

### **Public Disclosure Copy**

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

#### 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. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website 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.

### **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. 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.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

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

### **PUBLIC DISCLOSURE COPY**

Form **990** 

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

OMB No. 1545-0047

2023

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	For the 2	2023 calend	dar year, or tax year beginning		2023, and end	ina			, 20		
В	Check if a		C Name of organization JEWISH F			9		D Employe	er identification	number	
	Address of		Doing business as					D Linploy	43-0652643	Hamboi	
H			Number and street (or P.O. box if	mail is not delivered to street as	ldross)	Room/su	uito	<b>E</b> Telephor			
H	Name cha Initial retu	·	12 MILLSTONE CAMPUS DRIV		lui ess)	110011/30	iite	•	314) 442-0020	ı	
H		n/terminated	City or town, state or province, co		codo			(	314) 442 0020		
$\vdash$			ST. LOUIS, MO 63146	unitry, and zir or loreign postar	code			G Gross re	ceinte \$ 65	5,310,432	
$\vdash$	Amended		F Name and address of principal office	PORERT NEWMARK		ш	a) lo thio o aro	G Gross receipts \$ 65,310,432 group return for subordinates? ☐ Yes ✓ No			
ш	Applicatio	n pending	SAME AS C ABOVE	Cer. ROBERT REWINNIER		1		subordinates included? Yes No			
_	Tax-exem	nt etatue:	✓ 501(c)(3) 501(c) (	) (insert no.) 4947	a)(1) or 527	—	•		See instructions		
÷		<u> </u>	EDSTL.ORG	) (Insert 110.) 4547	a)(1) 01 321					-	
<u></u>			Corporation Trust Associat	ion Other	L Year of form		<b>c)</b> Group ex 1947		legal domicile:	MO	
	art I			ion Other	L Year of for	nation:	1947	M State of	legal domicile:	IVIO	
		Summa	r <b>y</b> cribe the organization's missi	on or most significant so	tivities, DDE		NID ENILIA	NICE IEM	/ICLLLIEF IN		
a)	I				tivities: PRES	SERVE F		ANCE JEV	VIOR LIFE IN		
ğ	-	51. LOUIS,	IN ISRAEL, AND AROUND THE	WORLD.							
ı,	0 -	Chaal thia	boy Diftho organization di	acontinued its energian	dianaaad	of more		0/ of ito			
OVE			box if the organization di		-			1 1	iei asseis.	20	
Ğ	I		voting members of the gover	• • •	•			3		32	
Se			independent voting members			-		4		32	
Ě			per of individuals employed in					5		91	
Activities & Governance	I		per of volunteers (estimate if r	• •				6		514	
⋖			ated business revenue from F					7a		107,667	
	1 d	vet unrelat	ed business taxable income	irom Form 990-1, Part I,	iine II	<del></del>		7b	0	94,046	
ine	, ,	`antributio	Prior Year		Current Yo						
	I		ons and grants (Part VIII, line 1					03,237	10	5,077,983	
Revenue		_	ervice revenue (Part VIII, line 2			-		99,965		874,619	
æ			income (Part VIII, column (A)	-				65,018		2,051,018	
	I		nue (Part VIII, column (A), line	11,088	4.0	218,941					
			ue—add lines 8 through 11 (m	•	<del> </del>	+		79,308		0,222,561	
			l similar amounts paid (Part I)	55,329	10	0,620,187					
				d to or for members (Part IX, column (A), line 4) er compensation, employee benefits (Part IX, column (A), lines 5–10) 4,20							
ses							4,2	03,911		5,209,314	
Expenses	I		al fundraising fees (Part IX, co					0		0	
Ä			aising expenses (Part IX, colu		2,375,742		0.4	07.005		700 704	
		-	enses (Part IX, column (A), line					97,235		5,039,781	
		-	nses. Add lines 13–17 (must e			-		56,475		0,869,282	
	19 F	Revenue ie	ess expenses. Subtract line 18	3 from line 12				7,167)	•	,646,721)	
Net Assets or Fund Balances	00 -	F-4-14	or (Doot V. Born 40)			Beginn	ing of Curre		End of Ye		
Sse	20		s (Part X, line 16)					06,633		1,426,604	
let A	21		ties (Part X, line 26)			-		96,365		5,784,011	
2 [	22 1 art II		or fund balances. Subtract li	ne 21 from line 20 .			99,6	10,268	107	7,642,593	
_			re Block								
			I declare that I have examined this red. Declaration of preparer (other than						knowledge and	belief, it is	
		·					1				
Sig	nn	Signature	of officer				Date				
He	- 1	3		NI.			Date	7			
П	16		HARP, VP FINANCE AND ADMII int name and title	N							
				Duonavar'a alamatuwa (**		Data			DTIN		
Pa	id		preparer's name	Preparer's signature		Date 11/12	/2024	Check self-employ	if PTIN	0574	
Pr	eparer		I HANKINS	,,,,		1 1/ 12			10120		
Us	e Only	Firm's nan	· · · · · · · · · · · · · · · · · · ·	E 000 OT LOUIS MO 004	20.0700		Firm's		44-016026		
<u> </u>	v the ID	Firm's add		E 600, ST. LOUIS, MO 6310			Phone	no.	(314) 231-5		
_			his return with the preparer s	<del></del>						No No	
ror	raperwe	ork Reduct	ion Act Notice, see the separat	e instructions.	Cat.	No. 1128	2Y		Form \$	990 (2023)	

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

### **Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filling of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

		equired to file an income tax return other than F n extension of time to file income tax returns.	orm 990-T	(including 1120-C filers), partnershi	ps, REMICs	s, and	trusts must use Form
Part I	— Iden	tification					
Type o	"	me of exempt organization, employer, or other f WISH FEDERATION OF ST. LOUIS	filer, see ins	tructions.	Taxpayer id		cation number (TIN) 0652643
File by th	for 12	mber, street, and room or suite no. If a P.O. box	k, see instru	ctions.			
return. Sinstruction	ee Cit	ry, town or post office, state, and ZIP code. For Γ. LOUIS, MO 63146	a foreign ad	dress, see instructions.			
Enter 1	the Retur	n Code for the return that this application is	s for (file a	separate application for each re	eturn) .		0 1
Appli	ication Is	For	Return Code	Application Is For			Return Code
Form	990 or F	orm 990-EZ	01	Form 4720 (other than individu	ual)		09
Form	4720 (in	dividual)	03	Form 5227	,		10
Form	990-PF	,	04	Form 6069			11
Form	990-T (s	ec. 401(a) or 408(a) trust)	05	Form 8870			12
Form	990-T (tr	rust other than above)	06	Form 5330 (individual)			13
Form	990-T (c	orporation)	07	Form 5330 (other than individu	ual)		14
Form	1041-A		08				
• If this	o file Forr s applica Plan N Plan N Plan Y	tion is for an extension of time to file Form lame lumber ear Ending (MM/DD/YYYY)	5330, you 	must enter the following inform	nation		y lot all extension of
		comatic Extension of Time To File for					
		e in the care of MINDY SHARP, 12 MILLST					
		(314) 432-0020	Fax	No. ►			
• If this for the	s is for a whole gr	tion does not have an office or place of bu Group Return, enter the organization's four roup, check this box ▶ ☐ . If it ames and TINs of all members the extension	r digit Grou t is for part	ıp Exemption Number (GEN) _			If this is
1	the orga  ▶ ☑ cal	t an automatic 6-month extension of time unization named above. The extension is for endar year 2023 or	r the organ	ization's return for:			
		year beginning			_		, 20
2	_	year entered in line 1 is for less than 12 m ge in accounting period	onths, che	eck reason:	_ Final ret	urn	
3a		pplication is for Forms 990-PF, 990-T, 4ndable credits. See instructions.	1720, or 6	069, enter the tentative tax, I	less any	3a	\$
b		pplication is for Forms 990-PF, 990-T, 4 d tax payments made. Include any prior ye			dits and	3b	<b>\$</b>
С	Balance	e due. Subtract line 3b from line 3a. Inclu TPS (Electronic Federal Tax Payment Syst	ude your p	payment with this form, if requ	uired, by	3c	
Caution		re going to make an electronic funds withdrawal			453-TE and		

43-0652643

Form 8868 (Rev. 1-2024)

art	II — Extension of Time To File Form 5330 (see instructions)		
1	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due da	te of	Form 5330.
а	Enter the Code section(s) imposing the tax.		I
b	Enter the payment amount attached.	1b	\$
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	
2	State in detail why you need the extension.		
	enalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and correct this application.	nplete,	and that I am author
anat	ure Date		

Form **8868** (Rev. 1-2024)

Part	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.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured be 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.
<b>4</b> a	(Code: ) (Expenses \$ 11,535,349 including grants of \$ 10,620,187 ) (Revenue \$ 0 ) 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 2023, COMMUNITY IMPACT SUPPORTED 59 LOCAL PARTNERS, 27 ISRAEL AND OVERSEES PARTNERS, AND 6 NATIONAL PARTNERS.
4b	(Code: ) (Expenses \$ 3,275,127 including grants of \$ 0 ) (Revenue \$ 874,619 )  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  (CONTINUED ON SCHEDULE O)
4c	(CONTINUED ON SCHEDULE O)  (Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		·
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	_	
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		_
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	_	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<b>&gt;</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	~	
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	<b>'</b>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	<b>\</b>	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		<b>/</b>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		<b>&gt;</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	<b>✓</b>	·
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		·
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	<b>'</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		٧
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		٧
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		٧
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		>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

Part	V 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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	\ \	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
_	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		V
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			
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%	25b		V
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
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).	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		~
	complete Schedule N, Part II	32		~
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	~	
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	\ \ \	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
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	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   53			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
	reportable gaming (gambling) winnings to prize winners?	1c	<b>'</b>	

5

Form 990 (2023)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a			162	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 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	~	
4a	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		~
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h		
7		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7-		
		7a 7b		~
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
С	required to file Form 8282?	7-		~
لم		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
O	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		~
9		0		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:	9D		
а	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	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.)			
12a	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   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
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		~
	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		~
	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.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 32 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 32 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . 13 ~ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a 15b 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 arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 books and records. BRIAN HERSTIG, 12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146, (314) 442-3747

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

				((	C)						
(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	ition more	e than o is both or/trust	n an	(D)  Reportable compensation from the	<b>(E)</b> 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	40.0										
PRESIDENT/CEO	2.0			~				308,452	0	31,092	
(2) LAURENCE GAST	40.0										
VP OF DEVELOPMENT	2.0			~				174,998	0	18,275	
(3) MELINDA SHARP	40.0										
VP OF FINANCE AND ADMIN	2.0			~				155,219	0	12,961	
(4) KAREN SHER	40.0										
VP OF COMMUNITY IMPACT	0.0					~		148,338	0	15,849	
(5) SCOTT BIONDO	40.0										
DIRECTOR - COMMUNITY SECURITY	0.0					~		114,570	0	13,821	
(6) AMANDA MILLER	40.0										
VP OF COMMUNICATIONS	0.0					~		117,507	0	10,790	
(7) EMILY BORNSTEIN	40.0										
CHIEF OF STAFF	0.0					~		103,214	0	16,166	
(8) BEN CHERRY	5.0										
VICE CHAIR	0.0	~		~				0	0	0	
(9) BURT GARLAND	5.0										
VICE CHAIR	0.0	~		~				0	0	0	
(10) CRAIG ROSENTHAL	5.0										
VICE CHAIR	0.0	~		~				0	0	0	
(11) DALIA OPPENHEIMER	5.0										
CO-CHAIR	0.0	~		~				0	0	0	
(12) FELICIA MALTER	5.0										
VICE CHAIR	0.0	~		~				0	0	0	
(13) GREG YAWITZ	10.0										
PAST CHAIR	0.0	~		~				0	0	0	
(14) JOHN GREENBERG	5.0										
CO-CHAIR	0.0	~		~				0	0	0	

