EACH HAVE AN ANNUAL REVIEW SIGNED OFF BY HIS OR
HER SUPERVISORS, COMPENSATION IS BASED ON COMPARABILITY DATA AND MEETING INTERNALLY ESTABLISHED.

Explanation Return Reference

FORM 990. THE FEDERATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND THE FORM 990. AVAILABLE TO THE PUBLIC UPON REQUEST. FEDERATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE PART VI. SECTION C. WEBSITE.

LINE 19

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

| Reference | · |
|-----------|--|
| | OTHER CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$646,667 PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST 116,766 TOTAL OTHER CHANGES \$763,433 |
| LINE 9 | |

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization As Filed Data -

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493318108630

Open to Public Inspection

Employer identification number

| Jewish Federation of St Louis | | | | 43-0652643 | | | |
|--|--------------------------------|--|----------------------------|--|---|-----------|--------------------------|
| Part I Identification of Disregarded Entities. Comple | te if the organization ans | wered "Yes" on Forn | n 990, Part IV, line | 33. | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) y Legal domicile (st or foreign countr | (d) (ate Total income (y) | (e) End-of-year assets | (f) Direct controllin entity | g | |
| (1) WOMEN'S AUXILIARY FOUNDATION JEWISH AGED 12 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 63146 | GRANTS | MO | 52,455 | 137,765 | SLJF | | - |
| | | | | | | | _ |
| | | | | | | | - |
| | | | | | | | _ |
| Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years. | tions. Complete if the or | ganization answered | d "Yes" on Form 990 |), Part IV, line 34 | because it had one c | or more | |
| (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 | | 512(b ntrolle ity? |
| (1)LUBIN-GREEN FOUNDATION 12 MILLSTONE CAMPUS DRIVE | SUPPORT ORG | MO | 501(C)(3) | 12A | SLJF | Yes | No |
| ST LOUIS, MO 63146 43-6049332 | | | | | | | |
| (2)STAENBERG FAMILY FOUNDATION 12 MILLSTONE CAMPUS DRIVE | SUPPORT ORG | MO | 501(C)(3) | 12A | SLIF | Yes | |
| ST LOUIS, MO 63146 20-2055339 | | | | | | | |
| (3)THE KRANZBERG FOUNDATION 12 MILLSTONE CAMPUS DRIVE | SUPPORT ORG | МО | 501(C)(3) | 12A | SLJF | Yes | |
| ST LOUIS, MO 63146 20-4920260 | | | | | | | |
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| For Panerwork Reduction Act Notice, see the Instructions for For | -m 990 | Cat No. 5013 | | | Schedule P (Forn | n 990) 20 | 110 |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controllir entity | income(re unrelat excluded tax und sections | nant lated, ed, from der 512- | (f) Share of total income | | (H Disprop alloca | rtionate | (i) Code V- amount i 20 o Schedule (Form 1 | -UBI n box f ∋ K-1 | (j) Genera manag partn | al or F | (k) Percent owners |
|---|--|-----------------------------------|---|---------------------------------------|---|--|------------------------------------|-------------------------------------|---------------------------------|-------------------------|---|-----------------------------|---------------------------------|------------|------------------------------------|
| | | | | | 514) | | | | Yes | No | | | Yes | No | |
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| / Identification of Related Org | | | | | | | zation ans | wered "Ye | s" on F | orm 9 | 990, Pai | t IV, | line | 34 | |
| Identification of Related Org because it had one or more rela- (a) Name, address, and EIN of related organization | | a corporation | (c) Legal omicile | st during | | Type | (e) e of entity erp, S corp, | wered "Ye (f) Share of tota income | l Share | (g) e of end year | -of- | t IV, (h) Percent |) tage | Sec (13 | ction 5 3) con |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity | (f) Share of tota | l Share | (g) e of end | -of- | (h) Percent |) tage | Sec (13 | (i) Stion 5 S) cont entit |
| because it had one or more relations (a) Name, address, and EIN of | ated organizations treated as (b) | d (state | (c) Legal omicile or foreign | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |
| because it had one or more relations (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | d (state | (c) Legal omicile or foreign ountry) | st during | (d) Direct controlling | Type | (e) e of entity erp, S corp, | (f) Share of tota | l Share | (g) e of end year | -of- | (h) Percent |) tage | Sec (13 | tion 5 3) con entit |

| Schedule R (Form 990) 2019 | | Pa | ge 3 |
|--|------------|-----|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1 f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | . 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |

| e | Loans or loan guarantees by related organization(s) | 1e | | No |
|---|---|------------|-----|----|
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1 g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
| n | n Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| c | Sharing of paid employees with related organization(s) | 10 | | No |
| p | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| | Reimbursement haid by related organization(s) for expenses | 1a | | No |

| y | Sale of assets to related organization(s). | -9 | | 110 | |
|---------------|--|--|-----|-----|--|
| h | Purchase of assets from related organization(s) | 1h | | No | |
| i | Exchange of assets with related organization(s) | 1 i | | No | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1 j | | No | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No | |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No | |
| 0 | Sharing of paid employees with related organization(s) | 10 | | No | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No | |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | | No | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No | |
| s | Other transfer of cash or property from related organization(s) | 1s | | No | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | |
| | (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining at type (a-s) | (d) Method of determining amount involved | | | |
| (1) LU | JBIN GREEN FOUNDATION C 660,000 CASH | | | | |
| | | | | | |

С

С

(2)STAENBERG FAMILY FOUNDATION

(3)KRANZBERG FOUNDATION

CASH

CASH

Schedule R (Form 990) 2019

1,112,000

13,300

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

Part VI 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.

| was not a related organization. See instructions regarding exclusion for certain investment partnerships. | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|----------|--|---------|----|---|--|---|----|------------------------------------|--|---|--|--|---------------------------------|--|---|------------------------------|--|--|--|---|--|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicilo | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | coction | | (e) Are all partners section 501(c)(3) organizations? | | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (f) (g) Share of total end-of-year assets | (h) Disproprtionate allocations? | | of Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | | (i) Code V-UBI mount in box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | | | | | | | | | | | | |
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| | | | | | | | | | | Schedul | e R (Form | 990 | 0) 2019 | | | | | | | | | | | |

| Schedule R (Fo | rm 990) 2019 | | Page 5 | | | | |
|------------------|--|-------------|---------------|--|--|--|--|
| Part VII | Supplemental Information | | | | | | |
| | mation for responses to questions on Schedule R. (see instructions). | | | | | | |
| Return Reference | | Explanation | | | | | |
| | | | | | | | |