

One Metropolitan, 211 N. Broadway, Suite 600 / St. Louis, MO 63102 **P** 314.231.5544 / **F** 314.231.9731 **forvis.com** 

## **Public Disclosure for Tax-Exempt Organizations**

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

#### Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

#### How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

## Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

#### What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

<sup>&</sup>lt;sup>1</sup> Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

#### Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

#### Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

#### What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

BKD TAX506 9-11

Public Disclosure Rules

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

orm **990** 

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

OMB No. 1545-0047
2022

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: JEWISH FEDERATION OF ST. LOUIS 43-0652643 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 12 MILLSTONE CAMPUS DRIVE (314)442-0020Initial return City or town, state or province, country, and ZIP or foreign postal code Amended **G** Gross receipts \$ 60,247,775 LOUIS, MO 63146 return Application pending F Name and address of principal officer: H(a) Is this a group return for BRIAN HERSTIG Yes Χ Nο subordinates' 12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, Yes No MO 63146 H(b) Are all subordinates included? Tax-exempt status: If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or Website: ► WWW.JFEDSTL.ORG H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1947 M State of legal domicile: Other > MO Summary 1 Briefly describe the organization's mission or most significant activities: PRESERVE AND ENHANCE JEWISH LIFE IN ST.LOUIS, IN ISRAEL, AND AROUND THE WORLD. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 30 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 30 91 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 514 7a Total unrelated business revenue from Part VIII, column (C), line 12 272,583. **b** Net unrelated business taxable income from Form 990-T, line 34 141,163. **Current Year** Contributions and grants (Part VIII, line 1h) 15,703,237. 15,758,759 **COPY FOR** Program service revenue (Part VIII, line 2g) 99,965 33,364 PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10,383,532 765,018. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,221 111,088. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,286,876. 16,679,308. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,672,666. 22,455,329. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 5,176,268 4,203,911. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ 2 , 468 , 948 . \_ \_ \_ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,777,977 6,197,235. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 17,626,911 32,856,475. 19 Revenue less expenses. Subtract line 18 from line 12 8,659,965 -16,177,167. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 170,535,872. 145,406,633. Total liabilities (Part X, line 26) 35,0<u>18,002</u> 21 45,796,365. 22 Net assets or fund balances. Subtract line 21 from line 20 135,517,870 99,610,268. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed TROY A LINDSEY TROY A LINDSEY 11/15/2023 P01041237 Preparer Firm's name ► FORVIS, LLP 44-0160260 Firm's FIN **Use Only** 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733 314-231-5544 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Form 990 (2022) Page **2** 

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	JEWISH FEDERATION OF ST. LOUIS MOBILIZES THE JEWISH COMMUNITY AND
	ITS HUMAN AND FINANCIAL RESOURCES TO PRESERVE AND ENHANCE JEWISH LIFE
	IN ST. LOUIS, IN ISRAEL AND AROUND THE WORLD.
	Did the executation undertake any significant program comises during the year which were not listed on the
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program convice reported.
12	(Code: ) (Expenses \$ 23,322,047. including grants of \$ 22,455,329. ) (Revenue \$ )
	SEE SCHEDULE O
	SEE SCHEDULE O
4b	(Code: ) (Expenses \$ 2,314,869. including grants of \$ ) (Revenue \$ 99,965. )
	SEE SCHEDULE O
4c	(Code:) (Expenses \$2,018,979. including grants of \$) (Revenue \$)
	THE FEDERATION FOUNDED THE ST. LOUIS KAPLAN FELDMAN HOLOCAUST
	MUSEUM IN 1995 AND NURTURED IT FOR OVER 25 YEARS BEFORE THE MUSEUM
	WAS ESTABLISHED AS AN INDEPENDENT MUSEUM ON NOVEMBER 16, 2022.
	·
	THE ST. LOUIS KAPLAN FELDMAN HOLOCAUST MUSEUM IS DEDICATED TO
	PRESERVING THE LEGACY OF THE HOLOCAUST, EDUCATING ABOUT ITS CAUSES
	AND ILLUSTRATING HOW WHAT HAPPENED DURING THIS TRAGIC PERIOD
	RELATES TO OUR LIVES TODAY. IN ITS FIRST 100 DAYS, THE ST. LOUIS
	KAPLAN FELDMAN HOLOCAUST MUSEUM WELCOMED OVER 4,500 TOTAL
	VISITORS, AND ENGAGED WITH 1,600 STUDENTS FROM AROUND THE REGION.
	·
<u> </u>	Other program services (Describe on Schedule O.)
+u	
4 :	
40	Total program service expenses 27,655,895.

Form **990** (2022)

Form 990 (2022) Page **3** 

Par	Checklist of Required Schedules		Yes	No
	In the expenientian described in continu FO1/a\/2\ at 4047/a\/1\ (ather then a private foundation)? If "\/a "		162	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	444		37
نہ ۔	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footbode that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
		00:		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		

Form 990 (2022)
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Checklist of Required Schedules (continued)

rai	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	37	
242	employees? If "Yes," complete Schedule J	23	X	
24 a	\$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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		v
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c	37	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	37	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		21
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 2 of Form 1006. Enter 0 if not emplicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		X
9	sponsoring organization have excess business holdings at any time during the year?			21
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		- 22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

JEWISH FEDERATION OF ST. LOUIS 43-0652643 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

, ,	,		,		0	,	
response to line 8a, 8b,	or 10b below,	describe the circumstances,	processes,	or changes on	Schedule O	. See instructi	ons
Check if Schedule O co.	ntains a respor	ase or note to any line in this F	Part VI				v

0	in A. Conserving Body and Management					X		
Sect	ion A. Governing Body and Management			1	Yes	No		
		4-	20		162	NO		
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a	30					
	committee, explain on Schedule O.	1b	30					
	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			2	Х			
•	any other officer, director, trustee, or key employee?				71			
3	Did the organization delegate control over management duties customarily performed by or ur			3		Х		
	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5				
5	Did the organization become aware during the year of a significant diversion of the organization's			6		X 		
6								
7a	Did the organization have members, stockholders, or other persons who had the power to el			7a		Х		
	one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval	• /						
	stockholders, or persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during					
	the year by the following:							
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot							
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	١	X		
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	emai	Revenue	Code	. <i>)</i> Yes	No		
				40-	163			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	401				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b	37			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests		•					
	rise to conflicts?			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•						
	describe on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review ar	ıd apı	roval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement					
	with a taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps to							
	organization's exempt status with respect to such arrangements?			16b				
Secti	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.		(sect	ion 5	01(c)		
	X Own website Another's website X Upon request Other (explain on Sc	hedul	e O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict of	finter	est p	olicy,		
	and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's I BRIAN HERSTIG 12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	ooks	and record	S				
	314-442-3747			_	000	(2022)		

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Position  Average hours per week (list on):  (It on):  (C)  Position  (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) BRIAN HERSTIG	40.00									
PRESIDENT/CEO	2.00			$_{\rm X}$				291,097.	NONE	29,807.
(2) LAURENCE GAST	40.00							,		,
VP OF DEVELOPMENT	2.00			х				170,000.	NONE	15,015.
(3) MELINDA SHARP	40.00									
VP OF FINANCE AND ADMIN	2.00			x				145,299.	NONE	15,713.
(4) KAREN SHER	40.00									
VP OF COMMUNITY IMPACT	NONE					X		119,033.	NONE	16,826.
(5) SCOTT BIONDO	40.00									
DIRECTOR - COMMUNITY SECURITY	NONE					Х		105,495.	NONE	13,697.
(6) AMANDA MILLER	40.00									
VP OF COMMUNICATIONS	NONE					Х		110,000.	NONE	8,211.
(7) AVIVA RASKAS	5.00									
AT LARGE DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BEN CHERRY	5.00									
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
(9) BURT GARLAND	5.00									
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
(10) CAROL STAENBERG	5.00									
VICE CHAIR	NONE	X		Х				NONE	NONE	NONE
(11) CATHY GOLDSTICKER	5.00									
VICE CHAIR	NONE	X		Х				NONE	NONE	NONE
(12) CRAIG ROSENTHAL	5.00									
VICE CHAIR	NONE	X		Х				NONE	NONE	NONE
(13) DALIA OPPENHEIMER	5.00									
AT LARGE DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) DAN FRIEDMAN	5.00									
AT LARGE DIRECTOR	NONE	X						NONE	NONE	
										Form <b>990</b> (2022)

Part VII Section A. Officers, Directors, Tru  (A) Name and title  15) DONN RUBIN AT LARGE DIRECTOR 16) EMILY STEIN MACDONALD AT LARGE DIRECTOR 17) FELICIA MALTER AT LARGE DIRECTOR 18) GERRY GREIMAN PAST CHAIR 19) GREG YAWITZ	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos neck ss pe	ition more	e than o		(D) Reportable	(E) Reportable	(	F)	
Name and title  15) DONN RUBIN  AT LARGE DIRECTOR  16) EMILY STEIN MACDONALD  AT LARGE DIRECTOR  17) FELICIA MALTER  AT LARGE DIRECTOR  18) GERRY GREIMAN  PAST CHAIR  19) GREG YAWITZ	Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos neck ss pe d a d	ition more	e than o						
AT LARGE DIRECTOR  16) EMILY STEIN MACDONALD  AT LARGE DIRECTOR  17) FELICIA MALTER  AT LARGE DIRECTOR  18) GERRY GREIMAN  PAST CHAIR  19) GREG YAWITZ		ıstee	Institutional trustee	Officer	Key employee	both st or/trust Highest compensated employee	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo ot compe fron organ and	mated unt of her ensation the nization related izations	
AT LARGE DIRECTOR  16) EMILY STEIN MACDONALD  AT LARGE DIRECTOR  17) FELICIA MALTER  AT LARGE DIRECTOR  18) GERRY GREIMAN  PAST CHAIR  19) GREG YAWITZ	5.00					۵						
16) EMILY STEIN MACDONALD AT LARGE DIRECTOR 17) FELICIA MALTER AT LARGE DIRECTOR 18) GERRY GREIMAN PAST CHAIR 19) GREG YAWITZ	NONE	X						NONE	NONE		N	IONE
AT LARGE DIRECTOR  17) FELICIA MALTER  AT LARGE DIRECTOR  18) GERRY GREIMAN  PAST CHAIR  19) GREG YAWITZ	5.00							NONE	NOINE		1/	ONE
17) FELICIA MALTER AT LARGE DIRECTOR 18) GERRY GREIMAN PAST CHAIR 19) GREG YAWITZ	+	X						NIONIE	NONE		1.7	IONII.
AT LARGE DIRECTOR  18) GERRY GREIMAN  PAST CHAIR  19) GREG YAWITZ	5.00							NONE	NOINE		1/	IONE
18) GERRY GREIMAN PAST CHAIR 19) GREG YAWITZ	+	X						NIONIE	MONTE		1.7	IONTE
PAST CHAIR 19) GREG YAWITZ	5.00	Λ						NONE	NONE		10	IONE
19) GREG YAWITZ	+							NIONIE	MONIE		1.7	IONTE
	NONE	X						NONE	NONE		1\	IONE
	10.00	X		Х				NIONIE	MONTE		1.7	IONTE
BOARD CHAIR	NONE	Λ		Λ				NONE	NONE		1\	IONE
20) HARVEY WALLACE PAST CHAIR	5.00 NONE							NIONIE	MONIE		1.7	TONT:
	NONE	X						NONE	NONE		1\	IONE
21) JIM DEUTSCH	5.00 NONE							NIONIE	MONIE		1.7	IONII.
AT LARGE DIRECTOR	NONE	X						NONE	NONE		1\	IONE
22) JOE PERELES	5.00 NONE							310310	NONE			
AT LARGE DIRECTOR	NONE	X						NONE	NONE		N	IONE
23) JOHN GREENBERG	5.00											
VICE CHAIR	NONE	X		Х				NONE	NONE		1	IONE
24) JONATHAN DEUTSCH	5.00											
VICE CHAIR	NONE	X		Х				NONE	NONE		1	IONE
25) LESLIE YOFFIE	5.00											
AT LARGE DIRECTOR	NONE	X						NONE	NONE			IONE
1b Sub-total								940,924.	NONE		99,2	
c Total from continuation sheets to Part VII, So							<b>&gt;</b>	NONE	NONE			IONE
d Total (add lines 1b and 1c)							<u> </u>	940,924.	NONE		99,2	69.
2 Total number of individuals (including but not learn reportable compensation from the organization		hose	liste	d at	OOV	e) who	o re	ceived more than	\$100,000 of			
										-	res	No
3 Did the organization list any former offic	er, directo	or. or	tru	iste	e.	kev e	mn	lovee, or highest	compensated			
employee on line 1a? If "Yes," complete Schedu										_		
4 For any individual listed on line 1a, is the s										3		