Form **990** (2023)

Part VII Section A. Officers, Directors, 7	Trustees,	Key I	Emp	olo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (d	contir	nued)
(C)												
(A)	(B)				ition			(D)	(E)		(F)	
Name and title	Average	,				e than o is both		Reportable	Reportable	Estima	ted am	ount
	hours					าร มิบแ or/trust		compensation	compensation		f other	
	per week			_	_		<u> </u>	from the	from related		pensati	on
	(list any hours for	함	Institutional	Officer	ey e	nple mple	Former	organization (W-2/ 1099-MISC/	organizations (W-2, 1099-MISC/		om the	and
	related	dua	l ti	4	ğ	st c	<u> </u>	1099-NEC)	1099-NEC)	related of		
	organizations	7 5	nal i		Key employee	ı öğ						
	below dotted line)	Individual trustee or director	trustee		ď	) Den:						
		Φ	tee			Highest compensated employee						
(45) JONATHAN DELITOOLI	5.0					۵				+		
(15) JONATHAN DEUTSCH VICE CHAIR	5.0			,				0				0
	0.0	~		~				0	0	+		0
(16) ROBERT NEWMARK	5.0											0
BOARD CHAIR	0.0	~		~				0	0	+		0
(17) SUE SCHLICHTER	5.0			١,								•
VICE CHAIR	0.0	~		~				0	0	<del> </del>		0
(18) TOBY WARTICOVSCHI	5.0											
VICE CHAIR	0.0	~		~				0	0	─		0
(19) AVIVA RASKAS	5.0											
AT LARGE DIRECTOR	0.0	~						0	0	↓		0
(20) CATHY GOLDSTICKER	5.0											
AT LARGE DIRECTOR	0.0	~						0	0			0
(21) DAFNA REVAH	5.0											
AT LARGE DIRECTOR	0.0	~						0	0			0
(22) DAN FRIEDMAN	5.0											
AT LARGE DIRECTOR	0.0	~						0	0			0
(23) DONN RUBIN	5.0											
AT LARGE DIRECTOR	0.0	~						0	0			0
(24) EMILY STEIN MACDONALD	5.0											
AT LARGE DIRECTOR	0.0	~						0	0			0
(25) (SEE STATEMENT)												,
1b Subtotal								1,122,298	0		11	8,954
c Total from continuation sheets to Part	VII, Sectio	n A						0	0			0
d Total (add lines 1b and 1c)								1,122,298	0		11	8,954
2 Total number of individuals (including but							e) w	ho received mor	e than \$100,000	of		
reportable compensation from the organi	ization							7				
											Yes	No
3 Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	ey e	mpl	loyee, or highes	st compensated	t l		
employee on line 1a? If "Yes," complete							•		•	3		~
4 For any individual listed on line 1a, is the	sum of re	porta	ble (	con	npei	nsatio	n a	nd other compe	nsation from the			
organization and related organizations												
individual										4	~	
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	, un	related organizat	tion or individua	_		
for services rendered to the organization										5		./
Section B. Independent Contractors								<b>,</b>				
1 Complete this table for your five high	nest comp	ensat	ed	inde	anei	ndent	CC	ontractors that r	eceived more	than \$	100.00	00 of
compensation from the organization. Rep												
							. , .					
(A) Name and business address								(B) Description of serv	vices	(C) Compens	ation	
NONE South Control of the Control of												
NONE												
2 Total number of independent sections	vo (in alel:.	20 b.	ı <b>+</b> ∽	ot '	lim:4	od +-	. 41-	agg ligted at a	a) who			
2 Total number of independent contractor received more than \$100,000 of compens						eu to	, tn		e) who			
received more man \$100,000 or compens	auon nom	u ie Oľ	yan	ı∠dl	IUII			0			000	

\_\_\_\_ Page **9** 

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		🗆
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ທ໌ ທ	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ي ق	С	Fundraising events			1c					
rts,	d	Related organization			1d	898,000				
	е	Government grants			1e					
JS,	f	All other contribution								
ë j		and similar amounts no			1f	15,179,983				
E E	g	Noncash contribution	ons in	cluded in		., .,				
	•	lines 1a-1f			1g	\$ 2,428,742				
an Co	h	Total. Add lines 1a-	-1f .		<del></del> _		16,077,983			
						Business Code	-,- ,			
e S	2a	COMMUNITY DEVEL	.OPMI	ENT		900099	874,619	874,619		
Program Service Revenue	b							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
gram Ser Revenue	C									
E è	d									
gra Re	e									
ro L	f	All other program se					0	0	0	0
-	g	<b>Total.</b> Add lines 2a-					874,619			
	3	Investment income					- ,			
		other similar amoun	•	-			581,131		106,854	474,277
	4	Income from investn	nent o	of tax-exem	nd tar	nd proceeds	,		,	
	5	D 111								
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	4	9,536					
	b	Less: rental expenses	6b		-,					
	C	Rental income or (loss)	6c	4	9,536	0				
	d	Net rental income o		-1			49,536			49,536
	7a	Gross amount from	(.55.	(i) Securit		(ii) Other	10,000			,
		sales of assets		.,						
		other than inventory <b>7a</b>		47,55	7,758	0				
o l	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	46,08	7.871	0				
) Se	С	Gain or (loss)	7c	<b>+</b>	9,887	0				
_	d						1,469,887		813	1,469,074
Other		Gross income from					,,			,,-
ŏ	ou	events (not including		riaraioirig						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expense			8b					
	C	Net income or (loss)				nts				
	9a	Gross income f			Ĭ					
		activities. See Part I	V, lin	e 19 .	9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)	from	n gaming ac	ctivitie	es				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)				ory				
<u>o</u>		· ,				Business Code				
e jon	11a	OTHER INCOME				900099	169,405			169,405
Miscellaneous Revenue	b									
e e e e e e e e e e e e e e e e e e e	С									
isc P	d	All other revenue					0	0	0	0
Σ	е	Total. Add lines 11a	<u>a</u> _11c	<u>i.</u>			169,405			
	12	Total revenue See					19 222 561	874 619	107 667	2 162 292

### 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 response or note to any line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21 .	8,950,387	8,950,387								
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,669,800	1,669,800								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	700,997	337,883	181,119	181,995						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	3,522,594	1,691,806	889,863	940,925						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	323,540	173,845	99,626	50,069						
9	Other employee benefits	360,146	174,089	115,777	70,280						
10	Payroll taxes	302,037	144,973	78,678	78,386						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	20,429		20,429							
С	Accounting	114,047		114,047							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column										
g	(A), amount, list line 11g expenses on Schedule O.) .	020 220	202.440	200 545	050.077						
10	· · · · · · · · · · · · · · · · · · ·	930,338	393,146	286,515	250,677						
12 13	Advertising and promotion	235,867 156,717	58,018 37,533	95,244 84,984	82,605 34,200						
14	Office expenses	192,626	71,119	76,159	45,348						
15	Royalties	192,020	71,119	70,139	45,346						
16	Occupancy	385,926	86,378	257,920	41,628						
17	Travel	31,187	17,519	11,124	2,544						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	01,101	17,010	11,124	2,044						
19	Conferences, conventions, and meetings .	461,163	124,249	62,125	274,789						
20	Interest	479,396	107,298	320,388	51,710						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	809,722	203,655	489,865	116,202						
23	Insurance	150,629	60,291	49,566	40,772						
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.)										
		540.454	100.010	204 452	50.700						
a	SUBSCRIPTIONS AND DUES	519,151	163,919	301,452	53,780						
b	MISSIONS	167,244	164,453	690	2,101						
Q C	BAD DEBT EXPENSE AWARDS AND GRANTS	109,454 140,429	24,498 132,828	73,150 6,434	11,806						
d		135,456	132,828	67,909	44,758						
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	20,869,282	14,810,476	3,683,064	2,375,742						
26	<b>Joint costs.</b> Complete this line only if the	20,009,202	14,010,470	3,003,004	2,373,742						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				- 202						
					Form <b>990</b> (2023)						

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### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	209,378	1	2,333,540
	2	Savings and temporary cash investments	3,675,678	2	6,556,584
	3	Pledges and grants receivable, net	13,248,822	3	9,858,046
	4	Accounts receivable, net	125,335	4	477,180
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 359	%		
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		_	0
<b>'</b> 0	7		0	6 7	0
Assets		Notes and loans receivable, net	0	8	
1SS	8 9		183,529	9	231,008
	9 10a	Prepaid expenses and deterred charges	163,529	9	231,006
	ioa	basis. Complete Part VI of Schedule D 10a 26,585,2	52		
	b	Less: accumulated depreciation 10b 7,111,8		10c	19,473,354
	11	Investments—publicly traded securities	77,447,678	11	82,910,832
	12	Investments—other securities. See Part IV, line 11	30,836,291	12	32,586,060
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	145,406,633	16	154,426,604
	17	Accounts payable and accrued expenses	11,815,686	17	9,864,344
	18	Grants payable	153,519	18	78,519
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	28,968,098	21	29,867,177
Liabilities	22	Loans and other payables to any current or former officer, directo trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	2,132,429	24	4,383,083
	25	Other liabilities (including federal income tax, payables to related thir parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D	2,726,633	25	2,590,888
	26	Total liabilities. Add lines 17 through 25	45,796,365	26	46,784,011
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	48,289,175	27	54,517,510
B	28	Net assets with donor restrictions	51,321,093	28	53,125,083
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
μĀ	32	Total net assets or fund balances	99,610,268	32	107,642,593
Š	33	Total liabilities and net assets/fund balances	145,406,633	33	154,426,604
_			, , , , , , , , , , , , , , , , , , , ,	_	Form <b>990</b> (2023)

Form **990** (2023)

Page **12** 

Part	XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19,22	2,561
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,869,282		9,282	
3	Revenue less expenses. Subtract line 2 from line 1	3			(1,646	,721)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,610,268		0,268	
5	Net unrealized gains (losses) on investments					
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			34	0,945
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1	07,64	2,593
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		I			
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpıaın	on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	itea o	n a			
	Separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orciah	t of			
C	the audit, review, or compilation of its financial statements and selection of an independent account			2c	/	
	If the organization changed either its oversight process or selection process during the tax year, e			20	•	
	Schedule O.	λριαιιι				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
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 a	audits		3b		

Form **990** (2023)