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or nighest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2022)

JEWISH	FEDERATION	ON OF ST.	LOUIS		43-0652	643				
						Page 8	3			
n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)		•1	(D)	<b>(F)</b>	<b>(E)</b>	_			

Part VII Section A. Officers, Directors		y En	nplo			and I	Hig		i	
<b>(A)</b> Name and title	(B)			-	C) sition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b>
Name and title	Average hours per	(do i	(do not chec			e than c	one	compensation	compensation from	Estimated amount of
	week (list any		ox, unless person is bo ficer and a director/tro					from	related	other
	hours for related							- the	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	dual	tion	Ť	mplc	st co	4	(11 2/1000 111100)		and related
	line)	trus	al tn		yee	ompe				organizations
		tee	trustee			sane				
			Ф			ited				
26) MELANIE WINOGRAD	5.00									
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
27) MICHAEL LITWACK	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
28) NEIL JAFFE	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
29) RABBI CARNIE ROSE	5.00_	-								
AT LARGE DIRECTOR	NONE	X	$\vdash$					NONE	NONE	NONE
30) ROB WASSERMAN	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
31) ROBERT NEWMARK	5.00_	-								
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
32) SHERRY SHUMAN	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
33) SHIRA BERKOWITZ	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
34) STEPHANIE GROSS	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
35) SUE SCHLICHTER	5.00_	-								
AT LARGE DIRECTOR	NONE	X						NONE	NONE	NONE
36) SUSAN GOLDBERG	5.00_	-								
VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part	•						<b>&gt;</b>			
d Total (add lines 1b and 1c)							ightharpoons			

			res	NO
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes." complete Schedule J for such person	5		i

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers,	Directors, Trustees,	Key	/ Em	plo	yee	es, a	and H	igl	hest Compensat	ed Employees (c	Page <b>t</b> ontinued)
(A)	(B)				(C			Ŭ	(D)	(E)	(F)
Name and title	Averag hours p week (list hours fo	ge ber t any	box,	ot ch unles:	Posit eck r s per	tion more son	e than or is both a or/truste	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizati below do line)		Individual trustee or director			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
37) TIM STERN	5.0	00_									
AT LARGE DIRECTOR	NON	NE	Х						NONE	NONE	NON
38) TOBY WARTICOVSCHI	5.0	00									
AT LARGE DIRECTOR	NON	NE	X						NONE	NONE	NON
39) VICKI SINGER	5.0	00									
AT LARGE DIRECTOR	NOI	NE	Х						NONE	NONE	NON
1b Sub-total								<b>&gt;</b>			
c Total from continuation sheet											
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (increportable compensation from</li> </ul>	cluding but not limited t							re	ceived more than	\$100,000 of	
	<u> </u>										Yes No
3 Did the organization list any employee on line 1a? If "Yes," c											3 X
4 For any individual listed on li organization and related organization.	ganizations greater th	han	\$15	0,00	00?	If	"Yes,	"(	complete Schedu	le J for such	4 X
5 Did any person listed on line for services rendered to the org											5 X
Section B. Independent Contracto											
Complete this table for your fix compensation from the organiz year.											

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ NONE

43-0652643

#### Page 9

### Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a r	espor	se or note to an	y line in this Part V	/111		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns .  Membership dues  Fundraising events  Related organizations .  Government grants (co			1a 1b 1c 1d 1e	824,300.				
Sontributions, and Other Sin	f g	All other contributions, and similar amounts not in Noncash contributions lines 1a-1f	gifts, nclude inclu	grants, d above ded in	1f 1g		15 700 007			
<u> </u>	h	Total. Add lines 1a-1f					15,703,237.			
						Business Code				
Program Service Revenue	2a b	COMMUNITY DEVELOPMENT	Γ			900099	99,965.	99,965.		
n S	С	c								
ran	d									
90 R	e									
Ţ.	f	All other program service	co rov	/ONLIG						
	g				99,965.					
	3	Investment income (including dividends, other similar amounts)			262 566		271 017	0 251		
		•					263,566.		271,917.	-8,351.
	4	Income from investment		•			NONE			
	5	Royalties					NONE			
				(i) Rea	11	(ii) Personal				
	6a	Gross rents	6a	12	2,960.					
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с	12	2,960.	NONE				
	d	Net rental income or (lo	ss) .				12,960.			12,960.
	7a	Gross amount from	,	(i) Securi		(ii) Other				
		sales of assets								
		other than inventory	7a	44,069	9.919.					
a)	_ h	<u> </u>	, u	, , , , ,	,					
Jue	b	Less: cost or other basis	71.	12 560	167					
Revenue		and sales expenses	7b	43,568						
Re	C	Gain or (loss)	7c	501	452.					
er	d	Net gain or (loss)	• •		<u> </u>		501,452.		666.	500,786.
Other	8a	Gross income from events (not including \$		ū						
		of contributions rep	orted	on line						
		1c). See Part IV, line 18			8a	NONE				
	b	Less: direct expenses .			8b	NONE				
	С	Net income or (loss) fro	om fu	ındraising e	vents		NONE			
	9a	Gross income fi	rom	gaming						
		activities. See Part IV, Ii	ne 19		9a	NONE				
	b	Less: direct expenses			9b	NONE				
	C	Net income or (loss) fr					NONE			
		, ,	_							
	10a	Gross sales of ir returns and allowances		•	100	NONE				
						NONE				
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	ווע sa	iies oi iriveni	ory		NONE			
ns						Business Code				
Miscellaneous Revenue	11a	OTHER INCOME				900099	98,128.			98,128.
lan en	b									
e e	С									
Ē.	d	All other revenue								
2	е	Total. Add lines 11a-11	ld .				98,128.			
	12	Total revenue. See inst					16,679,308.	99,965.	272,583.	603,523.

43-0652643

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp			·	
Do	not include amounts reported on lines 6b, 7b,				(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	Fundraising
	·		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,564,329.	21,564,329.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	891,000.	891,000.		
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	666,930.	348,361.	101,023.	217,546.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,783,181.	1,453,926.	415,142.	914,113.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	176,802.	91,480.	37,509.	47,813.
9	Other employee benefits	322,523.	169,046.	49,515.	103,962.
10	Payroll taxes	254,475.	129,459.	43,324.	81,692.
11	Fees for services (nonemployees):				
	Management	NONE			
	Legal	68,581.		68,581.	
	Accounting	92,924.		92,924.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,383,877.	911,069.	111,085.	361,723.
12	(A), amount, list line 11g expenses on Schedule O.)  Advertising and promotion	260,607.	194,187.	1,925.	64,495.
13	Office expenses	1,068,860.	34,999.	1,015,813.	18,048.
14	Information technology	116,060.	68,422.	20,472.	27,166.
15	Royalties	NONE		,	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	420,021.	266,596.	47,431.	105,994.
17	Travel	33,970.	27,464.	4,844.	1,662.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	414,050.	191,448.	16,644.	205,958.
20	Interest	122,315.	44,512.	60,769.	17,034.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	361,892.	264,634.	52,404.	44,854.
23	Insurance	135,889.	87,965.	11,413.	36,511.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	AWARDS AND GRANTS	208,132.	198,704.	6,864.	2,564.
-	MISSIONS	366,366.	359,098.	350.	6,918.
	BAD DEBT EXPENSE	485,235.	123,585.	282,473.	79,177.
	SUBSCRIPTIONS AND DUES	558,414.	194,140.	279,424.	84,850.
	All other expenses	100,042.	41,471.	11,703.	46,868.
	Total functional expenses. Add lines 1 through 24e	32,856,475.	27,655,895.	2,731,632.	2,468,948.
26					
					- 000 (2222)

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### Part X Balance Sheet

	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	5,632,249.	1	209,378.
Savings and temporary cash investments	4,427,165.	2	3,675,678.
Pledges and grants receivable, net	10,345,805.	3	13,248,822.
Accounts receivable, net	137,271.	4	125,335
Loans and other receivables from 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	NONE	5	NON
Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section $4958(c)(3)(B)$ .	NONE	6	NON
Notes and loans receivable, net	NONE	7	NON
Inventories for sale or use	NONE	8	NON
Prepaid expenses and deferred charges	271,757.	9	183,529
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 25,982,097.			
Less: accumulated depreciation	14,883,322.1	10c	19,679,922
Investments - publicly traded securities	95,053,449.	11	77,447,678
Investments - other securities. See Part IV, line 11	39,784,854.	12	30,836,291
Investments - program-related. See Part IV, line 11.	NONE	13	NON
Intangible assets	NONE	14	NON
Other assets. See Part IV, line 11	NONE	15	NON
Total assets. Add lines 1 through 15 (must equal line 33)	170,535,872.	16	145,406,633
Accounts payable and accrued expenses	3,372,883.	17	11,815,686
Grants payable	232,215.	18	153,519
	NONE	19	NON
	NONE	20	NON
Escrow or custodial account liability. Complete Part IV of Schedule D	25,868,282.	21	28,968,098
Loans and other payables to any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
	NONE	22	NON
Secured mortgages and notes payable to unrelated third parties	1,433,121.	23	NON
Unsecured notes and loans payable to unrelated third parties	5,866.	24	2,132,429
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	4,105,635.	25	2,726,633
Total liabilities. Add lines 17 through 25	35,018,002.	26	45,796,365
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions	52,699,133.	27	48,289,175
Net assets with donor restrictions		28	51,321,093
Organizations that do not follow FASB ASC 958, check here			
		29	
		_	99,610,268
Total liabilities and net assets/fund balances		33	145,406,633
	Savings and temporary cash investments.  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from 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.  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net.  Inventories for sale or use.  Prepaid expenses and deferred charges  a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  b Less: accumulated depreciation.  Investments - publicly traded securities.  Investments - publicly traded securities.  Investments - program-related. See Part IV, line 11.  Intrangible assets.  Other assets. See Part IV, line 11.  Total assets. Add lines 1 through 15 (must equal line 33)  Accounts payable and accrued expenses.  Grants payable.  Deferred revenue  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D.  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.  Secured mortgages and notes payable to unrelated third parties.  Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions.  Net assets with donor restrictions.	Cash - non-interest-bearing	Cash - non-interest-bearing   5,632,249, 1