(A) Name and Title	(B) Average hours per week (list any hours for related	(Check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) JIM DEUTSCH	5.0	1						0	0	0
AT LARGE DIRECTOR	0.0	•						Ü		ŏ
(26) JOE PERELES	5.0	1						0	0	0
AT LARGE DIRECTOR	0.0	•						· ·		0
(27) LESLIE YOFFIE	5.0	/						0	0	0
AT LARGE DIRECTOR	0.0	•						U	0	O
(28) MELANIE WINOGRAD	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	•						0	0	0
(29) MONT LEVY	5.0	/						0	0	0
AT LARGE DIRECTOR	0.0	٧						0	0	0
(30) NEIL JAFFE	5.0	/						0	0	0
AT LARGE DIRECTOR	0.0	٧						0	0	0
(31) RABBI JANINE SCHLOSS	5.0	/						0	0	
AT LARGE DIRECTOR	0.0	•						0	0	0
(32) RACHEL THIMANGU	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	٧						U	0	0
(33) ROB WASSERMAN	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	٧						U	0	0
(34) SHERRY SHUMAN	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	٧						0	0	0
(35) SHIRA BERKOWITZ	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	٧						U	0	0
(36) STEPHANIE GROSS	5.0	./						0	0	0
AT LARGE DIRECTOR	0.0	٧						U	0	0
(37) TIM STERN	5.0	/						0	0	0
AT LARGE DIRECTOR	0.0	•						U	0	0
(38) TODD SIWAK	5.0	1						0	0	0
AT LARGE DIRECTOR	0.0	•						U	0	0
(39) VICKI SINGER	5.0	1						0	0	0
AT LARGE DIRECTOR	0.0	•						ı	0	0

## SCHEDULE A (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service

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

Employer identification number Name of the organization JEWISH FEDERATION OF ST. LOUIS 43-0652643 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33<sup>1</sup>/<sub>8</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B)

0

(C)

(D)

(E)
Total

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 15,703,237 19.500.107 17,412,465 15.758.759 16.077.983 84,452,551 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 **Total.** Add lines 1 through 3 19.500.107 17.412.465 15.758.759 15.703.237 16.077.983 4 84.452.551 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) . . . . 3,303,441 **Public support.** Subtract line 5 from line 4 81,149,110 Section B. Total Support **(b)** 2020 (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (c) 2021 (f) Total 15,703,237 7 19,500,107 17,412,465 15,758,759 16,077,983 Amounts from line 4 . . . . . . 84,452,551 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 798,503 223,384 143,979 4,609 523,813 1,694,288 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 0 50.860 141.163 94.046 286,069 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 119,780 169,405 110,176 73,137 98,128 570,626 87,003,534 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 1.100.562 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 93.27 % Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 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.)

Secti	on A. Public Support	411401 1110 10	010 110104 2011	on, piedee et	ompioto i ait	,	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(*)		(3)		(1)	
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 7a	<b>Total.</b> Add lines 1 through 5 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 8	Add lines 7a and 7b						
Secti	on B. Total Support		•		•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	s first, second		-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2023 (line 8	, ,,,	•	, ,,,			%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (			-			<u>%</u>
18	Investment income percentage from 2022						% and line
19a	33 <sup>1</sup> /3% support tests—2023. If the organ 17 is not more than 33 <sup>1</sup> /3%, check this box						
h	33 <sup>1</sup> /3% support tests—2022. If the organiz	_	_	-		_	_
b	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . $\Box$

Schedule A (Form 990) 2023 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.)

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	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 <b>Part VI</b> .	6		
7	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	6		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	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).	8		
9a	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 <b>Part VI</b> .	9a		
b	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 <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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.	10a		
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.)	10b		

Schedule A (Form 990) 2023 Page 5

				ugo 🗨
Part	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		
	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,			
0 1:	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		<b>V</b>	NI -
			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.			
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? <i>If "Yes," explain in Part</i>			
	VI 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	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			
	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?	_		
0		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				
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 i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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 "Yes" or "No," provide details in <b>Part VI</b>.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	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		
Sec	tion 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-functional	allv i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 2023

Excess from 2022 . . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Page 8

Part VI	<b>Supplemental Information.</b> 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.)

### Part VI

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.)

Return Reference - Identifier				Explanation			
SCHEDULE A, PART II,	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
LINE 10 - OTHER INCOME	(1) MISCELLANE OUS INCOME	110,176	119,780	73,137	98,128	169,405	570,626
	Total	110,176	119,780	73,137	98,128	169,405	570,626

## Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

**2023** 

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JEWISH FEDERATION OF ST. LOUIS

Cranization type (check one):

Employer identification number

43-0652643

Cigarination type (oriest ories).						
Filers of	:	Section:				
Form 990	0 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization				
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		☐ 527 political organization				
Form 990	0-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 <b>General Rule</b> or a <b>Special Rule</b> .				
Note: Or instruction		, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
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 I	Rules					
	regulations under set 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (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.					
	contributor, during the contributions totaled during the year for an <b>General Rule</b> applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions ore during the year				

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

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization
JEWISH FEDERATION OF ST. LOUIS

Employer identification number

43-0652643
------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 600,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 375,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$ 375,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Employer identification number

43-0652643

Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional spac	ce is needed.
(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
		   \$	
(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
		   \$	
(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
		   \$	

Schedule B (Form 990) (2023)

Name of organization

JEWISH FEDERATION OF ST. LOUIS

43-0652643

Part III	Exclusively	relia
JEWISH	FEDERATION OF	51. LC

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

	Use duplicate copies of Part III if addi	tional space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, and	3 ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	,	(e) Transfer of	gift	
	Transferee's name, address, and	d ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and			nship of transferor to transferee

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** JEWISH FEDERATION OF ST. LOUIS 43-0652643 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 Yes If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4) (5) (6)

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

Cat. No. 50084S

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page **2** 

Pa	art II-A Complete if the organization i section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	tion under
Α	Check ☐ if the filing organization belongs to EIN, expenses, and share of excess	an affiliated group (and list in Part IV each affiliates s lobbying expenditures).	ed group member's	name, address,
В	Check ☐ if the filing organization checked bo	ox A and "limited control" provisions apply.		
	Limits on Lobbyi		(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals
1	1a Total lobbying expenditures to influence pu	ublic 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 a	and 1b)	74,400	
	<b>d</b> Other exempt purpose expenditures		20,794,882	
	e Total exempt purpose expenditures (add li	nes 1c and 1d)	20,869,282	
	, <u> </u>	e 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	s, enter -0	0	
	i Subtract line 1f from line 1c. If zero or less	, enter -0	0	
	j If there is an amount other than zero or	n either line 1h or line 1i, did the organization	file Form 4720	
	reporting section 4911 tax for this year? .		L	Yes No
	4-Year	Averaging Period Under Section 501(h)	·	
	(Some organizations that made a section	on 501(h) election do not have to complete all	of the five columns	below.

(Some organizations that made a section 501(n) election do not have to complete all of the five columns below See the separate instructions for lines 2a through 2f.)

	Lobbyi	ng Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	( <b>c)</b> 2022	(d) 2023	(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	111,084	67,400	74,400	74,400	327,284
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	0	0	0		0

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Mailings to members, legislators, or the public? . . . . . Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? . . . . . . . . Direct contact with legislators, their staffs, government officials, or a legislative body? . . . Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . Other activities? j 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? . . . **b** If "Yes," enter the amount of any tax incurred under section 4912 . . . . . . . . . . . . . . . c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . . . . . . . . . . . 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 Taxable amount of lobbying and political expenditures. See instructions . . . . . . . . . . . . **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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.

OMB No. 1545-0047
20**23** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
<b>JEWIS</b>	SH FEDERATION OF ST. LOUIS		43-0652643
Par	Organizations Maintaining Donor Advi Complete if the organization answered "		ds or Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	192	
2	Aggregate value of contributions to (during year) .	1,729,831	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	e organization's exclusive legal contro	l?
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or fo	or any other purpose
Par	t II Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	☐ Preservation of land for public use (for example, recre	ation or education) $\square$ Preservation of	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<b>2</b> a
b	Total acreage restricted by conservation easements	8	<b>2</b> b
С	Number of conservation easements on a certified hi	istoric structure included on line 2a .	<b>2</b> c
d	Number of conservation easements included on line	e 2c acquired after July 25, 2006, and	J not
	on a historic structure listed in the National Register	r	· ·   2d
3	Number of conservation easements modified, transtax year	sferred, released, extinguished, or terr	ninated by the organization during the
4 5	Number of states where property subject to consend Does the organization have a written policy reguiolations, and enforcement of the conservation easily	arding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspec	eting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c sheet, and include, if applicable, the text of the foot organization's accounting for conservation easement	onservation easements in its revenue note to the organization's financial sta	and expense statement and balance
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets
1a			ue statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$ 280,856
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar ASB ASC 958 relating to these items.	assets for financial gain, provide the
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$ \$

Schedule D (Form 990) 2023

Part	Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).		ner records, che	ck any of th	e follow	ving that make si	gnificant use of its
а	Public exhibition		d 🗌 Loar	n or exchang	e progr	ram	
b	Scholarly research		e 🗌 Othe	er			
С	Preservation for future generations						
4	Provide a description of the organiza XIII.	tion's collections a	and explain how	they further	the org	janization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						r □ Yes 🗹 No
Part	IV Escrow and Custodial Arra	angements					
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on Form 990,	Part IV, line	e 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?		-				t ☐ Yes 🗹 No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following	table.			
						An	nount
С	Beginning balance				1c	;	
d	Additions during the year				1d	1	
е	Distributions during the year				1e	•	
f	Ending balance				1f		
2a	Did the organization include an amount					-	
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanati	on has been	provide	ed in Part XIII .	<u>v</u>
Par							
	Complete if the organization						1
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Four years back
1a	Beginning of year balance	109,809,978	144,792,38	_	643,492	114,460,823	<del> </del>
b	Contributions	4,407,261	7,541,40	5,4	126,541	3,433,064	3,139,719
С	Net investment earnings, gains, and	40.075.404	(40.074.470			45 557 070	40.007.400
	losses	12,275,194	(18,874,470		104,133	15,557,873	
d	Grants or scholarships	3,606,436	23,306,60	4 2,6	81,780	2,808,268	2,695,545
е	Other expenditures for facilities and programs		342,73	4	0	0	0
f	Administrative expenses			0	0	0	-
g	End of year balance	122,885,997	109,809,97	-	792,386	130,643,492	
2	Provide the estimated percentage of t						114,400,020
a	Board designated or quasi-endowmen	-	•	g, coluini (c	ijj Held i	u3.	
b	Permanent endowment 20.50		v				
c	Term endowment 17.00 %						
•	The percentages on lines 2a, 2b, and	2c should equal 10	00%.				
3a	Are there endowment funds not in the			hat are held	and ad	ministered for the	)
	organization by:	•	· ·				Yes No
	(i) Unrelated organizations?						3a(i) 🗸
	(ii) Related organizations?						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on S	Schedule R?			3b
4	Describe in Part XIII the intended uses	of the organization	n's endowment	funds.			
Part	, , , , , , , , , , , , , , , , , , , ,						
	Complete if the organization	answered "Yes"	' on Form 990,	Part IV, lin	e 11a.	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or oth		t or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	502,114			502,114
b	Buildings		0	3,765,768		1,026,784	2,738,984
C	Leasehold improvements		0	0		0	0
d	Equipment		0	22,317,370		6,085,114	16,232,256
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n		00, Part X, line 1	0c, column (	B))		19,473,354

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Fo  (a) Description of security or category	(b) Book value		nod of valuation:
(including name of security)	(b) Book value		of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CSV OF LIFE INSURANCE	952,558	END OF YEAR MA	
(B) OTHER (C) PRIVATE EQUITY	824,647	END OF YEAR MA	
(D) PRIVATE EQUITY (D) PRIVATE DEBT	-	END OF YEAR MA	
(E) ABSOLUTE RETURN STRATEGIES	1,540,839		
(F) REAL ESTATE	15,178,480		
(G) COMMODITIES	4,373,149		
(H)	-		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	32,586,060		
Part VIII Investments – Program Related	•		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book value	` '	nod of valuation:
		Cost or end-	-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	-		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			e Form 990, Part X,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities			e Form 990, Part X,
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Fo			e Form 990, Part X,
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS			<b>(b)</b> Book value
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities  Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES (5)			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES (5) (6)			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES (5) (6) (7)			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES (5) (6) (7) (8)			<b>(b)</b> Book value  1,346,492 1,180,577
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.  1. (a) Description of liability (1) Federal income taxes (2) SPLIT INTEREST OBLIGATIONS (3) ACCRUED PENSION LIABILITY (4) DUE TO AFFILIATES (5) (6) (7) (8) (9)		e 11e or 11f. See	

Schedule D (Form 990) 2023 Page **4** 

ı aı t	XI Reconciliation of Revenue per Audited Financial Stateme			Return	
	Complete if the organization answered "Yes" on Form 990, F		V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	28,648,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	١.			
а	Net unrealized gains (losses) on investments	2a	9,338,101	-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	87,343		
е	Add lines 2a through 2d			2e	9,425,444
3	Subtract line <b>2e</b> from line <b>1</b>			3	19,222,561
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
С				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	19,222,561
Part				er Returi	n
	Complete if the organization answered "Yes" on Form 990, F	⊃art l	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	20,869,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0	-	
e	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	20,869,282
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ			-,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0	-	
C	Add lines <b>4a</b> and <b>4b</b>	- 110		4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	20,869,282
	XIII Supplemental Information	,			20,000,202
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4· P	art IV lines 1b and 2b	· Part V I	ine 4: Part X line
	: XI. lines 2d and 4b: and Part XII. lines 2d and 4b. Also complete this part :	to pro		iomialior	١.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro		iomatior	1.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part of TATEMENT	to pro			ı. 
		to pro			1. 
		to pro			
		to pro			
		to pro			
					1. 
					n.
					). 
		to pro			n.

### Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE	(a) Description	(b) Amount
2(D) - OTHER REVENUES IN AUDITED FINANCIAL	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	87,342
STATEMENTS NOT IN FORM	ROUNDING	1
990		

### Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	ART AND HISTORICAL TREASURES ARE USED FOR DISPLAY AT FEDERATION.
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	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 - INTENDED USES OF ENDOWMENT FUNDS	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.
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	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 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

	of the organization					Employer id	lentification number
	ISH FEDERATION OF ST. LOUIS						3-0652643
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the orga	ınization ar	nswered "Yes" or
2	For grantmakers. Does the other assistance, the grante award the grants or assistan  For grantmakers. Describe outside the United States.	ees' eligibility ce?	for the gran	ts or assistance, and the s	selection criteria	used to	☑ Yes ☐ No
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	led.)	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, of	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	PASS THROUGH	GRANTS	
(2)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING	PASS THROUGH	GRANTS	
(3)	MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS			3,751,231
(4)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS			38,003,860
(5)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS			3,303,450
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							45,058,541
3a	Subtotal	0	0				45,058,541

0

0

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0

45,058,541

Total from continuation

sheets to Part I . . . .

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2023 Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) MIDDLE EAST AND SEE PART V CHECK/WIRE **NORTH AFRICA** 1,669,800 (1) (2) (3) (4) (5) (6) (7) (8)(9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2023 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)	✓ 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	✓ 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	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2023

### 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); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
3 - METHOD ÚSED TÓ ACCOUNT FOR	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA -ACCRUAL

# 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.

2023

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.

lame of the organization							Employer ider	ntification number	
JEWISH FEDERATION OF ST. LOUIS								43-0652643	
Part I General Information	on Grants an	d Assistance							
1 Does the organization maintai the selection criteria used to a					grantees' eligibility fo				
2 Describe in Part IV the organiz	zation's proced	ures for monitoring	the use of grant fu	nds in the United	States.				
Part II Grants and Other Ass Part IV, line 21, for any	sistance to D recipient that	omestic Organia t received more t	zations and Don han \$5,000. Part	nestic Governm Il can be duplica	<b>ents.</b> Complete if ated if additional s	the organization the contraction that the contract the co	n answered	d "Yes" on Form 99	<del>)</del> 0
1 (a) Name and address of organization or government	<b>(b)</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 on noncash assistan		(h) Purpose of grant or assistance	
(1) (SEE STATEMENT)	N/A		8,950,387				SE	E ATTACHED SCHEDU	LE
(2)									
(3)									
(4)									
(5)									_
(6)									
(7)									
(8)									_
(9)									_
(10)									
(11)									
(12)									_
	F04(-)(0)		Aliana liaka di la 41	: 4 4ab!-				400	_
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other or</li></ul>								126 0	

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
V Supplemental Information. Prov	vide the information r	aguired in Part I li	ine 2: Part III. colum	n (b): and any other addition	anal information

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	ALL BENEFICIARY ORGANIZATIONS WHICH RECEIVE GRANTS MADE THROUGH FEDERATION'S ALLOCATION PROGRAM HAVE A TRI-ANNUAL ORGANIZATION REVIEW. THIS INCLUDES A FINANCIAL AND ADMINISTRATIVE REVIEW OF THE ORGANIZATION AND, IF APPLICABLE, A PROGRAMMATIC REVIEW AS WELL. FOR GRANTS MADE THROUGH FEDERATION'S DONOR ADVISED FUNDS, ALL GRANTEES' 501(C)(3) STATUS IN GOOD STANDING IS CONFIRMED. FEDERATION MONITORS THE USE OF GRANT FUNDS AWARD TO INDIVIDUALS IN THE UNITED STATES BY REQUIRING ALL GRANTEES TO SUBMIT ANNUAL PROGRESS REPORTS THAT INCLUDE INFORMATION ON NUMBER OF CLIENTS SERVED, DOLLARS SPENT, EVALUATION RESULTS, PLANS FOR THE COMING YEAR, AND SUBSTAINABILITY EFFORTS. IF THE PROGRESS REPORTS ARE NOT SATISFACTORY, FEDERATION STAFF MEET WITH THE GRANTEE STAFF AND/OR MAKE SITE VISITS TO SEE THE PROGRAM IN ACTION.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SEE ATTACHED SCHEDULE  12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146

#### **SCHEDULE J** (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH FEDERATION OF ST. LOUIS

Employer identification number 43-0652643

Part	Questions Regarding Compensation			
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.		Yes	No
	First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees  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 explain	1b	v	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	v	
3	Indicate which, if any, of the following the organization used to establish the compensation of the 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.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  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:			
a b c	Receive a severance payment or change-of-control payment?	4a 4b 4c		\( \times \)
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 compensation contingent on the revenues of:			
a b	The organization?	5a 5b		\( \times \)
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:			
a b	The organization?	6a 6b		\( \sigma \)
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		v
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		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2023

#### 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 ar	nd/or 1099-MISC and/or 1	099-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)	308,452	0	0	14,654	16,438	339,544	0	
1 PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0	
LAURENCE GAST	(i)	174,998	0	0	804	17,471	193,273	0	
2 VP OF DEVELOPMENT	(ii)	0	0	0	0	0	0	0	
MELINDA SHARP	(i)	155,219	0	0	3,435	9,526	168,180	0	
3 VP OF FINANCE AND ADMIN	(ii)	0	0	0	0	0	0	0	
KAREN SHER	(i)	148,338	0	0	4,450	11,399	164,187	0	
4 VP OF COMMUNITY IMPACT	(ii)	0	0	0	0	0	0	0	
	(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)								

Schedule J (Form 990) 2023

# Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
1A - HEALTH OR SOCIAL CLUB DUES OR	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**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

ation. Inspection
Employer identification number

JEWIS	SH FEDERATION OF ST. LOUIS					43-065264	43	
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method o		
1 2 3 4 5	Art—Works of art				,			
6 7 8 9 10 11	goods	· ·	96		2,428,742	MARKET VA	LUE	
12 13	or trust interests							
14	Qualified conservation contribution—Other							
15 16 17 18 19	Real estate—Residential Real estate—Commercial Real estate—Other Collectibles Food inventory							
20 21 22 23 24	Drugs and medical supplies Taxidermy							
25 26 27 28	Other () Other () Other ()							
29	Number of Forms 8283 received which the organization completed					29	0	
30a	During the year, did the organizate 28, that it must hold for at least 3 used for exempt purposes for the	years from	the date of the initial contr		ch isn't req	uired to be	30a	es No
b 31		gift accep					31 "	
32a	Does the organization hire or use contributions?	-	ies or related organization				32a	~
ь 33	If "Yes," describe in Part II.  If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which c	column (a) i	is checked,		

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
	SECURITIES - PUBLICLY TRADED - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN B.

# SCHEDULE O (Form 990)

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the Organization
JEWISH FEDERATION OF ST. LOUIS

Employer Identification Number 43-0652643

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	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 501(C)(3) ORGANIZATION ON NOVEMBER 16, 2022. THE ST. LOUIS KAPLAN FELDMAN HOLOCAUST MUSEUM CONTINUES IN ITS EXEMPT PURPOSES OF BEING 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.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	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 2023, 700 PROFESSIONALS WERE WORKING AT LOCAL JEWISH ORGANIZATIONS; ALMOST HALF OF THOSE PROFESSIONALS ENGAGED WITH JPROSTL. EIGHTY-SIX 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. PJ 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 2023, 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 2023, THE COMMUNITY SECURITY PROGRAM CONDUCTED OVER 93 SECURITY TRAINING COURSES TO OVER 395 PEOPLE AND SUPPORTED 623 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: WESTERN KY (PADUCAH) AND SOUTHERN IL (CARBONDALE, MAKANDA, BENTON, BELLEVILLE, EDWARDSVILLE).
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 ESTABLISHED GOALS. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FEDERATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. FEDERATION'S FINANCIA AVAILABLE ON THE WEBSITE.	
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	87,342
	PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST	253,603

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

**Open to Public** Inspection

43-0652643

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
(1) WOMEN'S AUXILIARY FOUNDATION JEWISH AGED 12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146	GRANTS	МО	118,456	50,165	JFSL
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</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)	SUPPORT ORG	MO	501(C)(3)	12 TYPE I	JFSL	~	
12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146			, , , ,				
(2) THE KRANZBERG FOUNDATION (20-4920260)	SUPPORT ORG	MO	501(C)(3)	12 TYPE I	JFSL	~	
12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146							
(3) STAENBERG FAMILY FOUNDATION (20-2055339)	SUPPORT ORG	MO	501(C)(3)	12 TYPE I	JFSL	~	
12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