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			79,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	2,8	356,	<u>475</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	6,1	.77 <i>,</i>	<u> 167</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	5,5	17,	<u>870</u> .
5	Net unrealized gains (losses) on investments	5	-2	0,2	<u> 96,</u>	<u>441</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5	<u>566,</u>	006
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	9,6	510,	<u> 268</u>
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			l	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b		

#### **SCHEDULE A** (Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

cempt charitable trust.	2022
ion.	Open to Public Inspection
Employer identification	on number

Nam	e of th	ne organization					Employer identif	ication number			
JE	VISI	H FEDERATION OF ST.	LOUIS				43-0	652643			
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.			
The	orga	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	d in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A	)(iii). Enter the			
		hospital's name, city, and state:									
5		An organization operated to	for the benefit of	a college or universit	ty owne	d or ope	rated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).				
7	X	An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fr	om the general public			
		described in section 170(b)	)(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	ed in <b>section 170(k</b>	o)(1)(A)(vi). (Complete	e Part II.)						
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college			
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or			
		university:									
10		An organization that norma	Illy receives (1) mo	ore than 331/3 % of its	support	from coi	ntributions, membersh	nip fees, and gross			
		receipts from activities rela support from gross investm	ited to its exempt to	functions, subject to c prelated business tax	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its			
		acquired by the organizatio	on after June 30, 1	975. See <b>section 509</b>	(a)(2). (C	Complete	Part III.)	i bacii lococo			
11		An organization organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).				
12		An organization organized a	•	-	-						
		one or more publicly suppo	_			-					
	_	the box on lines 12a throug	jh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.			
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the			
	_	$\_$ supporting organization. $`$	You must complet	te Part IV, Sections A	and B.						
b		$oxedsymbol{oxed}$ <b>Type II.</b> A supporting org	-								
		control or management of			the sam	e persor	s that control or mar	nage the supported			
		organization(s). You must									
С								lly integrated with,			
		$_{\_}$ its supported organization									
d					•		• •	• ,			
		that is not functionally into	•	•	•		•	d an attentiveness			
		$_{\lnot}$ requirement (see instruct	•	•							
е		Check this box if the orga						II, Type III			
	_	functionally integrated, or			porting of	organizat	ion.				
Ť		ter the number of supported	-								
<u>g</u>		ovide the following information					() ()	6.00			
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
<b>(0)</b>											
(C)	,										
(D)											
(E)											
Tota	al										

Schedule A (Form 990) 2022 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,476,689.	19,500,107.	17,412,465.	15,758,759.	15,703,237.	86,851,257.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4	Total. Add lines 1 through 3	18,476,689.	19,500,107.	17,412,465.	15,758,759.	15,703,237.	86,851,257.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						6,423,056.	
6	Public support. Subtract line 5 from line 4						80,428,201.	
	tion B. Total Support					Г		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,476,689. 746,794.	19,500,107. 710,146.	17,412,465. 289,160.	15,758,759. 583,253.	15,703,237. 276,526.	2,605,879.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	82,303.	110,176.	119,780.	73,137.	98,128.	483,524.	
11	Total support. Add lines 7 through 10						89,940,660.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	271,566.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
	tion C. Computation of Public Sup							
14	Public support percentage for 2022 (li		-			14	89.42 %	
15	Public support percentage from 2021					15	84.63 %	
16a	331/3% support test - 2022. If the org							
L	box and <b>stop here.</b> The organization quality to a second stop here.			-				
D	331/3% support test - 2021. If the org this box and stop here. The organization	•						
170	10%-facts-and-circumstances test - 2	•		•				
11a	10% or more, and if the organization							
	Part VI how the organization meets					-	-	
	organization			_	-			
h	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets					-	•	
	organization			•	•	•		
18	Private foundation. If the organization							
. •	instructions							

Schedule A (Form 990) 2022 Page **3** 

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 under section 513 .						
4	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	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 on 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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	_					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		•				
15	Public support percentage for 2022 (line 8,					15	%_
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/	3 %, and line
	17 is not more than 331/3 %, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly so	upported orga	nization
b	331/3% support tests - 2021. If the orga	anization did not	t check a box or	n line 14 or line	19a, and line 16	is more than	331/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	rganization qualifi	es as a publicly	supported org	ganization
20	Private foundation If the organization (	did not check	a hoy on line	1/ 10a or 10h	chack this ho	v and see in	etructions

JSA 2E1221 1.000 Schedule A (Form 990) 2022 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

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Yes No

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations	1	V -	NI.
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Socti	on D. All Type III Supporting Organizations	1		
Jecu	on 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		162	NO
	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	o inatr	uotion	o.)
C	The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se	e iiisii	Yes	
2	Activities Test. Answer lines 2a and 2b below.		. 55	
а	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 <b>Part VI identify</b>			
	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	0.		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Page 6 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ	•		•
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ılly integra	ted Type III supporting	g organization
	(see instructions).	-		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022 Page **8** 

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME

#### MISCELLANEOUS

2018 AMOUNT: \$ 82,303

2019 AMOUNT: \$ 110,176

2020 AMOUNT: \$ 119,780

2021 AMOUNT: \$ 73,137

2022 AMOUNT: \$ 98,128

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** Name of the organization JEWISH FEDERATION OF ST. LOUIS 43-0652643 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

JEWISH FEDERATION OF ST. LOUIS

Employer identification number 43-0652643

art I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	Il space is needed.
-------	--------------	---------------------	-------------------	----------------------------	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,226,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$590,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$317,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			. , , , , , , , , , , , , , , , , , , ,
4	N/A	\$941,017.	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)
4 (a) No.			Person X Payroll Noncash X (Complete Part II for
(a)	N/A	\$941,017	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	N/A  (b)  Name, address, and ZIP + 4	\$ 941,017.  (c) Total contributions	Person X Payroll X (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for

Name of organization

JEWISH FEDERATION OF ST. LOUIS

Employer identification number 43-0652643

	DEWISH PEDERATION OF SI. LOUIS		13 0032013	
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.	
(a)	(b)	(c)	(d)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8_	N/A	\$ 363,750.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9	N/A	\$\$855,792.	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
10	N/A	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JEWISH FEDERATION OF ST. LOUIS

Employer identification number
43-0652643

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCKS		
4		-	
		\$941,017	09/21/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CTOCKC		
9	STOCKS	-	
9		-	
		695,751.	12/05/2022
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCKS	-	
6_		-	
		- 1 070 3E0	12/23/2022
		1,070,359.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ı uıtı		(Oce mandations.)	
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		_	
		\$	

Page 4 Schedule B (Form 990) (2022)

Name of o	rganization			Employer identification number
	JEWISH FEDERATION OF			43-0652643
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one ons completing Part III, e year. (Enter this inform	<b>contributor.</b> Coenter the total o	omplete columns (a) through (e) and f exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
<u> </u>				
	Transferee's name, address,	(e) Transfer of	_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		_		
	Transferee's name, address,	(e) Transfer of	_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of	_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	f aift	
	Transferee's name, address,		_	nip of transferor to transferee

#### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

- 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.

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 that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

•	(See separate instructions), the		, (	istructions, or roth 390-t	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.		Faratara ida	- (!e!(!
	e of organization				ntification number
	ISH FEDERATION OF ST				552643
Par	•	organization is exempt under			
1	•	ne organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa				
2	Political campaign activity e	xpenditures. See instructions		\$	
3	Volunteer hours for political	campaign activities. See instruction	ons		
Par	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 \$	
2	Enter the amount of any exc	cise tax incurred by organization n	nanagers under secti	on 4955         \$	
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
	activities			\$	
2		g organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
4 5	Enter the names, addresses organization made payment the amount of political contact and the amount of political contact and the amount of political contact and the same and	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, excitations received that were prond or a political action committee	ber (EIN) of all section ter the amount paion ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
, a\			_		
(4)					
(4)					

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

Schedule C (Form 990) 2022

• • • • • • • • • • • • • • • • • • • •	•	
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	74,400.	
c Total lobbying expenditures (add lines 1a and 1b)	74,400.	
d Other exempt purpose expenditures	32,782,075.	
e Total exempt purpose expenditures (add lines 1c and 1d)	32,856,475.	
f Lobbying nontaxable amount. Enter the amount from the following table in both		
columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
Not over \$500,000 20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000 \$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organiza	ation file Form 4720	

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
С	Total lobbying expenditures	88,608.	111,084.	67,400.	74,400.	341,492.	
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f	Grassroots lobbying expenditures	_					

Schedule C (Form 990) 2022

No

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	)	
escription of the lobbying activity.	Yes	No		Amo	unt	
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:						
<ul> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul>						
<ul> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> <li>Publications, or published or broadcast statements?</li> <li>Grants to other organizations for lobbying purposes?</li> </ul>						
<ul> <li>Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>Other activities?</li> </ul>						
<ul> <li>j Total. Add lines 1c through 1i</li> <li>a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> </ul>						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
					Yes	No
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 campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501	m the	prior		2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5)	prior , <b>or s</b>	ection	3	3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	om the (c)(5) OR (b	prior , or s ) Par	ection	3	3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.  Total	om the (c)(5) OR (b)	prior , or s ) Par	ection t III-A, 1 2a 2b 2c	3	3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  a Current year.  b Carryover from last year.	om the (c)(5) OR (b) unts (	prior , or s ) Par	ection t III-A,	3	3, is	

# SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

INAIII	e of the organization		Employer identification fidinger
JE	WISH FEDERATION OF ST. LOUIS		43-0652643
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	174	
2	Aggregate value of contributions to (during year)	1,094,945.	
3	Aggregate value of grants from (during year)	1,630,986.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?		X Yes . No
Pa	art II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example	, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified	. ,	2c
d	Number of conservation easements included in (c)		
_	a historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termi	inated by the organization during the
_	tax year		
4	Number of states where property subject to conse		<del></del>
5	Does the organization have a written policy reg		-
	violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspense	ecting, handling of violations, and enforcing	conservation easements during the year
_	Annual of amount of amount in an arithmin a income		
7	Amount of expenses incurred in monitoring, inspect	ling, handling of violations, and emorcing co	onservation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sacti	on 170/h)//)/P)/i)
0			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization rep		
5	balance sheet, and include, if applicable, the text		-
	organization's accounting for conservation easeme	<del>-</del>	
Pa	art III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar asset	is held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hele	ASB ASC 958, to report in its revenue s Id for public exhibition, education, or res	tatement and balance sneet works of
	provide the following amounts relating to these iter		caron in rannorance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$ 146,825.
2	If the organization received or held works of an	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under F.		3 . 1
а	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		\$
b	Assets included in Form 990 Part X		<u> </u>

		ISH FEDERATION				)652643 Page <b>2</b>
	rt    Organizations Maintaini					
3	Using the organization's acquisition		other records, chec	k any of the follow	ing that make sigi	nificant use of its
	collection items (check all that app	ly):	. 🖂 .			
a	X Public exhibition			or exchange progra	m	
b	Scholarly research		e Other			
С	X Preservation for future gene					
4	Provide a description of the organ	nization's collections	and explain how	they further the or	ganization's exemp	t purpose in Part
	XIII.					
5	During the year, did the organization				_	
	assets to be sold to raise funds rath		ained as part of the	organization's colle	ction?	Yes X No
Pa	rt IV Escrow and Custodial A					
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on Form 990, F	Part IV, line 9, or r	eported an amoui	nt on Form
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary for	or contributions or	other assets not	
	included on Form 990, Part X?				[	Yes X No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following tal	ble:		
					Amount	
С	Beginning balance			1c		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an am				account liability?	X Yes No
	If "Yes," explain the arrangement in				_	x
	rt V Endowment Funds.					
	Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line 10.		
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance	144,792,386.	130,643,492.	114,460,823.	100,349,163.	100,822,490.
	Contributions	7,541,400.	5,426,541.	3,433,064.	3,139,719.	4,206,391.
	Net investment earnings, gains,					
C	and losses	-18,874,470.	11,404,133.	15,557,873.	13,667,486.	-2,596,264.
-1		23,306,604.	2,681,780.	2,808,268.	2,695,545.	2,083,454.
	Grants or scholarships	23,300,001.	2,002,700.	2,000,200.	2,000,010.	2,003,131.
е	Other expenditures for facilities	342,734.				
	and programs	312,731.				
ī	Administrative expenses	109,809,978.	144,792,386.	130,643,492.	114,460,823.	100,349,163.
q	End of year balance	103,003,3/8.	144,/92,380.	130,043,492.	114,400,023.	100,349,163.