Cat. No. 50135Y

Page 2

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	gal Direct controlling Predominant income (related, excluded from tax under pign Predominant income (related from tax		Share of total income Share of end-of-year assets Share of end-of-year assets Share of end-of-allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Share of total Share of end		redominant Share of total ome (related, unrelated, cluded from		Share of total   Share of end-of- Dis			Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No					
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																

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

(a) Name, address, and EIN of related organization	<b>(b)</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	(h) Percentage ownership	Section 5 contr ent	i) 512(b)(13) rolled ity?
								Yes	No
(1)(SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Page 3

Yes No

1a

1b

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

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

Gift, grant, or capital contribution to related organization(s)

С	Giff, grant, or capital contribution from related organization(s)			'	1C	<i>-</i>	
d	Loans or loan guarantees to or for related organization(s)				1d	(	~
е	Loans or loan guarantees by related organization(s)				1e		~
				!			
f	Dividends from related organization(s)				1f	- 1	~
g	Sale of assets to related organization(s)				1g	,	<u> </u>
h	Purchase of assets from related organization(s)				1h	,	<u> </u>
i	Exchange of assets with related organization(s)				1i		~
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		~
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		~
- 1	Performance of services or membership or fundraising solicitations for related organization(s)					/	
m					1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					<u> </u>	
0	Sharing of paid employees with related organization(s)					<u> </u>	
Ū	onaling of paid omployees with related organization(s)						
р	Reimbursement paid to related organization(s) for expenses				1p	٠,	/
q	Reimbursement paid by related organization(s) for expenses				1g		<u> </u>
ч	Thomburdonnone paid by rolated organization(b) for expenses				-19		
r	Other transfer of cash or property to related organization(s)				1r		/
	Other transfer of cash or property from related organization(s)				1s		<u> </u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must c						<u> </u>
	·	T .	l j	i .	JII tilles	silolus	<del></del>
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	amount	involve	ed
		type (a-s)					
L	JBIN GREEN FOUNDATION	_	000.000	CASH			
(1)		С	600,000				
S	TAENBERG FAMILY FOUNDATION	С	288,000	CASH			
(2)			200,000				
	RANZBERG FAMILY FOUNDATION		40.000	CASH			
(3)		С	10,000				
(4)							
<i>(</i> 5)				1			

(6)

Schedule R (Form 990) 2023

### 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)	unrelated, excluded	redominant Are all partners Share of Share of Disproportionate amount in box 20 stated, excluded assets Solution assets Share of Disproportionate amount in box 20 of Schedule K-1		Share of Dispropor end-of-year allocation	Disproportionate		Disproportionate		Share of Disproportionate Code V—UBI allocations?		Disproportionate allocations? Code V—UBI amount in box 20 of Schedule K-1		Ocde V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership	
				sections 512—514)	Yes	No			Yes	No		Yes	No	1						
(1)																				
(2)																				
(3)																				
(4)																				
(5)																				
(6)																				
(7)																				
(8)																				
(9)																				
(10)																				
(11)																				
(12)																				
(13)																				
(14)																				
(15)																				
(16)																				

Part IV Identification of Related Organizations Taxable as a Corporation or 1	Trust	(continued)
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(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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) REMAINDER TRUSTS (10)	TRUST INVESTMENT	МО	N/A	TRUST					

			Amount of Cash					Purpose of Grant or
Name of organization or government	EIN	IRC section	Grant	Address I	City	State	Zip	Assistance I
Aging Services Collaborate		501(c)(3)	93,400.00					General Support
Agudas Israel of St. Louis	43-1298887	501(c)(3)	6.240.96	Rabbi Menachem Greenblatt 8202 Delmar Blvd	Saint Louis	МО	63124-2105	General Support
Agudath Israel of Missouri	36-3529801	501(c)(3)		9433 Olive Blvd Ste 100	Saint Louis	МО		General Support
American Friends of Hand in Hand	93-1269590	501(c)(3)		P O Box 80102	Portland	OR		General Support
American Friends of Leket Israel	20-8202424	501(c)(3)		P O Box 2090	Teaneck	NJ		General Support
American Friends of Magen David Adom	13-1790719			Midwest Region P O Box 96402	Washington	DC		General Support
American Jewish Committee - STL	13-5563393	501(c)(3)		7751 Carondelet Ave. Suite 501	Saint Louis	MO		General Support
American Jewish Joint Distribution Comm	13-1656634	501(c)(3)		220 E 42nd St, Ste 400	New York	NY		General Support
American Parkinson Disease Association	13-1962771	501(c)(3)		16100 Chesterfield Pkwy W, Suite 125	Chesterfield	МО		General Support
American University		501(c)(3)		4400 Massachusetts Ave NW	Washington	DC		General Support
Anti-Defamation League STL	13-1818723	501(c)(3)		222 South Meramec Ave Suite 301	Saint Louis	MO		General Support
ARC Angels	471253159	501(c)(3)		910 Kehrs Mill Rd	Ballwin	МО		General Support
Backstoppers	43-6032561	501(c)(3)		PO Box 795168	Saint Louis	MO		General Support
Bais Abraham Congregation	43-0782212	501(c)(3)		6910 Delmar	Saint Louis	MO		General Support
Barnes-Jewish Hospital Foundation	43-1648435	501(c)(3)		Attn: Susan Ell Mail Stop 84-84-10, 1001 Highlands Plaza Dr W. Ste 140	Saint Louis	МО		General Support
BBYO International	31-1794932	501(c)(3)		800 Eigth St, NW	Washington	DC		General Support
Be The Narrative	87-3354547	501(c)(3)		P O Box 16873	Saint Louis	МО		General Support
Beth Shalom Congregation-IL	36-2661150		7,000.00	3433 Walters Ave	Northbrook	IL	60062	General Support
Birthright Israel Foundation	13-4092050	501(c)(3)	14,200.00	PO Box 21615	New York	NY	10087-1615	General Support
Boston University		501(c)(3)	10,000.00	Student Accounting Services 25 Buick St Ste 130	Boston	MA	02215	General Support
				Office of Student Financial Services Usdan Student Center 120 MS 027 - 415 South				
Brandeis University	04-2103552	501(c)(3)	10,150.00	St.	Waltham	MA	02453	General Support
Bryn Mawr College	23-1352621	501(c)(3)	10,000.00	Attn: Controller/Student Accountns 101 North Merion	Bryn Mawr	PA	19010	General Support
Camp For All Kids Foundation	43-1739511	501(c)(3)	5,000.00	P.O. Box 50194	Saint Louis	MO	63105	General Support
Cancer Support Community St. Louis	43-1587517	501(c)(3)	26,000.00	1058 Old Des Peres Rd	Saint Louis	MO	63131	General Support
Carleton College	41-0694747	501(c)(3)	10,000.00	1 North College Street	Northfield	MN	55057-4001	General Support
Center of Creative Arts (COCA)	43-1395056	501(c)(3)	114,500.00	6880 Washington Ave	Saint Louis	MO	63130	General Support
Central Reform Congregation	43-1336060	501(c)(3)	26,755.00	5020 Waterman	Saint Louis	MO	63108-1102	General Support
Chabad at MU Inc	45-3816717	501(c)(3)	7,425.00	313 E Brandon Rd	Columbia	МО	65203	General Support
Chabad Jewish Center of St. Charles	84-2790924	501(c)(3)	25,000.00	705 Oak Grove Bluffs Ct Attn: Rabbi Landa	Saint Charles	МО	63304-5005	General Support
Chabad of Greater Santa Fe	85-0446049	501(c)(3)	8,768.00	230 W Manhattan Ave	Santa Fe	NM	87501	General Support
Chabad on Campus	34-2049857	501(c)(3)		Attn: Hershey Novack 7018 Forsyth Blvd	Saint Louis	МО		General Support
College Bound	20-4768985	501(c)(3)		110 North Jefferson	Saint Louis	MO		General Support
Congregation B'nai Amoona	43-0706846	501(c)(3)		324 S. Mason Road	Saint Louis	MO		General Support
Congregation Shaare Emeth	43-0662466	501(c)(3)		11645 Ladue Road	Saint Louis	MO		General Support
Cornell University	15-0532082	501(c)(3)	10,000.00	PO Box 753	Ithaca	NY	14851	General Support
Covenant Place Foundation	43-1365901	501(c)(3)		8 Millstone Campus Dr, Ste 200 Attn: Joan Denison	Saint Louis	MO		General Support
Crossroads College Preparatory School	23-7363267	501(c)(3)		500 DeBaliviere	Saint Louis	МО		General Support
Crown Center for Senior Living	43-1695861	501(c)(3)	207,206.21	8350 Delcrest Drive	Saint Louis	МО	63124-2166	General Support

Friends of United Hatzalah       11-3533002       501(c)(3)       9,500.00       208 East 51st 51st 51st 51st 51st 51st 51st 51	omme Rd Sai buth Sai th Flr Ner ive in Forest Park Sai Judaism 211 S Spalding Dr #403S Bev St Suite 303 Ner Vd Sai e 800 Sai	ty Sta agerstown MI aint Louis MO averly Hills CA aw York NY attsburgh PA	D 27141-5030 O 63132 O 63130 Y 10022-8606 O 63112-1095 A 90212	Assistance  General Support  General Support  General Support  General Support  General Support
Epstein Hebrew Academy Esther Miller Bais Yaakov Esther Miller Bais Yaakov Federation of Jewish Communities of the CIS Inc Forest Park Forever, Inc. Friends of the Israel Movement for Progressive Judaism Friends of United Hatzalah Friends of United Hatzalah Fund for Israel's Tomorrow dba Thank Israeli Soldiers Gateway to Hope Great Rivers Environmental Law Center Hebrew Union College - Jewish Institute of Religion Hillel at Washington University Hillel International Hillel the Fdn for Jewish Campus Life Holocaust Museum & Learning Center HOME WORKS! International Rescue Committee  43-606163 501(c)(3) 501(c)(4) 501(c)(5) 501(c)(6) 501(c)(6) 501(c)(7) 501(c)(7	omme Rd Sai buth Sai th Flr Ner ive in Forest Park Sai Judaism 211 S Spalding Dr #403S Bev St Suite 303 Ner Vd Sai e 800 Sai	nint Louis Monint Louis Monint Louis Monint Louis Monint Louis Monint Louis CARRENT CA	O 63132 O 63130 Y 10022-8606 O 63112-1095 A 90212	General Support General Support General Support General Support
Esther Miller Bais Yaakov Federation of Jewish Communities of the CIS Inc Forest Park Forever, Inc. Friends of the Israel Movement for Progressive Judaism Friends of United Hatzalah Friends of United Hatzalah Fund for Israel's Tomorrow dba Thank Israeli Soldiers Gateway to Hope Great Rivers Environmental Law Center Hebrew Union College - Jewish Institute of Religion Hillel at Washington University Hillel International Hillel the Fdn for Jewish Campus Life Holocaust Museum & Learning Center HOME WORKS! International Rescue Committee  43-1819166 501(c)(3) 501(c)(3) 501(c)(3) 5000.00 5595 Grand Dr 501(c)(3) 500,000 5595 Grand Dr 501(c)(3) 501(c)(3) 500,000 60 5700 For Progressive 501(c)(3) 501(c)(4) 501(c)(4) 501(c)(4) 501(c)(4) 501(c)(4) 501(c)(4) 501(c)(4)	buth th Flr Net live in Forest Park  Judaism 211 S Spalding Dr #403S  St Suite 303  Net Vd Sai ee 800	nint Louis Mo ew York N nint Louis Mo everly Hills CA ew York N	O 63130 Y 10022-8606 O 63112-1095 A 90212	General Support General Support General Support
Federation of Jewish Communities of the CIS Inc Forest Park Forever, Inc. Friends of the Israel Movement for Progressive Judaism Friends of United Hatzalah Friends of United Hatzalah Fund for Israel's Tomorrow dba Thank Israeli Soldiers Gateway to Hope Great Rivers Environmental Law Center Hebrew Union College - Jewish Institute of Religion Hillel at Washington University Hillel International Hillel the Fdn for Jewish Campus Life Holocaust Museum & Learning Center HOME WORKS! International Fellowship of Christians & Jews International Rescue Committee  13-3970940 501(c)(3) 501(c)(3) 5,000.00 445 Park Ave 9 5595 Grand Dr 6501(c)(3) 30,000.00 5595 Grand Dr 670000 5595 Grand Dr 670000 5595 Grand Dr 670000 5595 Grand Dr 670000 5596 Grand Dr 6700000 5101 Septimental Septi	th Flr ive in Forest Park  Judaism 211 S Spalding Dr #403S  St Suite 303  Nev  Vd  Sai e 800	ew York NY nint Louis MC everly Hills CA ew York NY	Y 10022-8606 O 63112-1095 A 90212	General Support General Support
Forest Park Forever, Inc.  Friends of the Israel Movement for Progressive Judaism  Friends of United Hatzalah  Friends of United Hatzalah  Friends of United Hatzalah  Fund for Israel's Tomorrow dba Thank Israeli Soldiers  Gateway to Hope  Great Rivers Environmental Law Center  Hebrew Union College - Jewish Institute of Religion  Hillel at Washington University  Hillel International  Hillel the Fdn for Jewish Campus Life  Holocaust Museum & Learning Center  HOME WORKS!  International Fellowship of Christians & Jews  International Rescue Committee  43-1427062  501(c)(3)  501(c)(	ive in Forest Park  Judaism 211 S Spalding Dr #403S  St Suite 303  New  Vd  Sai  e 800  Sai	nint Louis Mo everly Hills CA ew York N	O 63112-1095 A 90212	General Support
Friends of the Israel Movement for Progressive Judaism       14-1970976       501(c)(3)       30,000.00       for Progressive Friends of United Hatzalah         Friends of United Hatzalah       11-3533002       501(c)(3)       9,500.00       208 East 51st 51st 51st 51st 51st 51st 51st 51	Judaism 211 S Spalding Dr #403S St Suite 303 New York You Sai Le 800 Bev Rev Spalding Dr #403S Sev S	everly Hills CA	A 90212	
Friends of United Hatzalah Fund for Israel's Tomorrow dba Thank Israeli Soldiers Gateway to Hope Great Rivers Environmental Law Center Hebrew Union College - Jewish Institute of Religion Hillel International Hillel the Fdn for Jewish Campus Life Holocaust Museum & Learning Center HOME WORKS! International Fellowship of Christians & Jews International Rescue Committee  11-3533002 501(c)(3) 9,500.00 208 East 51st \$3	St Suite 303 Net St Suite 303 Net St Suite 303 Sai	ew York N		Conoral Commercia
Fund for Israel's Tomorrow dba Thank Israeli Soldiers       35-2374190       501(c)(3)       18,000.00       PO Box 644738         Gateway to Hope       20-2737792       501(c)(3)       10,900.00       3114 Sutton Bl         Great Rivers Environmental Law Center       43-1943334       501(c)(3)       6,100.00       319 N 4th St St         Hebrew Union College - Jewish Institute of Religion       31-0537067       501(c)(3)       27,180.00       1 W 4th St         Hillel at Washington University       43-6065763       501(c)(3)       173,575.96       6300 Forsyth B         Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Holocaust Museum & Learning Center       43-1600778       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       5,279.41       122 E 42nd St	vd Sai		/ 40000	General Support
Gateway to Hope       20-2737792       501(c)(3)       10,900.00       3114 Sutton BI         Great Rivers Environmental Law Center       43-1943334       501(c)(3)       6,100.00       319 N 4th St St         Hebrew Union College - Jewish Institute of Religion       31-0537067       501(c)(3)       27,180.00       1 W 4th St         Hillel at Washington University       43-6065763       501(c)(3)       173,575.96       6300 Forsyth B         Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       5,279.41       122 E 42nd St	vd Sai e 800 Sai	ttsburgh PA	10022	General Support
Great Rivers Environmental Law Center       43-1943334       501(c)(3)       6,100.00       319 N 4th St St         Hebrew Union College - Jewish Institute of Religion       31-0537067       501(c)(3)       27,180.00       1 W 4th St         Hillel at Washington University       43-6065763       501(c)(3)       173,575.96       6300 Forsyth B         Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St	se 800 Sai		15264	General Support
Hebrew Union College - Jewish Institute of Religion       31-0537067       501(c)(3)       27,180.00       1 W 4th St         Hillel at Washington University       43-6065763       501(c)(3)       173,575.96       6300 Forsyth B         Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St		nint Louis MC	O 63143-3910	General Support
Hillel at Washington University       43-6065763       501(c)(3)       173,575.96       6300 Forsyth B         Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St	Ne	nint Louis MC	O 63102	General Support
Hillel International       52-1844823       501(c)(3)       16,600.00       800 8th St, NW         Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St		ew York N	Y 10012-1105	General Support
Hillel the Fdn for Jewish Campus Life       43-1600778       501(c)(3)       79,200.00       1107 Universit         Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St	lvd Sai	nint Louis MC	O 63105-2315	General Support
Holocaust Museum & Learning Center       43-0652643       501(c)(3)       50,000.00       12 Millstone C         HOME WORKS!       45-4572322       501(c)(3)       5,920.00       5501 Delmar B         International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St	<i>y</i>	ashington DO	20001-3724	General Support
HOME WORKS! 45-4572322 501(c)(3) 5,920.00 5501 Delmar B International Fellowship of Christians & Jews 36-3256096 501(c)(3) 210,000.00 303 E. Wacker International Rescue Committee 13-5660870 501(c)(3) 5,279.41 122 E 42nd St	y Ave Co	olumbia MO	O 65201	General Support
International Fellowship of Christians & Jews       36-3256096       501(c)(3)       210,000.00       303 E. Wacker         International Rescue Committee       13-5660870       501(c)(3)       5,279.41       122 E 42nd St	ampus Drive Sai	nint Louis MO	O 63146	General Support
International Rescue Committee 13-5660870 501(c)(3) 5,279.41 122 E 42nd St	lvd Sai	nint Louis MC	O 63112-3082	General Support
	Dr Ste 2300 Chi	nicago IL	60601-5224	General Support
Jernal Origin Polisf	Ne	ew York N	Y 10168-0002	General Support
Israel Crisis Relief   501(c)(3)   147,800.00				General Support
Jazz St. Louis 43-1761629 501(c)(3) 10,000.00 3536 Washing	con Ave Sai	nint Louis MC	O 63103	General Support
Jewish Agency for Israel (JAFI) 23-0053483 501(c)(3) 59,622.00 633 Third Ave,	21st Floor Ne	ew York N	Y 10017	General Support
Jewish Community Centers Association         13-5599486         501(c)(3)         15,000.00         520 Eighth Ave	., 4th Floor	ew York N	Y 10018	General Support
Jewish Community Center-STL 43-0681477 501(c)(3) 1,440,646.00 2 Millstone Ca	mpus Dr. Sai	nint Louis MC	O 63146	General Support
Jewish Community Relations Council 20-5631988 501(c)(3) 423,969.51 12 Millstone C	ampus Dr. Sai	nint Louis MC	O 63146-5776	General Support
Jewish Council for Public Affairs 13-1624104 501(c)(3) 105,000.00 25 Broadway, 9	Ste. 1700 Ne	ew York N	Y 10004	General Support
Jewish Family Services 43-0790330 501(c)(3) 1,256,570.06 10950 Schuetz	Road Sai	nint Louis MC	O 63146	General Support
Jewish Federation of Omaha 20-1123519 501(c)(3) 404,000.00 333 S 132nd S	t. Om	maha Ni	E 68154	General Support
Jewish Student Union 13-5623717 501(c)(3) 69,642.00 8645 Old Bonl	nomme Rd Attn: Rabbi Michael Rovinsky Sai	nint Louis MC	O 63132-3901	General Support
JNC STL Inc / Jewish Neighborhood Center 82-2032280 501(c)(3) 58,200.00 4200 Blaine Av	e Sai	nint Louis MC	O 63110	General Support
Judaism Alive 26-3766713 501(c)(3) 23,000.00 14560 White B	irch Valley Lane Ch	nesterfield MC	O 63017	General Support
Kol Rinah 90-1003729 501(c)(3) 31,867.00 7701 Maryland	Ave Sai	nint Louis MC	O 63105-3816	General Support
LEAD STL 20-1269305 501(c)(3) 5,500.00 3115 S Grand,	Suite 650 St.	. Louis MO	O 63118	General Support
	d 1730 M St, NW, Suite 1000 Wa	ashington DO	20036	General Support
Leukemia & Lymphoma Society 13-5644916 501(c)(3) 8,000.00 1972 Innerbelt		nint Louis MC		General Support
Lift For Life Gym 20-8185890 501(c)(3) 14,600.00 1415 Cass Ave	St.	. Louis MO		General Support
Lion Global Foundation 68-0561084 501(c)(3) 5,000.00 4350 S Momac		enver CO		General Support
Logos High School 43-0968673 501(c)(3) 6,000.00 9137 Old Bonh		nint Louis MC		General Support
Magic House 51-0138441 501(c)(3) 12,500.00 Elizabeth Harti	omme [5dl		i i	
Mary Institute/Country Day School 43-0653366 501(c)(3) 7,200.00 101 North War		int Louis MO	o 63122	General Support
Maryville University 43-0653369 501(c)(3) 23,000.00 Fay Fetick	man 516 S. Kirkwood Road Sai	nint Louis MO		