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......

a Board designated or quasi-endowment 54.0000 %

Permanent endowment 18.0000 %

Term endowment 28.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Related organizations

Yes No 3a(i) Χ 3a(ii) Х 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value

		(investment)	(other)	depreciation	(a) Doon take
1 a	Land		502,114.		502,114.
b	Buildings		3,930,807.	953,450.	2,977,357.
	Leasehold improvements				
d	Equipment		21,549,176.	5,348,725.	16,200,451.
е	Other				
Tota	al. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part	X. column (B), line 10	Oc.)	19.679.922

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	"Yes" on Form 990,	93-0652643  Part IV, line 11b. See Form 990, Part X, line 12	Page 2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CSV OF LIFE INSURANCE	979,280.	FMV	
(B) OTHER	34,421.	FMV	
(C) PRIVATE EQUITY	3,673,882.	FMV	
(D) PRIVATE DEBT	5,713,220.	FMV	
(E) ABSOLUTE RETURN STRATEGIES	3,743,448.	FMV	
(F) REAL ESTATE	12,175,742.	FMV	
(G) COMMODITIES	4,516,298.	FMV	
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	30,836,291.		
Part VIII Investments - Program Related. Complete if the organization answered  (a) Description of investment	"Yes" on Form 990, (b) Book value	Part IV, line 11c. See Form 990, Part X, line 13  (c) Method of valuation: Cost or end-of-year market value	3.
(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.			
	"Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15	5
	cription	(b) Book valu	
(1)	1011P11011	(b) Book valid	
(2)			

(a) Description	(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)SPLIT INTEREST OBLIGATIONS		1,355,564.
(3)ACCRUED PENSION LIABILITY		1,371,069.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)	2,726,633.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	-3,948,908.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) 2d -331,775.			
e	Add lines 2a through 2d	2e	-20,628,216.	
3	Subtract line 2e from line 1	3	16,679,308.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		20,012,0001	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,679,308.	
Part		ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	32,856,475.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	32,856,475.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
_ C	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	32,856,475.	
Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
SEE	SUPPLEMENTAL PAGE			
-				

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

ART AND HISTORICAL TREASURES ARE USED FOR DISPLAY AT THE HOLOCAUST MUSEUM AND LEARNING CENTER AND ALSO USED FOR SPECIAL EXHIBITS.

SCHEDULE D, PART IV, LINE 2B

FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE INVESTMENTS OF VARIOUS
BENEFICIARY AGENCIES AND OTHER ORGANIZATIONS WHICH PARTICIPATE IN THE
POOLED INVESTMENT PROGRAM OF THE FEDERATION, WHICH ARE RELATED PARTIES.
THESE AGENCIES AND ORGANIZATIONS RETAIN THE AUTHORITY TO WITHDRAW THESE
FUNDS AT ANY TIME WITH CERTAIN ADVANCE NOTICE. FUNDS HELD IN CUSTODY FOR
OTHERS ALSO INCLUDE THE ESTIMATED AMOUNT TO BE DISTRIBUTED TO OTHER
ORGANIZATIONS UPON THE DEATH OF A DONOR ANNUITY BENEFICIARY AND AMOUNTS
TO BE DISTRIBUTED IN ACCORDANCE WITH THE PASSPORT TO ISRAEL PROGRAM.

SCHEDULE D, PART V, LINE 4

FEDERATION'S ENDOWMENT FUNDS SUPPORT FEDERATION'S CHARITABLE PURPOSE,

BY MAKING FUNDS AVAILABLE TO BE USED IN FEDERATION'S ANNUAL SUPPORT

OF BENEFICIARY AGENCIES, TO SUPPORT SPECIFIC PROGRAMS OF FEDERATION,

OR TO SUPPORT OTHER DESIGNATED PROGRAMS OUTSIDE THE ORGANIZATION.

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$ -331,775

## SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

20**22**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** 43-0652643 JEWISH FEDERATION OF ST. LOUIS General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) MIDDLE EAST AND NORTH AFRICA GRANTMAKING PASS THROUGH GRANTS GRANTMAKING PASS THROUGH GRANTS (2) RUSSIA/INDEPENDENT STATES (3) MIDDLE EAST AND NORTH AFRICA 3,747,468. (4) CENTRAL AMERICA/CARIBBEAN 34,459,034. (5) EUROPE 3,692,152. (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 41,898,654. 3a Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2022

41,898,654.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on I									
	Part IV, line 15, for any re	ecipient who recei	ived more than \$5,000. F	Part II can be	duplicated if additi	ional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST AND NORTH AF	SEE PART V		CHECK/WIRE		N/A	N/A
(2)				SEE PART V	891,000.	CHECK/WIRE		N/A	N/A
(3)			MIDDLE EAST/NORTH AFRICA	SEE PART V		CHECK/WIRE		N/A	N/A
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which	the grantee or counsel has	provided a sec	ction 501(c)(3) equiv	valency letter	▶		1

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (g) Description (a) Type of grant or assistance (b) Region (f) Amount of (h) Method of cash disbursement noncash assistance valuation (book, FMV, recipients cash grant of noncash assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)(15) (16) (17) (18)

Page 4

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	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)		Yes	X	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)		Yes	X	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)	X	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)	X	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	X	No

Schedule F (Form 990) 2022

### Part V

### **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

FEDERATION EXCLUSIVELY USES JEWISH FEDERATIONS OF NORTH AMERICA

(JFNA) TO PERFORM GRANTMAKING TO ORGANIZATIONS OUTSIDE THE UNITED

STATES. JFNA IS THE OVERSEAS GRANTMAKING ORGANIZATION FOR 155

FEDERATIONS IN THE UNITED STATES. JFNA PERFORMS ALL DUE DILIGENCE

WITH RESPECT TO EVALUATING THE RECIPIENT ORGANIZATIONS TO ENSURE THEY

MEET THE ELIGIBILITY CRITERIA REQUIRED TO MEET THE EQUIVALENCY OF 501

(C)(3) STATUS IN THE UNITED STATES. FEDERATION SPECIFIES CERTAIN

PORTIONS FOR RECIPIENT ORGANIZATIONS IN ISRAEL AND THE FORMER SOVIET

UNION; ALTHOUGH SPECIFIC DOLLAR AMOUNTS PER REGION CANNOT BE

DETERMINED. THE GRANT AMOUNTS REPORTED IN FEDERATION'S FORM 990 WILL

ALSO BE REPORTED ON JFNA FORM 990 SCHEDULE F.

### Part V

### Supplemental Information

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

SCHEDULE F, PART I, LINE 3

FEDERATION USES ACCRUAL METHOD TO ACCOUNT FOR INVESTMENTS AND EXPENDITURES OUTSIDE OF THE UNITED STATES.

SCHEDULE F, PART I, COLUMN F

THE AMOUNT REPORTED FOR INVESTMENTS HELD OUTSIDE THE UNITED STATES OF \$41,898,654 REPRESENTS THE YEAR ENDED FAIR MARKET VALUE OF INVESTED ASSETS HELD IN MANAGERS DOMICILED IN THIS REGION.

SCHEDULE F, PART I, LINE 3

FEDERATION USES ACCRUAL METHOD TO ACCOUNT FOR INVESTMENTS AND EXPENDITURES OUTSIDE OF THE UNITED STATES.

# SCHEDULE I (Form 990)

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization						Employer identificati	ion number
JEWISH FEDERATION OF ST. LOUIS						43-0652643	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistan	ce?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED DETAIL			21,564,329.				SEE ATTACHED DETAIL
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	nd government	⊥ organizations lis	l sted in the line 1 tal	│ ole			111
3 Enter total number of other organizations							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_ 2					
_ 3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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.

Part III	Grants and Other Assistance to Domestic Individuals.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART II

THE LARGE VARIETY IN ORGANIZATIONS RECEIVING GRANTS FROM FEDERATION IS

DUE TO THE INCLUSION OF GRANTS MADE THROUGH DONOR ADVISED FUNDS.

# SCHEDULE J (Form 990)

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

43-0652643

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41.	3.5	
2	explain	1b	X	
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
•	Indicate which, if any, of the following the organization used to establish the compensation of the		21	
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion $E04/a/(2)$ , $E04/a/(4)$ , and $E04/a/(20)$ examinations must complete lines $E.0$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC cor		1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
BRIAN HERSTIG	(i)	291,097.	NONE	NONE	14,555.	15,252.	320,904.		
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
LAURENCE GAST	(i)	170,000.	NONE	NONE	NONE	15,015.	185,015.		
2 VP OF DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
MELINDA SHARP	(i)	145,299.	NONE	NONE	7,265.	8,448.	161,012.		
3 VP OF FINANCE AND ADMIN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

## 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.

SCHEDULE J, PART I, LINE 1A

BRIAN HERSTIG, CHIEF EXECUTIVE OFFICER: 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 M (Form 990)

# **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

JEWISH FEDERATION OF ST. LOUIS

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

Name of the organization

Employer identification number 43-0652643

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	•
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		129	4,385,724.	STOCK MARE	KET (	TOUÇ	ES_
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
45	contribution - Other							
15 16	Real estate - Residential							
17	Real estate - Commercial							
18	Real estate - Other							
19	Collectibles							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			ONE
						,	Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the							
	to be used for exempt purposes for		olding period?			30a		_X_
	If "Yes," describe the arrangement i							
31	Does the organization have a					24		
	contributions?					31	Х	
32a	Does the organization hire or use	-	<del>-</del>	•		20		
	contributions?					32a		_X
	If "Yes," describe in Part II.		aluman (a) fau a tima a af mara	noute for which a stress (-)	المحاجما			
33	If the organization didn't report an describe in Part II.	arnount in c	olumn (c) for a type of pro	perty for which column (a)	і із спескеа,			

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

Schedule M (Form 990) 2022

Part II Supplei

**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.

SCHEDULE M, PART I, COLUMN (B)

FEDERATION REPORTS THE NUMBER OF CONTRIBUTORS ON SCHEDULE M, PART I,

COLUMN (B).

# **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

43-065<u>2643</u>

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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

JEWISH FEDERATION OF ST. LOUIS

THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

ON AN ANNUAL BASIS, EACH DIRECTOR, TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE WILL SIGN/UPDATE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS STATEMENT WILL LIST ANY CONFLICTS AND AFFIRM THE PERSON'S RESPONSIBILITY ON DISCLOSURE OF A POTENTIAL CONFLICT. EACH OF THE ABOVE NAMED 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.