Name of organization or government			Amount of Cash					Purpose of Grant or
	EIN	IRC section	Grant I	Address	City	State	Zip	Assistance
Maryville University Hillel	43-0653369	501(c)(3)	14,025.00	Attn: Erin Schreiber 650 Maryville University Dr	Saint Louis	MO	63141	General Support
Mental Health		501(c)(3)	6,070.00					General Support
Mentors 4 College	81-2919031	501(c)(3)	5,000.00	12584 Villa Hill Ln	Saint Louis	МО	63141	General Support
MERS/ Missouri Goodwill Industries	43-0652657	501(c)(3)	110,900.00	1727 Locust St	Saint Louis	МО	63103	General Support
Miami University		501(c)(3)	10,000.00	Room 123 Nellie Craig Walker Hall 301 S. Campus Ave.	Oxford	ОН	45056	General Support
Miriam Foundation	43-0667478	501(c)(3)	6,500.00	501 Bacon Ave	Saint Louis	МО	63119-1512	General Support
Missouri Baptist University		501(c)(3)	10,000.00					General Support
Moishe House International	26-2599786	501(c)(3)	7,500.00	441 Saxony Road, Barn 2	Encinitas	CA	92024	General Support
Momentum	38-3852989	501(c)(3)	9,000.00	6101 Executive Blvd #240	Rockville	MD	20852	General Support
National Council of Jewish Women-STL	43-0722936	501(c)(3)	22,729.08	295 N Lindbergh Blvd	Saint Louis	МО	63141-7809	General Support
Orthodox Union	13-5623717	501(c)(3)	18,000.00	11 Broadway 14th Floor	New York	NY	10004	General Support
PEF Israel Endowment Funds Inc	13-6104086	501(c)(3)	165,818.00	630 Third Ave Ste 1501	New York	NY	10017	General Support
Planned Parenthood of STL	43-0652666	501(c)(3)	16,800.00	4251 Forest Park Ave	Saint Louis	МО	63108-9939	General Support
Prizmah Center for Jewish Day Schools		501(c)(3)	18,000.00					General Support
Promo		501(c)(3)	10,500.00	2200 Gravois Ave Ste 201	Saint Louis	МО	63104-2812	General Support
Saint Louis Public Radio	20-2460152	501(c)(3)	8,400.00	Attn: Dan Seymour 3651 Olive St	Saint Louis	МО	63108-3601	General Support
Saul Mirowitz Jewish Community School	43-1772004	501(c)(3)	181,156.00	348 S Mason Road	Saint Louis	МО	63141-8029	General Support
Scholarship Foundation of St. Louis	43-6031234	501(c)(3)	5,960.00	6825 Clayton Ave Ste 100	Saint Louis	МО	63139-3737	General Support
Sheldon Arts Foundation	43-1489756	501(c)(3)	7,000.00	3648 Washington Blvd.	Saint Louis	МО	63108-9820	General Support
Simon Wiesenthal Center	95-3964928	501(c)(3)	250,350.00	1399 South Roxbury Dr	Los Angeles	CA	90035-9027	General Support
Siteman Cancer Center	43-0653611	501(c)(3)	27,000.00	c/o Washington University 1 Brookings Dr Campus Box 1082	Saint Louis	МО	63130	General Support
St. Louis Art Museum Foundation	43-1374479	501(c)(3)	11,400.00	One Fine Arts Drive Forest Park	Saint Louis	МО	63110-1380	General Support
St. Louis Jewish Light	43-0965860	501(c)(3)	109,425.00	PO Box 78369	Saint Louis	МО	63178-8369	General Support
St. Louis Kaplan Feldman Holocaust Museum	43-0652643	501(c)(3)	544,311.00	12 Millstone Campus Drive	Saint Louis	МО	63146	General Support
St. Louis Kollel	43-1594954	501(c)(3)	27,810.00	8200 Delmar Blvd Attn: Rabbi Berkowitz	Saint Louis	МО	63124-2105	General Support
St. Louis Mens Group Against Cancer	43-1558366	501(c)(3)	13,000.00	12951 Olive Blvd	Saint Louis	МО	63141	General Support
St. Louis Symphony	43-0666769	501(c)(3)	16,100.00	Powell Symphony Hall 718 N. Grand	Saint Louis	МО	63103-1079	General Support
St. Louis University		501(c)(3)	10,000.00	Financial Aid Office 1 North Grand Blvd Dubourg Hall, Rm 119	Saint Louis	МО	63147	General Support
St. Louis Zoo	43-1727309	501(c)(3)	12,350.00	1 Government Dr.	Saint Louis	МО	63110-1332	General Support
Temple Beth Am	95-1656370	501(c)(3)	8,000.00	1039 S La Cienega Blvd	Los Angeles	CA	90035-2507	General Support
Temple Emanuel - STL	43-6015404	501(c)(3)	8,489.00	12166 Conway Rd.	Saint Louis	МО	63141-8271	General Support
Temple Israel Congregation	43-0653290	501(c)(3)	77,982.00	1 Rabbi Alvan D Rubin Dr	Saint Louis	МО	63141-7670	General Support
Torah Prep School	43-0887584	501(c)(3)	421,854.50	609 North & South Rd	Saint Louis	МО		General Support
TR Building Renovation Fund		501(c)(3)	53,600.00					General Support
U. City Shul	43-0767631	501(c)(3)		Rabbi Menachem Tendler 700 North & South	Saint Louis	МО		General Support
Ukrainian Patriot Inc.	88-2525221	501(c)(3)		PO Box 947	New York	NY		General Support
United Hebrew Congregation-STL	43-0743415	501(c)(3)		13788 Conway Rd.	Saint Louis	МО		General Support
United Way of Greater St. Louis	43-0714167	501(c)(3)		910 North 11th Street	Saint Louis	МО		General Support
University of Kansas	48-0547734	501(c)(3)		Financial Aid Office 1502 Iowa St	Lawrence	KS		General Support
University of Missouri-Columbia	43-6003859	501(c)(3)		Financial Aid Office 11 Jesse Hall	Columbia	MO		General Support

Amount of Cash											
Name of organization or government	EIN	IRC section	Grant	Address	City	State	Zip	Assistance			
University of Tampa		501(c)(3)	20,000.00	Plant Hall Rom 427 401 W Kennedy Blvd	Tampa	FL	33606	General Support			
Variety	43-6078016	501(c)(3)	9,000.00	11840 Westline Industrial Dr	Saint Louis	МО	63146	General Support			
Washington University	43-0653611	501(c)(3)	69,613.00	Campus Box 1210 One Brookings Drive	Saint Louis	МО	63130-4899	General Support			
Webster University		501(c)(3)	5,000.00	Lockwood Address	Saint Louis	МО	63119	General Support			
World Federation of Jewish Child Survivors	22-3160096	501(c)(3)	10,000.00	c/o Isaac Kot, Treasurer 67 South Bedford St Ste 400W	Burlington	MA	01803	General Support			
Wyman Center Inc	43-0653263	501(c)(3)	10,000.00	600 Kiwanas Dr	Eureka	МО	63025-9908	General Support			
Yeshiva University	13-1624225	501(c)(3)	10,000.00	Office of Student Accts Tuition/Fees P O Box 9478	New York	NY	10087-9478	General Support			
Young Israel of Saint Louis	43-0824829	501(c)(3)	30,949.63	8101 Delmar Blvd	Saint Louis	МО	63130-3729	General Support			

#### PUBLIC DISCLOSURE COPY

**990-T** 

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# **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

1

2

3

4

105.607

105,607

10,561

OMB No. 1545-0047

For calendar year 2023 or other tax year beginning \_\_\_\_\_, 2023, and ending Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) D Employer identification number Check box if address changed. JEWISH FEDERATION OF ST. LOUIS 43-0652643 **Print** Number, street, and room or suite no. If a P.O. box, see instructions. E Group exemption number **B** Exempt under section or (see instructions) **v** 501( **C** )( 3 ) 12 MILLSTONE CAMPUS DRIVE Type 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 530(a) 408A ST. LOUIS, MO 63146 F Check box if an amended return. 529(a) 529A C Book value of all assets at end of year . . . . 154.426.604 G Check organization type 

501(c) corporation □ 501(c) trust □ 401(a) trust □ Other trust □ State college/university 6417(d)(1)(A) Applicable entity H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800 If "Yes," enter the name and identifying number of the parent corporation Telephone number The books are in care of (SEE STATEMENT) (314) 442-3747 **Total Unrelated Business Taxable Income** 

Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)

Charitable contributions (see instructions for limitation rules) . . . . . . . . . . . . . . . . . .

5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	95,046
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from line 5	7	95,046
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	0
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero	11	94,046
Part	Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	19,750
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	0
4	Other tax amounts. See instructions	4	0
5	Alternative minimum tax	5	0
6	Tax on noncompliant facility income. See instructions	6	0
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	19,750
Part			

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
С	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
е	Total credits. Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	19,750
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
С	Amount due from Form 8697	3с			
d	Amount due from Form 8866	3d			
е	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	Total tax. Add lines 2 and 3f (see instructions).   Check if includes tax previous	/iousl	y deferred under		

19,750

0

section 1294. Enter tax amount here . . . . . . . . . . . .

Current net 965 tax liability paid from Form 965-A, Part II, column (k)

2

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# **Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filling of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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All corporations required to file an income tax return other that 7004 to request an extension of time to file income tax returns.		(including 1120 o mera), partneramp	,, ricivii03, c	ina trasts n	
Part I — Identification					
Type or Print Name of exempt organization, employer, or othe JEWISH FEDERATION OF ST. LOUIS	er filer, see ins	tructions.	axpayer iden 4	tification nu 3-0652643	
File by the due date for Number, street, and room or suite no. If a P.O. by 12 MILLSTONE CAMPUS DRIVE	box, see instru	actions.			
filing your return. See instructions. City, town or post office, state, and ZIP code. Find ST. LOUIS, MO 63146	or a foreign ac	ddress, see instructions.			
Enter the Return Code for the return that this application	n is for (file a	separate application for each re	turn)		. 0 7
Application Is For	Return Code	Application Is For			Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individua	al)		09
Form 4720 (individual)	03	Form 5227			10
Form 990-PF	04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-T (trust other than above)	06	Form 5330 (individual)			13
Form 990-T (corporation)	07	Form 5330 (other than individua	al)		14
Form 1041-A	08				
If this application is for an extension of time to file For Plan Name     Plan Number     Plan Year Ending (MM/DD/YYYY)  Part II — Automatic Extension of Time To File      The books are in the care of ▶ MINDY SHARP, 12 MILL  Telephone No. ▶ (314) 432-0020      If the organization does not have an office or place of     If this is for a Group Return, enter the organization's for the whole group, check this box ▶ □ . I a list with the names and TINs of all members the exten	Fax business in tour digit Groulf it is for partision is for.	t Organizations (see instructions)  PUS DRIVE, ST. LOUIS, MO 63146  No. ▶  the United States, check this box up Exemption Number (GEN)  t of the group, check this box	ions)	 If th · □ and a	nis is attach
<ul> <li>I request an automatic 6-month extension of time the organization named above. The extension is</li> <li>✓ calendar year 20 23 or</li> <li>✓ tax year beginning</li> </ul>	for the organ	nization's return for:, and ending		, 20	
2 If the tax year entered in line 1 is for less than 12 ☐ Change in accounting period	· · · · · ·				·
☐ Change in accounting period  3a If this application is for Forms 990-PF, 990-T nonrefundable credits. See instructions.	, 4720, or 6	· · · · · · · · · · · · · · · · · · ·	ess any	sa \$	29,615
☐ Change in accounting period  3a If this application is for Forms 990-PF, 990-T nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T,	, 4720, or 6	069, enter any refundable cred	ess any 3		
☐ Change in accounting period  3a If this application is for Forms 990-PF, 990-T nonrefundable credits. See instructions.	7, 4720, or 6 7, 4720, or 6 8 year overpa 9 nclude your	069, enter any refundable cred yment allowed as a credit. payment with this form, if required.	ess any 3 lits and 3 ired, by	sa \$	29,615