### FORM 990, PART VI, SECTION B, LINE 15A

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND CEO INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND SUBSTANTIATION OF THE DELIBERATION AND DECISION; THE PROCESS IS COMPLETED ON AN ANNUAL BASIS. THIS PROCESS WAS LAST UNDERTAKEN IN 2022. 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

# **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

JEWISH FEDERATION OF ST. LOUIS

43-0652643

ESTABLISHED GOALS. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

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

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

### FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(331,775) PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST \$897,781 TOTAL OTHER CHANGES \$566,006

### FORM 990, PARK VI, SECTION A, LINE 2

JIM DEUTSCH AND JONATHAN DEUTSCH HAVE A FAMILY RELATIONSHIP.

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

43-0652643

FORM 990, PART III - PROGRAM SERVICE

### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

EACH YEAR, THE JEWISH FEDERATION OF ST. LOUIS WORKS WITH OUR VOLUNTEER AND PROFESSIONAL COMMUNITY LEADERSHIP TO ASSESS THE NEEDS OF OUR COMMUNITY AND ESTABLISH STRATEGIC PLANS TO SUSTAIN OUR VIBRANT JEWISH ECOSYSTEM. THROUGH OUR PARTNERSHIPS WITH THOUSANDS OF DONORS, WE THEN RAISE FUNDS TO MEET THOSE NEEDS. OUR VOLUNTEERS THEN LEAD A COMMUNITY INVESTMENT PROCESS TO GET THOSE FUNDS WORKING TO FULFILL OUR MISSION THROUGH AGENCIES, CONGREGATIONS, ORGANIZATIONS, AND PROGRAMS. OUR TEAM THEN EVALUATES THOSE INVESTMENTS BASED ON THE IMPACT THEY ARE HAVING HERE IN ST. LOUIS, IN ISRAEL AND WHEREVER THERE IS A NEED. THIS COMMUNITY IMPACT AND PHILANTHROPY WORK HAS BEEN DONE SINCE OUR INCEPTION IN 1901. IN 2022, COMMUNITY IMPACT SUPPORTED 55 LOCAL PARTNERS, 23 ISRAEL AND OVERSEES PARTNERS, AND 5 NATIONAL PARTNERS.

### LINE 4B, PROGRAM SERVICE

\_\_\_\_\_

JEWISH FEDERATION OF ST. LOUIS PROVIDES A VARIETY OF JEWISH ENGAGEMENT, JEWISH EDUCATION, AND OPERATIONAL SUPPORT SERVICES FOR INDIVIDUAL AND ORGANIZATIONS IN THE ST. LOUIS JEWISH COMMUNITY. THE MISSION OF OUR WORK IS TO BUILD AND STRENGTHEN COMMUNITY BY CONNECTING PEOPLE TO INFORMATION, RESOURCES, SERVICES, AND EACH OTHER. WE DO THIS THROUGH A VARIETY OF PROGRAMS AND SERVICES DESIGNED TO SUPPORT AND ENGAGE ADULT LEARNERS, FAMILIES WITH YOUNG CHILDREN, SCHOOLS AND CONGREGATIONS, YOUNG ADULTS, THOSE TRAVELING TO ISRAEL, DEVELOPING COMMUNITY LEADERS, SENIORS AGING IN PLACE, AND MUCH MORE.

JEWISH FEDERATION OF ST. LOUIS SUPPORTS THE WORK OF OUR JEWISH COMMUNITY THROUGH MILLSTONE LEADERSHIP INITIATIVES BY ENGAGING NEW LEADERS AND WELCOMING NEW PROFESSIONAL STAFF, PROVIDING TRAINING AND INDIVIDUALIZED COACHING, AND STRENGTHENING CONNECTIONS AMONG BOTH PROFESSIONALS AND LAY LEADERS OF JEWISH ORGANIZATIONS, SCHOOLS, AND CONGREGATIONS. JPROSTL, AN INITIATIVE OF THE JEWISH FEDERATION OF ST. LOUIS, IS A PROFESSIONAL ASSOCIATION BRINGING TOGETHER STAFF WHO WORK AT ORGANIZATIONS, CONGREGATIONS, AND DAY SCHOOLS ACROSS THE SPECTRUM OF THE ST. LOUIS JEWISH COMMUNITY. JPROSTL PROVIDES PROFESSIONAL DEVELOPMENT, SHARING OF RESOURCES, AND NETWORKING EVENTS THROUGHOUT THE YEAR. IN 2022, 600

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

43-0652643

FORM 990, PART III - PROGRAM SERVICE

PROFESSIONALS WERE WORKING AT LOCAL JEWISH ORGANIZATIONS; ALMOST HALF OF THOSE PROFESSIONALS ENGAGED WITH JPROSTL. EIGHTY-NINE PERCENT OF PARTICIPANTS IN JPROSTL REPORT GAINING OR DEEPENING NEW SKILLS OR KNOWLEDGE TO ENHANCE THEIR WORK.

ISRAEL CENTER OFFERS CONSULTING SERVICES TO HELP IDENTIFY MEANINGFUL TRIPS OR MISSIONS THAT BEST MEET THE NEEDS AND INTERESTS OF COMMUNITY MEMBERS. ISRAEL CENTER ALSO OFFERS TEENS AND YOUNG ADULTS FUNDING THROUGH NEED-BASED AND INCENTIVE-BASED SCHOLARSHIPS AND GRANTS TO EASE THE COST OF A QUALITY ISRAEL EXPERIENCES, CONNECTS ADULTS AND FAMILIES WITH TRAVEL OPPORTUNITIES OFFERED THROUGH LOCAL SYNAGOGUES AND ORGANIZATIONS, AND TRIPS IN PARTNERSHIP WITH THE JEWISH FEDERATIONS OF NORTH AMERICA. ISRAEL CENTER ALSO ORGANIZES A VARIETY OF EXCLUSIVE EXPERIENCES FOR SPECIAL COHORTS.

THE PJ LIBRARY® IS AN INTERNATIONAL JEWISH FAMILY ENGAGEMENT PROGRAM DESIGNED TO STRENGTHEN THE IDENTITIES OF JEWISH FAMILIES AND THEIR RELATIONSHIP TO THE JEWISH COMMUNITY. THE PJ LIBRARY OFFERS FREE, HIGH-QUALITY JEWISH BOOKS AND MUSIC EACH MONTH TO OVER 100,000 CHILDREN BETWEEN BIRTH AND 12 YEARS OLD IN MORE THAN 175 COMMUNITIES IN THE UNITED STATES, CANADA AND ISRAEL. LIBRARY'S VISION IS TO INSPIRE FAMILY ENGAGEMENT IN JEWISH LIFE, STRONGER JEWISH IDENTITY AND DEEPER CONNECTIONS TO JEWISH COMMUNITY. THE PJ LIBRARY INITIATIVE IS BUILDING A STRONGER JEWISH PEOPLE, ONE BOOK AT A TIME. PJ LIBRARY AIMS TO HELP FAMILIES EXPLORE THE TIMELESS CORE VALUES OF JUDAISM AND TO TRANSMIT THESE VALUES TO THE NEXT GENERATION - CREATING A JEWISH LITERACY FOR THIS GENERATION AND LAYING A STRONG FOUNDATION FOR THE ONES TO COME. PJ LIBRARY IMPACTS FAMILIES BEYOND THE BOOKS THEY RECEIVE AT HOME BY CONNECTING FAMILIES TO THE JEWISH COMMUNITY HERE IN ST. LOUIS, AND ENRICHING LOCAL JEWISH PROGRAMMING. IN 2022, MORE THAN 2,000 FAMILIES PARTICIPATED IN THE ST. LOUIS PJ LIBRARY PROGRAM.

THE ST. LOUIS FEDERATION COMMUNITY SECURITY PROGRAM SEEKS TO UNDERSTAND, MANAGE, AND REDUCE RISK TO THE ST. LOUIS JEWISH COMMUNITY. IN 2022, THE COMMUNITY SECURITY PROGRAM CONDUCTED OVER 85 SECURITY TRAINING COURSES TO OVER 350 PEOPLE AND SUPPORTED 605 ORGANIZATIONS WITH PHYSICAL AND CYBER SECURITY REQUESTS. THE COMMUNITY SECURITY PROGRAM COVERS THE ST. LOUIS METROPOLITAN AREA AS WELL AS JEFFERSON CITY, COLUMBIA, LAKE OF THE OZARKS, SPRINGFIELD AND JOPLIN. OUT OF STATE AREAS COVERED INCLUDE:

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

Employer identification number

43-0652643

FORM 990, PART III - PROGRAM SERVICE

WESTERN KY (PADUCAH) AND SOUTHERN IL (CARBONDALE, MAKANDA, BENTON, BELLEVILLE, EDWARDSVILLE).

### SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

43-0652643

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WOMEN'S AUXILIARY FOUNDATION JEWISH AGED					
12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	GRANTS	MO	-151,704.	694,721.	JFSL
(2)					
_(3)	_				
(4)	-				
<u>(5)</u>					
/0\					
<u>(6)</u>	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) LUBIN-GREEN FOUNDATION 43-6049332							
12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	SUPPORT ORG	MO	501(C)(3)	12A	JFSL	Х	
(2) THE KRANZBERG FOUNDATION 20-4920260							
12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	SUPPORT ORG	MO	501(C)(3)	12A	JFSL	Х	
(3) STAENBERG FAMILY FOUNDATION 20-2055339							
12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	SUPPORT ORG	MO	501(C)(3)	12A	JFSL	Х	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disproportionate allocations? Code V amount in of Sched (Form		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V - UBI General managir of Schedule K-1 partner		(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

<i></i>				<u> </u>			
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1) REMAINDER TRUSTS (10)							
	TRUST INVESTMENT	MO	N/A	T			
(2)	_						
(3)	_						
(4)	_						
(5)							
(6)							
(7)							

43-0652643

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

Not	e: 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 organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		_X_		
	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
					4.				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х			
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
0	Sharing of paid employees with related organization(s)				10		X		
-	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
					4		3.7		
r	Other transfer of cash or property to related organization(s)				1r		X		
2	Other transfer of cash or property from related organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cove	ared relationships and trans	action thre	1s		_ <u>X</u>		
	(a)	(b)	(c)		(d)	J.			
	Name of related organization	Transaction	Amount involved	Method	of dete		ıg		
		type (a - s)		amou	ınt invo	olved			
(1)	LUBIN GREEN FOUNDATION	С	590,000.	CASH					
` ,			2,2,000.	321011					
(2)	STAENBERG FAMILY FOUNDATION	C	224,000.	CASH					
· ,			===,000:						

10,300. KRANZBERG FAMILY FOUNDATION С CASH

(4)

(5) (6)

Schedule R (Form 990) 2022

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

# **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

	2023 Estimated Tax	Α	
	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2022 FORM 990-T		
	Required Annual Payment (Smaller of lines B or C)	D	
	Income tax withheld (if applicable)		
	Balance (As rounded to the nearest multiple of		18,000.

Record of Estimated Tax Payments											
Payment number	(a) Date	(b) Amount	(c) 2022 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))							
1	04/18/2023	NONE	3,029.	3,029.							
2	06/15/2023	9,000.	3,029.	12,029.							
3	09/15/2023	9,000.	3,029.	12,029.							
4	12/15/2023	NONE	3,028.	3,028.							
Total		18,000.	12,115.	30,115.							

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning 01/01, 2022, and ending 12/31, 2022 Open to Public Inspection for 501(c)(3) Organizations Only Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( address changed. JEWISH FEDERATION OF ST. LOUIS 43-0652643 **Print** Group exemption number **B** Exempt under section Number, street, and room or suite no. If a P.O. box, see instructions. (see instructions) or X 501(C)(3) 12 MILLSTONE CAMPUS DRIVE **Type** City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) Check box it ST. LOUIS, MO 63146 408A 530(a) an amended return. Book value of all assets at end of year 529A 145406633 529(a) G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of Telephone number 314-442-3747 BRIAN HERSTIG 12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146 Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 157,959. 1 2 157,959. 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) . . . . . . . . . . . . SEE STATEMENT 1 . . 4 15,796. 142,163 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 6 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 142,163. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . . . . 8 1,000. Trusts, Section 199A deduction. See instructions. 9 9 1,000. 10 Total deductions. Add lines 8 and 9 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 141,163. Part | Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . . . . . . . 29,644 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041). 2 3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5

6

Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . . . . . .

For Paperwork Reduction Act Notice, see instructions.

29,644

Form **990-T** (2022)

6

7

Part	<b>:</b>	Tax and Payments							
1a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	1a					
b	Other c	redits (see instructions)		1b					
С	Genera	business credit. Attach Form 3800 (see instruc	tions)	1c					
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	1d					
е	Total cr	edits. Add lines 1a through 1d				. 1e			
2	Subtrac	t line 1e from Part II, line 7				. 2	2	9,6	<u>44.</u>
3	Other an		orm 8611 Form 8697 F						
			nt)			. 3			
		x. Add lines 2 and 3 (see instructions).							
		1294. Enter tax amount here				. 4	2	9,6	<u>44.</u>
		net 965 tax liability paid from Form 965-A, Part	1		i e				
		its: A 2021 overpayment credited to 2022		6a	2,759				
		stimated tax payments. Check if section 643(g)	—	6b	NON	_			
		osited with Form 8868.		6c	39,000	-			
	_	organizations: Tax paid or withheld at source (s	· · · · · · · · · · · · · · · · · · ·	6d		_			
		withholding (see instructions)	F	6e		_			
		or small employer health insurance premiums (a		6f		_			
g		redits, adjustments, and payments: Form 24	139 Total	6~					
7		ayments. Add lines 6a through 6g		6g		7	/	1,7	E 0
		ed tax penalty (see instructions). Check if Form				8		: <b>.</b> , /	<u> </u>
		a. If line 7 is smaller than the total of lines 4, 5,				-' <del> </del>			
		yment. If line 7 is larger than the total of lines 4, 5,				· <del></del>	1	2,1	15
11	-	e amount of line 10 you want: Credited to 2023 estim				<u> </u>		<u>.                                    </u>	<del></del>
Par		Statements Regarding Certain A							
		time during the 2022 calendar year, did					authority	Yes	No
	•	financial account (bank, securities, or oth	•		-		•		
		Form 114, Report of Foreign Bank and			=				
	here	,							X
2	During	the tax year, did the organization receive a	distribution from, or was it the	e gran	ntor of, or transferor t	o, a fore	eign trust?		X
	If "Yes,	see instructions for other forms the organizatio	n may have to file.						
3	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year		\$				
4	Enter a	vailable pre-2018 NOL carryovers here \$	NONE . Do not inclu	ude ar	ny post-2017 NOL carry	over			
	shown	on Schedule A (Form 990-T). Don't red	uce the NOL carryover sho	own	here by any deduc	tion rep	orted on		
	Part I, Ii	ne 6.							
		17 NOL carryovers. Enter the Business /	•	•	•	rs. Don	t reduce		
	the amo	ounts shown below by any NOL claimed on any		ne tax					
		Business Activity Code	1		Available post-2017	NOL cari	ryover		
		523000		-   5 —	101,418.				
				-   <del>•</del> —					
				-  s —					
6a	Did the	organization change its method of accounting?	(see instructions)						Χ
		is "Yes," has the organization described	,						21
		in Part V	•						
Part	V	Supplemental Information							
Provid	de the ex	planation required by Part IV, line 6b. Also, prov	ide any other additional informa	ation. S	See instructions.				
	helie	er penalties of perjury, I declare that I have examined of, it is true, correct, and complete. Declaration of prepare						nowled	ge and
Sign	)	,	1		· · · ·		IRS discuss	this r	eturn
Here			<u> </u>		١	vith the	preparer s	hown b	elow
	Sigr	eature of officer	Date Title			see instructi	ions)? X Y	es	No
Paid		Print/Type preparer's name	Preparer's signature		Oate	eck LLL if			
Prep		TROY A LINDSEY		_   1		f-employed			7
Use		Firm's name FORVIS, LLP				n's EIN	44-016		
JSA		Firm's address 211 N. BROADWAY, S	UITE 600, ST. LOUIS	5, M	O 63102-27 Pho	ne no. 31	<u> </u>		(0005:
	1.000						Form 9	30-I	(2022)

4393NL K927 11/14/2023 14:03:52 V22-7.7F 1172931

$F \cap PM$	990-T	PAGE	1	PART	Т	T.TNF.	4	$DET\DeltaTI$ .


		CASH CO	ONTRIBUTION	CASH	CONTRIBUTION
CONTRIBUTION	DEDUCTION	(CURI	RENT YEAR)		(ACCRUAL)
CURRENT YEAR	CHARITABLE	CONTRI	21,564,329.		

SUBTOTAL CHARITABLE CONTRIBUTIONS	21,564,329.
TOTAL CHARITABLE CONTRIBUTIONS	21,564,329.
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	157,959.
CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%)	15,796.

=========

# **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Open to Public Inspection for

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	al Revenue Service			, , , ,		3) Organizations Only		
A Na	ame of the organization			B Employer ide	entificat	ion number		
JEWISH FEDERATION OF ST. LOUIS 43-0						3-0652643		
<b>C</b> Ur	related business activity code (see instructions) 523000			<b>D</b> Sequence:	1	of 1		
E De	escribe the unrelated trade or business PASSIVE INCOME FRO	OM PA	ARTNERSHIP	INVESTMENTS				
Pai	Unrelated Trade or Business Income		(A) Income	(B) Exper	ises	(C) Net		
1a	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a	61	66.		666.		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) SEE. STATEMENT. 1	5	271,91	L7.		271,917.		
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	272,58			272,583.		
Pai			nitations on de	ductions. Dedu	ctions r	nust be		
	directly connected with the unrelated business incom				Τ.			
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages				2			
3	Repairs and maintenance				3			
4	Bad debts				4			
5	Interest (attach statement). See instructions				5	12 206		
6	Taxes and licenses		1 1		6	13,206.		
7	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return				8b			
8 9	Depletion				9			
9 10	Contributions to deferred compensation plans				10			
11	Employee benefit programs				11			
12	Excess exempt expenses (Part VIII)				12			
13	Excess readership costs (Part IX)				13			
14	Other deductions (attach statement)				14			
15	Total deductions. Add lines 1 through 14				15	13,206.		
16	Unrelated business income before net operating loss deduction					15,200:		
	column (C)				16	259,377.		
17	Deduction for net operating loss. See instructions				17	101,418.		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

17

157,959.

Schedule A (Form 990-T) 2022

	Ile A (Form 990-1) 2022				Page Z
Par	Cost of Goods Sold	Enter method of inven	tory valuation		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to				? Yes No
	Rent Income (From Real Property				
1	Description of property (property street address,				
	A	,			
	В —				
	c				
	D -				
	<u> </u>	Α	В	С	D
_	Rent received or accrued	7			
2					
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D [				
3	Total rents received or accrued. Add line 2c c	olumns A through D. Er	iter here and on Part I,	, line 6, column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I, line 6, column (B)		
<u></u> Par		,			
1	Description of debt-financed property (street add	ress, city, state, ZIP code)	. Check if a dual-use. Se	e instructions.	
	Α				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	76	70	70	70
8	Total gross income (add line 7, columns A through	igh D) Enter here and an	Part Lline 7 column (A)		
0	i otal gross income (add line 7, columns A throt	יט הוופו וופופ and on	raiti, iiiie /, columin (A),		
	Allocable deductions Multiply line On health				
9	Allocable deductions. Multiply line 3c by line 6	mno A through D Figure	r hard and an Dart !	line 7 column (D)	
10	Total allocable deductions. Add line 9, column				
11	Total dividends - received deductions included i				

Schedule A (Form 990-T) 2022 Page **3** 

Part VI Interest,	Annuities. R	ovaltie	s. and Rents	s fro	m Controlled Organi	izations (see instructions)		- rage o		
,										
Name of controlled organization	<b>2.</b> Emplidentific numb	ation	3. Net unrelated income (loss) (see instructions)		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with ncome in column 5		
(1)										
(2)										
(3)										
(4)										
	'	<u> </u>	Nonexe	mpt	Controlled Organization	ns	1			
7. Taxable income	е	incon	unrelated ne (loss) structions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		. Deductions directly connected with come in column 10		
(1)										
(2)										
(3)										
(4)										
	·					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		ld columns 6 and 11. ter here and on Part I, line 8, column (B)		
Totals						1				
				(7),	(9), or (17) Organiza 3. Deductions	4. Set-asides		i. Total deductions		
1. Description of inco	ome	Z. Amoui	2. Amount of income		directly connected (attach statement)	(attach statement)				
(1)										
(2)										
(3)										
(4)										
		Enter here	nts in column 2. and on Part I, column (A)					amounts in column 5. ter here and on Part I, line 9, column (B)		
Totals										
	•		ncome, Othe	er Tr	nan Advertising Inco	me (see instructions)				
1 Description of exp										
						art I, line 10, column (A)	2			
3 Expenses directly	Expenses directly connected with production of unrelated business income. Enter here and on Part I,									
,	line 10, column (B)						3			
4 Net income (los	s) from unrel	lated tra	de or busines	s. S	ubtract line 3 from line	e 2. If a gain, complete				
lines 5 through 7							4			
5 Gross income from	om activity that	is not uni	related business	inco	me		5			
6 Expenses attribut	table to income	entered	on line 5				6			
7 Excess exempt example 7	expenses. Sub	tract line	e 5 from line	6, t	out do not enter more	than the amount on line				
4. Enter here and	4. Enter here and on Part II, line 12									

Schedule A (Form 990-T) 2022

Page 4 Schedule A (Form 990-T) 2022

Par	rt IX Advertising Income					
1	Name(s) of periodical(s). Check box if r	eporting	two or more periodicals o	n a consolidated ba	asis.	
	A					
	В					
	c					
	D	: 4b				
nter	amounts for each periodical listed above	in the co				
		-	Α	В	С	D
2	Gross advertising income	[				
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column (A)			· ·
		_				
3	Direct advertising costs by periodical .					
а	Add columns A through D. Enter here a					
			( )-			
4	Advertising gain (loss). Subtract line 3 fr	om line				
-						
	2. For any column in line 4 showing	-				
	complete lines 5 through 8. For any col					
	line 4 showing a loss or zero, do not co					
	lines 5 through 7, and enter zero on line	Г				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is les	ss than				
	line 5, subtract line 6 from line 5. If line 5	5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed	Ī				
•	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7	-				
	•			0 1 1		
а	Add line 8, columns A through D.		-			on
	Part II, line 13					• •
Par	rt X Compensation of Officers,	Direct	ors, and Trustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	i. Name		Z. Tille			
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
· ,					70	
Tota	II. Enter here and on Part II, line 1					
	rt XI Supplemental Information					
rai	Supplemental information	(see in	structions)			

# SCHEDULE A: PASSIVE INCOME - PARTNERSHIP INVESTMENTS

### INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	:==========	=========	========
	SHARE OF GROSS INCOME	-	GAIN OR (LOSS)
O DIM DENI ACCERCIT			
Q-BLK REAL ASSETS II	FO 060		FO 060
(20-4552399)	59,860.		59,860.
NORTHGATE PRIVATE EQUITY PARTNERS II	10 057		10 057
(43-0652643)	19,957.		19,957.
VIA ENERGY III, LP	14 610		1 4 610
(41-2282342)	-14,612.		-14,612.
VENTURE INVESTMENT ASSOCIATES VI			
(20-5196244)	-1,943.		-1,943.
FALCON STRATEGIC PARTNERS IV			
(37-1700706)	64,734.		64,734.
FALCON STRATEGIC PARTNERS V			
(47-4102851)	-17,161.		-17,161.
CHRP VII-A			
(36-4853392)	2,797.		2,797.
LAKESTAR III			
(98-1473139)	-1,455.		-1,455.
WCP REAL ESTATE FUND III			
(27-4591086)	159,740.		159,740.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		271,917.
		==:	========

78 STATEMENT 1

### **SCHEDULE D** (Form 1120)

**Capital Gains and Losses** 

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

OMB No. 1545-0123

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1120 for instructions and the latest information.