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Form 8868 (Rev. 1-2024)

art	II — Extension of Time To File Form 5330 (see instructions)		
1	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due da	te of	Form 5330.
а	Enter the Code section(s) imposing the tax.		I
b	Enter the payment amount attached.	1b	\$
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	
2	State in detail why you need the extension.		
	enalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and correct this application.	nplete,	and that I am author
anat	ure Date		

Form **8868** (Rev. 1-2024)

Form 990-T (2023)

_									
Part I	- '								
	Payments: Preceding year's overpaymen		-	6a	12	2,115			
b	Current year's estimated tax payments.	,	g) election						
	applies		🗆	6b		0			
С	Tax deposited with Form 8868			6c	17	7,500			
d	Foreign organizations: Tax paid or withhe	·	•	6d		0			
е	Backup withholding (see instructions).			6e		0			
f	Credit for small employer health insurance	•	•	6f		0			
g	Elective payment election amount from F	form 3800				0			
h	,			6h		0			
i				6i		0			
j	,			6j		0			
7	Total payments. Add lines 6a through 6j						7		29,615
8	Estimated tax penalty (see instructions).					Ш	8		0
9	Tax due. If line 7 is smaller than the total					.	9		0
10									9,865
11	Enter the amount of line 10 you want: Cred			-,	865 Refund		11		0
Part I									
1	At any time during the 2023 calendar year								res No
	over a financial account (bank, securities								
	FinCEN Form 114, Report of Foreign Ba	nk and Financial Acc	ounts. If "Yes,"	enter	the name of the	ne fore	eign cou	intry	
_	here								
2	During the tax year, did the organization rec			rantor	of, or transferor	to, a f	oreign tr	rust?	
_	If "Yes," see instructions for other forms								
3	Enter the amount of tax-exempt interest								
4	Enter available pre-2018 NOL carryovers shown on Schedule A (Form 990-T). Do	here \$	. Do not in	nclude	any post-201	7 NOL	carryo	ver	
	Part I, line 6.	in theduce the NOL	carryover snow	vii ner	e by any dedu	CHOIT	reported	u on	
_		vinana Antivity Cada	and available ne	+ OO-	17 NOL commun	, o v o F	)on'+ *o	4	
5	Post-2017 NOL carryovers. Enter the Bus the amounts shown below by any NOL cla								
		<del>-</del>	ne A, Fart II, III e						
	Business Activ	ity Code	<u></u>	Avail	able post-2017	NOL	carryov	er_	
			\$						
			\$						
			\$						
0-	December of the state of the st		\$	•					
	Reserved for future use								
		<u> </u>	<u> </u>	• •		• •	<u> </u>		
Part		one							
TOVIU	e any additional information. See instructi	OHS.							
	Under penalties of perjury, I declare that I have ex	amined this return, includi	ng accompanying s	chedule	e and statements	and to	the hest	of my kno	wledge and
	belief, it is true, correct, and complete. Declaration								wiedge and
Sign						r	Maythall	DC discuss	thin waterwa
Here		1	VD EINANCE	= AND	A DMINI				s this return lown below
	Signature of officer	 Date	VP FINANCE	AND	MUIVIIN				Yes □ No
	Print/Type preparer's name	Preparer's signature	nue .		Date	<u> </u>		PTIN	
Paid	KRISTEN HANKINS	i reparer s signature	NOS-	-	11/12/2024	Checl self-e	k if mployed		256574
Prepa	Firm's name FORVIS MAZARS, LLP		. <b>■</b> 0 <b>3</b> .297728					44-016	
Jse (	Pirm's name FORVIS MAZARS, LLP Firm's address 211 N. BROADWAY SU	ITE 600 ST LOUIS M	∩ 63102-2733			Firm's		(314) 23 <sup>-</sup>	
	TERRES ACCRESS A LLIN, DECUMENTAL OU				J	- LICHE	: (10).	10 17 L Z O	こしいササ

Form **990-T** (2023)

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

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

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number A Name of the organization JEWISH FEDERATION OF ST. LOUIS 43-0652643 523000 1 **C** Unrelated business activity code (see instructions) **D** Sequence: E Describe the unrelated trade or business PARTNERSHIP INVESTMENTS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . 2 2 0 3 Gross profit. Subtract line 2 from line 1c. . . . . 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . 4a 813 813 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts . . . . . . 0 4c 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 106,854 106.854 Rent income (Part IV) . . . . . . . . . . . . . . . . . 6 6 0 0 0 7 7 Unrelated debt-financed income (Part V) . . . . . 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . . . . . . . . . . . . . 0 9 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 10 0 0 0 11 Advertising income (Part IX) . . . . . . . . . . . . . 11 0 0 0 Other income (see instructions; attach statement) . . . . 12 0 0 12 Total. Combine lines 3 through 12 . . . . . . . 13 13 107.667 107.667 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 2,060 7 Depreciation (attach Form 4562). See instructions . . . . . 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 0 10 0 Contributions to deferred compensation plans . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . . 11 12 0 12 Excess exempt expenses (Part VIII) . . . . . . 13 Excess readership costs (Part IX) . . . . . . . . . . . 13 0 14 0 14 15 Total deductions. Add lines 1 through 14 . . . . . . 15 2,060 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16 . . .

Cat. No. 74036O

Schedule A (Form 990-T) 2023

105.607

105.607

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Schedule A (Form 990-T) 2023

	The Court of Court of Court	Aland Africa and a second	41		. uge =
		thod of inventory val			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6	<b>Total.</b> Add lines 1 through 5				0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to propose				n? 🗌 Yes 📙 No
	Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-u	se. See instructions	S.
	A				
	B				
	C				
	D				
		Α	В	С	D
2	Rent received or accrued				
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, colum	ns A through D. Enter	here and on Part I.	line 6. column (A)	0
			,		
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				<u> </u>
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	umn (B)	0
Dor	V Unrelated Debt-Financed Income (se	o instructions)			
1	Description of debt-financed property (street add		Loodo) Chook if a o	lual una Caa inatuu	otiono
•	A	-	•	iuai-use. See ilistru	Clions.
	B □				
	<b>c</b> □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	7.			
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
C	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-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,	,,	
			-1 D -1	I (A)	
8	Total gross income (add line 7, columns A through	ugn D). Enter here an	nd on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lin	ne 7 column (R)	0
		_			
11	Total dividends — received deductions include	ed in line 10			0

Sched	ule A (Form 990-T) 2023							Page 3		
Pai	t VI Interest, Annuit	ies, Royaltie	s, and Rents	s Fro		<b>ganizations</b> (see instru	ictions	s)		
					Exempt Co	ntrolled Organizations				
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	e (loss) payments made		5. Part of column 4 that is included in the controlling organization's gross income		deductions directly connected with come in column 5		
(1)										
(2)										
(3)										
(4)										
		•			1					
	7. Taxable income	incom		unrelated 9. Total payr structions)		10. Part of column 9 that is included in the controlling organization's	11. Deductions direct connected with income in column 1			
(1)										
(2)										
(3)										
(4)										
Tota	ale					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Enter lin	columns 6 and 11. There and on Part I, the 8, column (B).		
_		ome of a Sec	ction 501(c)(	7). (9	), or (17) Organiza	ation (see instructions)	1	0		
· ai	Description of income		nt of income	,, (	3. Deductions	4. Set-asides		Fotal deductions		
	i. Description of income	Z. Amou	nt of income	1	directly connected (attach statement)	(attach statement)	a	and set-asides if columns 3 and 4)		
(1)										
(2)										
(3)										
(4)										
		Enter here	nts in column 2. and on Part I, column (A).				Enter	mounts in column 5. here and on Part I, ne 9, column (B).		
Tota			0					0		
Par			ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	s)			
1	Description of exploited									
2						art I, line 10, column (A)	2			
3	Expenses directly conn line 10, column (B)	Inter here and on Part I,	3							
4	Net income (loss) from lines 5 through 7	e 2. If a gain, complete	4							
5	Gross income from act						5			
6	Expenses attributable t	o income ente	red on line 5				6			
7						than the amount on line	7			
	4. Enter here and on Part II, line 12									

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023

Par	IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more period	licals on a consol	idated basis.	
	A 🗆					
	B					
ntor	<b>D</b>	in the co	orresponding colur	nn		
-11161	amounts for each periodical listed above	iii tiie cc	A	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here at	nd on Pa	rt I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. En Part II, line 13	_				
Par	t X Compensation of Officers, Di					
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Pari	Supplemental Information (se	e instru	ctions)			

Form 990T	Additional Information
Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	BRIAN HERSTIG, 12 MILLSTONE CAMPUS DRIVE, ST. LOUIS, MO 63146

Form 990T Part I, Line 4	Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2023	8,950,387	0	10,561		8,939,826	
Totals	8,950,387	0	10,561	0	8,939,826	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
(1) Q-BLK REAL ASSETS II, 20-4552399	58,075		58,075
(2) NORTHGATE PRIVATE EQUITY PARTNERS II, 68-0607632	(112)		(112)
(3) VIA ENERGY III, LP, 41-2282342	20,041		20,041
(4) VENTURE INVESTMENT ASSOCIATES VI, 20-5196244	(1,192)		(1,192)
(5) FALCON STRATEGIC PARTNERS V, 47-4102851	(1,026)		(1,026)
(6) WCP REAL ESTATE FUND III, 27-4591086	31,719		31,719
(7) CHRP VII-A, 36-4853392	(401)		(401)
(8) LAKESTAR III, 98-1473139	(250)		(250)
Total	106,854	0	106,854

Schedule A - Part II, Line 6	Taxes and Licenses	
	Description	Amount

(1) STATE TAXES

2,060

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

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, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

**Employer identification number** JEWISH FEDERATION OF ST. LOUIS 43-0652643 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 0 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 0 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on the (g) Adjustments to gain (h) Gain or (loss) (d) lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 0 10 Totals for all transactions reported on Form(s) 8949 0 813 with **Box F** checked 813 0 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 813 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 0 813 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . 18 813 Note: If losses exceed gains, see Capital Losses in the instructions.

11/12/2024 9:17:45 AM

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

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) snown on return	
JEWISH FEDERATION	OF ST. LOUIS

Social security number or taxpayer identification number

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	See the separate instructions.		Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo day vr.) disposed	disposed of (Mo., day, yr.)	disposed of (sales price)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
nega Sch	als. Add the amounts in columns ative amounts). Enter each tota edule D, line 1b (if Box A above ve is checked), or line 3 (if Box 0	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B					

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 (2023) 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 JEWISH FEDERATION OF ST. LOUIS

Social security number or taxpayer identification number 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.

(D)	Long-term transactions reported on Form(s	) 1099-B showing basis was reported to the IRS (see Note above
(E)	Long-term transactions reported on Form(s	) 1099-B showing basis <b>wasn't</b> reported to the IRS

☑ (F) Long-term transactions not reported to you on Form 1099-B

i (i ) Long tomi tranoactions i	iot roportou	to you on to	1000 B				
1 (a) Description of property	<b>(b)</b> Date acquired		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)				(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
VIA ENERGY III, LP	VARIOUS	40/04/0000	042				042
	VARIOUS	12/31/2023	813			0	813
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D)	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	813	0		0	813

**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** (2023)