Name					Employ	er identificat	ion number
JEWISH FEDERATION OF ST. LOU	JIS				4	3-06526	543
Did the corporation dispose of any investment If "Yes," attach Form 8949 and see its instruc						Yes	_X No
Part I Short-Term Capital Gains and I	Losses - A	Assets Held O	ne Year or Less				
See instructions for how to figure the amounts to enter of the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment or loss from Fo 8949, Part I, lir column (g)	rm(s)	column (d)	(loss) clumn (e) from and combine with column (g)
1a Totals for all short-term transactions reported on Fo 1099-B for which basis was reported to the IRS and which you have no adjustments (see instructions). F if you choose to report all these transactions on For leave this line blank and go to line 1b	d for However, m 8949,			osa (g)			( <del>g</del> )
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked							
Totals for all transactions reported on Form(s) 8949     with Box B checked							
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked							194.
4 Short-term capital gain from installment sale	es from Forn	n 6252, line 26 or 3	37		. 4		
5 Short-term capital gain or (loss) from like-kin	nd exchanges	s from Form 8824			. 5		
6 Unused capital loss carryover (attach comput	tation)				. 6	(	)
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gains and I					. 7		194.
See instructions for how to figure the amounts to enter or				(g) Adjustment	s to gain	(h) Gain or	(loss)
the lines below.  This form may be easier to complete if you round off cents whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Fo 8949, Part II, li column (g)	rm(s)	Subtract co	olumn (e) from and combine with column (g)
8a Totals for all long-term transactions reported on For 1099-B for which basis was reported to the IRS and which you have no adjustments (see instructions). Fif you choose to report all these transactions on For leave this line blank and go to line 8b	d for However, m 8949,			Column (g)		the result v	van column (g)
8b Totals for all transactions reported on Form(s) 8949							
with Box D checked							
9 Totals for all transactions reported on Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on Form(s) 8949 with Box F checked							472.
11 Enter gain from Form 4797, line 7 or 9					. 11		
12 Long-term capital gain from installment sale	es from Form	n 6252, line 26 or 3	7		. 12		
13 Long-term capital gain or (loss) from like-kind	d exchanges	from Form 8824			. 13		
14 Capital gain distributions (see instructions)					. 14		
15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and II	e lines 8a th	rough 14 in columr	nh		. 15		472.
16 Enter excess of net short-term capital gain (	(line 7) over	net long-term capit	al loss (line 15)		16		194.
17 Net capital gain. Enter excess of net long-te	rm capital g	gain (line 15) over n	et short-term capital lo	ss (line 7)	. 17		472.
18 Add lines 16 and 17. Enter here and on For	m 1120, pa	ge 1, line 8, or the	applicable line on other	r returns	. 18		666.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

JSA 2E1801 1.000 4393NL K927 11/14/2023 14:03:52 V22-7.7F 1172931

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Name(s) shown on return  Social security number or taxpayer identification						ion number		
JEWISH FEDERATION	43-	-0652643						
Before you check Bo statement will have broker and may ever	the same informati	ion as Form 109	-	. ,		. , ,		
	<b>Ferm.</b> Transactions). For long				1 year or less	are genera	lly short-term (s	see
reporte	ed to the IRS a	and for which	n no adjustn	nents or codes	are required	. Enter the to	nowing basis wa otals directly or (see instruction	1
You <i>must</i> check B complete a separa for one or more of	te Form 8949,	page 1, for ea	ach applicab	le box. If you ha	ve more short-	term transac		
(B) Short-term		eported on F	orm(s) 1099-	-B showing basis -B showing basis m 1099-B	•	`	e <b>Note</b> above)	
1 (a)		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (
(Evample: 100	h VV7 Col	(Mo dov vr)	disposed of	(sales price)	(o)	1 40		Ifrom column (d) ar

(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
VIA ENERGY III, LP	VARIOUS	12/31/2022					194.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abo	tal here and inc	lude on your					
above is checked), or <b>line 3</b> (if <b>Box C</b>							194.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
JEWISH FEDERATION OF ST. LOUIS	43-0652643

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds S	Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or lose If you enter an amount in column (context) enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.) (Mo	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).
Q-BLK REAL ASSSETS II, LP	VARIOUS	12/31/2022					16.
NORTHGATE PRIVATE EQUITY PARTN	VARIOUS	12/31/2022					707.
LAKESTAR III	VARIOUS	12/31/2022					-251.
Totals. Add the amounts in columns negative amounts). Enter each total							

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

JSA 2X2616 1.000

above is checked), or line 10 (if Box F above is checked) . . .

# Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2022Jurisdiction:FederalName:JEWISH FEDERATIONNo of Attachments:1

Return No: E4393NL2

PDF Attachment Description	PDF File Name	File Size
Schedule I Attachment	E4393NL2_FE_Schedule I Attachment.pdf	108,536
NOL Carryforward Schedule	E4393NL2_FE-990T_NOL Carryforward Schedule.pdf	64,902

Schedule i Attachment					
Name of Organization	EIN		Amount of Cash	Address MO 001014 0105	Purpose of Grant
Agudas Israel of St. Louis  American Friends of Bat Melech	43-1298887 45-1587425	501(C) (3) 501(C) (3)		Rabbi Menachem Greenblatt8202 Delmar Blvd Saint Louis MO 63124-2105 144 Enclave BlvdLakewood, NJ 8701 Lakewood NJ 08701	General Support General Support
American Friends of Hand in Hand	93-1269590	501(C) (3) 501(C) (3)	1	P O Box 80102 Portland OR 97280	General Support
American Friends of Leket Israel	20-8202424	501(C) (3)	1	P O Box 2090Teaneck, NJ 7666 Teaneck NJ 07666	General Support
American Jewish Committee - STL	13-5563393	501(C) (3)	1	7751 Carondelet Ave. Suite 501 Saint Louis MO 63105-3369	General Support
American Jewish Joint Distribution Comm  American Parkinson Disease Association	13-1656634 13-1962771	501(C) (3) 501(C) (3)	1	220 E 42nd St, Ste 400 New York NY 10017 1415 Elbridge Payne Rd Ste 150 Chesterfield MO 63017-8539	General Support General Support
Anti-Defamation League STL	13-1818723	501(C) (3) 501(C) (3)		222 South Meramec AveSuite 301 Saint Louis MO 63105	General Support
Arch Grants	27-4875945	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	2315 Locust St, Ste 2B St. Louis MO 63103-1516	General Support
Arts & Education Council	43-0790672	501(C) (3)		3547 Olive St Saint Louis MO 63103-1014	General Support
Associated Engineered Sys Backstoppers	43-6032561	501(C) (3) 501(C) (3)		625 Hazelvalley Dr Hazelwood MO 63042 PO Box 795168 Saint Louis MO 63179-0700	General Support General Support
Bais Abraham Congregation	43-0032301	501(C) (3) 501(C) (3)	1	6910 Delmar Saint Louis MO 63130-4316	General Support
Barnes-Jewish Hospital Foundation	43-1648435	501(C) (3)		Attn: Susan EllMail Stop 84-84-1001001 Highlands Plaza Dr W. Ste 140 Saint Louis MO 63110-1339	General Support
BBYO International	31-1794932	501(C) (3)		800 Eigth St, NW Washington DC 20001	General Support
Beth Hamedrosh Hagodol U City Shul Beth Shalom Congregation-IL	43-0767631 36-2661150	501(C) (3) 501(C) (3)	· · · · · · · · · · · · · · · · · · ·	700 North & South Rd Saint Louis MO 63130 3433 Walters Ave Northbrook IL 60062	General Support General Support
BioSTL	45-2137574	501(C) (3) 501(C) (3)	1	4340 Duncan Ave Ste 100 Saint Louis MO 63110	General Support
Birthright Israel Foundation	13-4092050	501(C) (3)	1	PO Box 21615 New York NY 10087-1615	General Support
B'nai Amoona Congregation	43-0706846	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	324 S. Mason Road Saint Louis MO 63141-8029	General Support
Brandeis University Bryn Mawr College	04-2103552	501(C) (3) 501(C) (3)	· · · · · · · · · · · · · · · · · · ·	Office of Student Financial ServicesUsdan Student Center120 MS 027 - 415 South Street Waltham MA 02453 Attn: Controller/Student Accountns101 North Merion Bryn Mawr PA 19010	General Support General Support
Camp For All Kids Foundation	43-1739511	501(C) (3) 501(C) (3)		P.O. Box 50194 Saint Louis MO 63105	General Support
Carleton College	41-0694747	501(C) (3)		1 North College Street Northfield MN 55057-4001	General Support
Central Reform Congregation	43-1336060	501(C) (3)		5020 Waterman Saint Louis MO 63108-1102	General Support
Chabad at MU Inc Chabad Jewish Center of St. Charles	45-3816717 84-2790924	501(C) (3) 501(C) (3)	1	313 E Brandon Rd Columbia MO 65203 705 Oak Grove Bluffs Ct Saint Charles MO 63304-5005	General Support General Support
Chabad of Greater St. Louis	43-1287764	501(C) (3) 501(C) (3)	1	Rabbi Yosef Landa8124 Delmar Saint Louis MO 63130	General Support
Chabad on Campus	34-2049857	501(C) (3)		Attn: Hershey Novack7018 Forsyth Blvd Saint Louis MO 63105	General Support
Congregation Shaare Emeth	43-0662466	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	11645 Ladue Road Saint Louis MO 63141	General Support
Cornell University Covenant Place Foundation	15-0532082 43-1365901	501(C) (3) 501(C) (3)	1	PO Box 753 Ithaca NY 14851 Attn: Joan Denison8 Millstone Campus Dr, Ste 200 Saint Louis MO 63146	General Support General Support
Crossroads College Preparatory School	23-7363267	501(C) (3) 501(C) (3)		Son Denisone Milistone Campus Dr, Ste 200 Saint Louis MO 63146   500 DeBaliviere Saint Louis MO 63112	General Support
Crown Center for Senior Living	43-1695861	501(C) (3)	119,877	8350 Delcrest Drive Saint Louis MO 63124-2166	General Support
Cultural Leadership	20-1269305	501(C) (3)		P O Box 63125 Saint Louis MO 63163	General Support
Derech Etz Chaim Epstein Hebrew Academy	31-1547551 43-6001158	501(C) (3) 501(C) (3)		1142 Tiffany Lane Lakewood NJ 8701 8645 Old Bonhomme Rd Saint Louis MO 63132	General Support General Support
Esther Miller Bais Yaakov	43-1819166	501(C) (3) 501(C) (3)	· · · · · · · · · · · · · · · · · · ·	700 North & South Saint Louis MO 63130	General Support
Forest Park Forever, Inc.	43-1427062	501(C) (3)	1	5595 Grand Drive in Forest Park Saint Louis MO 63112-1095	General Support
Friends of the Israel Movement for Progressive Judaism		501(C) (3)		for Progressive Judaism211 S Spalding Dr #403S Beverly Hills CA 90212	General Support
Hebrew Union College	31-0537067 43-6065763	501(C) (3)		Jewish Institute of Religion3101 Clifton Ave. Cincinnati OH 45220-2488 6300 Forsyth Blvd Saint Louis MO 63105-2315	General Support General Support
Hillel at Washington University Hillel International	52-1844823	501(C) (3) 501(C) (3)		800 8th St, NW Washington DC 20001-3724	General Support
Hillel the Fdn for Jewish Campus Life	43-1600778	501(C) (3)		1107 University Ave Columbia MO 65201	General Support
Jewish Agency for Israel (JAFI)	23-0053483	501(C) (3)		633 Third Ave, 21st Floor New York NY 10017	General Support
Jewish Community Centers Association	13-5599486	501(C) (3)		520 Eighth Ave., 4th Floor New York NY 10018	General Support
Jewish Community Center-STL  Jewish Community Relations Council	43-0681477 20-5631988	501(C) (3) 501(C) (3)		2 Millstone Campus Dr. Saint Louis MO 63146 12 Millstone Campus Dr. Saint Louis MO 63146-5776	General Support General Support
Jewish Council for Public Affairs	13-1624104	501(C) (3)		25 Broadway, Ste. 1700 New York NY 10004	General Support
Jewish Family Services	43-0790330	501(C) (3)		10950 Schuetz Road Saint Louis MO 63146	General Support
Jewish Federation of Greater Naples	59-2151725	501(C) (3)		2500 Vanderbilt Beach DrSuite 2201 Naples FL 34109	General Support
Jewish Federations of North America Jewish Student Union	13-1624240 13-5623717	501(C) (3) 501(C) (3)		25 Broadway, Suite 1700 New York NY 10004-1010 Attn: Rabbi Michael Rovinsky8645 Old Bonhomme Rd Saint Louis MO 63132-3901	General Support General Support
JNC STL Inc / Jewish Neighborhood Center	82-2032280	501(C) (3)		4200 Blaine Ave Saint Louis MO 63110	General Support
John Burroughs School	43-0652619	501(C) (3)		755 S Price Rd Saint Louis MO 63124-9986	General Support
Judaic Sacred Music Foundation	47-1054520	501(C) (3)		1019 S Corning St Los Angeles CA 90035-2003	General Support
Kol Rinah League of Women Voters	90-1003729 53-0239013	501(C) (3) 501(C) (3)		7701 Maryland Ave Saint Louis MO 63105-3816 Education Fund1730 M St, NW, Suite 1000 Washington DC 20036	General Support General Support
Lift For Life Gym	20-8185890	501(C) (3)		1415 Cass Ave St. Louis MO 63106	General Support
Magic House	51-0138441	501(C) (3)		Elizabeth Hartman516 S. Kirkwood Road Saint Louis MO 63122	General Support
Managing Partners, Inc.	40.0050000	501(C) (3)		P O Box 3992 Stowe VT 05672	General Support
Mary Institute/Country Day School  Maryville University	43-0653366 43-0653369	501(C) (3) 501(C) (3)		101 North Warson Rd Saint Louis MO 63124-1326 Attn: Peggy Michelson650 Maryville University Dr Saint Louis MO 63141	General Support General Support
Maryville University Hillel	43-0653369	501(C) (3)		Attn: Erin Schreiber650 Maryville University Dr Saint Louis MO 63141	General Support
Mentors 4 College	81-2919031	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	12584 Villa Hill Ln Saint Louis MO 63141	General Support
MERS/ Missouri Goodwill Industries	43-0652657	501(C) (3)	1	1727 Locust St Saint Louis MO 63103	General Support
Mlami University Missouri Baptist Healthcare Foundation	43-1472026	501(C) (3) 501(C) (3)		Room 123 Nellie Craig Walker Hall301 S. Campus Ave. Oxford OH 45056 Attn: Foundation Office3015 N. Ballas Road Saint Louis MO 63131-9988	General Support General Support
Missouri Botanical Garden	43-0666759	501(C) (3)		P.O. Box 299 Saint Louis MO 63166-9870	General Support
Missouri Torah Institute	20-8392331	501(C) (3)		1809 Clarkson Rd Chesterfield MO 63017	General Support
Missouri University of Science & Tech	42 0700000	501(C) (3)		G-1 Parker Hall300 W 13th Street Rolla MO 65409	General Support
National Council of Jewish Women-STL Next Dor	43-0722936 80-0594269	501(C) (3) 501(C) (3)		295 N Lindbergh Blvd Saint Louis MO 63141-7809 5062 Waterman Saint Louis MO 63108	General Support General Support
Nine Network for Public Media	43-0685345	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	3655 Olive St. Saint Louis MO 63108-9984	General Support
PEF Israel Endowment Funds Inc	13-6104086	501(C) (3)	127,198	630 Third AveSte 1501 New York NY 10017	General Support
Planned Parenthood Fed America Planned Parenthood of STL	13-1644147 43-0652666	501(C) (3) 501(C) (3)		P O Box 97166 Washington DC 20077-7543 4251 Forest Park Ave Saint Louis MO 63108-9939	General Support General Support
Purdue University	35-6002041	501(C) (3) 501(C) (3)	1	Division of Financial Aid475 Stadium Mall DriveSchleman Hall Room 305 Lafayette IN 47907-2050	General Support
Rabbinical Assembly of America	13-1663324	501(C) (3)	8,000	3080 Broadway New York NY 10027	General Support
Saint Louis Public Radio	20-2460152	501(C) (3)		Attn: Dan Seymour3651 Olive St Saint Louis MO 63108-3601	General Support
Salanter Akiba Riverdale Academy Saul Mirowitz Jewish Community School	13-2646185 43-1772004	501(C) (3) 501(C) (3)	1	655 W 254th St Riverdale NY 10471 348 S Mason Road Saint Louis MO 63141-8029	General Support General Support
Scholarship Foundation of St. Louis	43-1772004	501(C) (3) 501(C) (3)		6825 Clayton Ave Ste 100 Saint Louis MO 63139-3737	General Support
Shaare Emeth Congregation	43-0662466	501(C) (3)	7,411	11645 Ladue Road Saint Louis MO 63141	General Support
Shalom Hartman Institute of N. America	13-3014387	501(C) (3)	· · · · · · · · · · · · · · · · · · ·	475 Riverside Dr Ste 1450 New York NY 10015	General Support
Shir Hadash Reconstructionist Community Southern New Hampshire University	20-3463256 02-0274509	501(C) (3) 501(C) (3)	1	PO BOX 16171 Saint Louis MO 63105-0871 2500 North River Road Manchester NH 03106	General Support General Support
St. Louis Community Foundation	43-1758789	501(C) (3) 501(C) (3)	1	2 Oak Knoll Park Saint Louis MO 63105	General Support
St. Louis Jewish Light	43-0965860	501(C) (3)	90,817	PO Box 78369 Saint Louis MO 63178-8369	General Support
St. Louis University	43-1594954	501(C) (3)		8200 Delmar Blvd Saint Louis MO 63124-2105	General Support
St. Louis University St. Louis Zoo	43-1727309	501(C) (3) 501(C) (3)		Financial Aid Office1 North Grand BlvdDubourg Hall, Rm 119 Saint Louis MO 63147  1 Government Dr. Saint Louis MO 63110-1332	General Support General Support
Starlings Volleyball, USA	33-0749769	501(C) (3)	1	5857 Owens Ave Ste 300 Carlsbad CA 92008-5507	General Support
Team Impact	45-1837673	501(C) (3)	6,180	500 Victory Road Quincy MA 02171	General Support
Temple Beth Am	95-1656370	501(C) (3)		1039 S La Cienega Blvd Los Angeles CA 90035-2507	General Support
Temple Emanuel - STL Temple Israel Congregation	43-6015404 43-0653290	501(C) (3) 501(C) (3)		12166 Conway Rd. Saint Louis MO 63141-8271 1 Rabbi Alvan D Rubin Dr Saint Louis MO 63141-7670	General Support General Support
TOP Jewish Foundation	59-2053655	501(C) (3)	1	13009 Community Campus Dr Tampa FL 33625	General Support
Torah Prep School	43-0887584	501(C) (3)	262,032	609 North & South Rd Saint Louis MO 63130	General Support
U. City Shul	43-0767631	501(C) (3)		Rabbi Menachem Tendler700 North & South Saint Louis MO 63130	General Support
United Hebrew Congregation-STL United Way of Greater St. Louis	43-0743415 43-0714167	501(C) (3) 501(C) (3)		13788 Conway Rd. Saint Louis MO 63141-7236 910 North 11th Street Saint Louis MO 63101-1018	General Support General Support
University of Kansas	48-0547734	501(C) (3)	1	Financial Aid Office1502 Iowa St Lawrence KS 66045-7576	General Support
University of Missouri - St. Louis	43-6100211	501(C) (3)	10,000	Cashier's Office-Advancement (MC780)7 Millennium Student Center1 University Blvd Saint Louis MO 63121-9704	General Support
University of Missouri-Columbia		501(C) (3)		Financial Aid Office11 Jesse Hall Columbia MO 65211-1600	General Support
University of Tampa Upstream Theater	75-3151973	501(C) (3) 501(C) (3)		401 W. Kennedy BlvdBox E Tampa FL 33606-1490 P O Box 300006 Saint Louis MO 63130	General Support General Support
Washington University	43-0653611	501(C) (3)	1	Campus Box 1210One Brookings Drive Saint Louis MO 63130-4899	General Support
		,			

Willow Landscaping Yeshiva University Young Israel of Saint Louis 13-1624225 | 501(C) (3) 43-0824829 | 501(C) (3) 6,750 ATTN: Ted Bergman11793 Missouri Bottom Rd Hazelwood MO 63042
12,680 Office of Student Affairs Tuition/FeesP O Box 9478 New York NY 10087-9478
28,736 8101 Delmar Blvd Saint Louis MO 63130-3729

General Support General Support General Support

**Total Number of Organizations** 

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# 2022 Form 990-T NOL Carryforward Schedule

Year NOL was Generated	Amount	Amount Utilized in Prior Years	Amount Utilized in Current Year	Carryforward to 2022
2013	79,034	79,034	-	-
2016	101,272	101,272	-	-
2017	29,905	29,905	-	-
2018	219,107	207,440	11,667	-
2019	89,751	-	89,751	-
Total	519,069	417,651	101,418	-