# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

**ARMANINO ADVISORY LLC** 

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 6 Open to Public Inspection

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	-	•	Open to Public Inspection				
AF	or th	e 2023 calend	ar year, or tax year beginning JUL 1, 2023 and	lending J	UN 30, 2024					
	heck if pplicat	le <sup>.</sup>	forganization IAL COUNCIL OF JEWISH WOMEN		D Employer identificat	tion number				
	Addr	ge ST. LC	UIS SECTION							
	Name Change Doing business as 43-0722936									
	Initial Room/suite E Telephone number									
	Final 295 NORTH LINDBERGH BLVD 314-993-5181									
	termi ated	<sup>n-</sup> City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,674,681.				
	Amer	nded ST. LC	DUIS, MO 63141		H(a) Is this a group retu	rn				
	_Appli_tion_	F Name a	nd address of principal officer: NANCY LITZ		for subordinates?	Yes X No				
	pend	ING SAME AS	C ABOVE		H(b) Are all subordinates inclu	ded? Yes No				
<u>  1</u>	ax-e>	empt status: [	X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1)	or 527	If "No," attach a lis	t. See instructions				
J١	Vebs	ite: WWW.NC	SJWSTL.ORG		H(c) Group exemption r	number				
		·	X   Corporation   Trust   Association   Other	L Year	of formation: 1923 MS	State of legal domicile: MO				
Pa	art I	Summary								
Ø	1		be the organization's mission or most significant activities: ADVOCA		OMMUNITY SERVICE					
ŭ		TO IMPROVE	QUALITY OF LIFE AND TO ENSURE RIGHTS AND FREEDOMS	5.						
Governance	2	Check this bo	x if the organization discontinued its operations or dispo	sed of more	than 25% of its net asset	S.				
٥ ٨	3					33				
	4		lependent voting members of the governing body (Part VI, line 1b)			33				
es S	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)			34				
Activities &	6	Total number	of volunteers (estimate if necessary)			2500				
Acti						0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.				
					Prior Year	Current Year				
ē	8		and grants (Part VIII, line 1h)		1,107,494.	1,196,335.				
Revenue	9		ce revenue (Part VIII, line 2g)		46,133.	99,425.				
se č	10		come (Part VIII, column (A), lines 3, 4, and 7d)		39,181.	43,458.				
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		265,192.	247,052.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,458,000.	1,586,270.				
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	96,442.				
	14	-	to or for members (Part IX, column (A), line 4)		0.	0.				
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		587,772.	585,527.				
sus(	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b		<b>5 1 ( (</b> ), <b>(</b> ),	771.						
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		663,565.	485,128.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,251,337.	1,167,097.				
	19	Revenue less	expenses. Subtract line 18 from line 12		206,663.	419,173.				
s or				Be	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I		······	3,647,032.	4,209,386.				
atAs	21		(Part X, line 26)		779,264.	797,865.				
			fund balances. Subtract line 21 from line 20		2,867,768.	3,411,521.				
	art II	Signature								
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my kr	lowledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	Date					
Here	ELLEN ALPER						
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	] PTIN	
Paid	JENNIFER M.	VACHA	JENNIFER M. VACHA	04/29/2	5 self-employed	P01251998	
Preparer	Firm's name	ARMANINO ADVISORY LLC			Firm's EIN 94	4-6214841	
Use Only	Firm's address	6 CITYPLACE DRIVE, SUITE	900				
	983-1200						
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No
LHA For	Paperwork Re	duction Act Notice, see the separ	rate instructions. 332001 12-21-	-23		Form <b>990</b> (	(2023)

	NATIONAL COUNCIL OF JEWISH WOMEN		
	990 (2023) ST. LOUIS SECTION	43 - 0722936	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE NATIONAL COUNCIL OF JEWISH WOMEN (NCJW) ST. LOUIS IS INSPIRED BY		
	JEWISH VALUES TO ADVANCE SOCIAL AND ECONOMIC JUSTICE FOR ALL WOMEN,		
	CHILDREN AND FAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🔄 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expense	es.
	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.		
4a	(Code:         ) (Expenses \$	\$	)
	COMMUNITY SERVICE AND MEMBERSHIP:		
	EACH YEAR, MORE THAN 2,000 NCJW VOLUNTEERS LOG OVER 10,000 HOURS TO		
	TOUCH THE LIVES OF MORE THAN 10,000 ST. LOUISANS. SINCE 1895, NCJW'S		
	PIONEERING PROJECTS HAVE GROWN INTO VITAL SOCIAL PROGRAMS AND		
	SELF-SUSTAINING AGENCIES. OUR CURRENT FOCUS INCLUDES THE FOLLOWING		
	PROJECTS:		
	HEALING HEARTS BANK, A NON-TRADITIONAL MICRO-LENDING PROGRAM FOR		
	VICTIMS OF DOMESTIC VIOLENCE AND UNDERSERVED WOMEN AND FAMILIES WHO MAY		
	NOT OTHERWISE HAVE FUNDS FOR EMERGENCY AND OTHER NEEDS. THERE IS NO		
	APPLICATION FEE TO TAKE OUT A LOAN, AND SINCE NCJW IS A CREDIT		
	REPORTING AGENCY, WE HELP OUR BORROWERS (SEE SCHEDULE O)		
4b	(Code:         ) (Expenses \$	\$	)
	ADVOCACY AND EDUCATION:		
	MANY OF NCJW'S ADVOCACY EFFORTS ARE GEARED SPECIFICALLY TO THE		
	EDUCATION OF OUR COMMUNITY ABOUT THE FREEDOMS AND RIGHTS THAT ARE		
	ACCORDED TO ALL. FROM OUR TRIPS TO JEFFERSON CITY TO MEET WITH OUR		
	LEGISLATORS, TO OUR LUNCH AND LEARN PROGRAM THAT PROVIDES EDUCATION AND		
	TRAINING REGARDING CIVIC ENGAGEMENT, MEMBERS AND NON-MEMBERS ALIKE ARE		
	CONCERNED AND INVOLVED IN THEIR COMMUNITY. NCJW COLLABORATES WITH OTHER		
	ORGANIZATIONS IN THE ST. LOUIS REGION TO ENGAGE COMMUNITY MEMBERS IN		
	ADVOCACY WITH LOCAL AND STATE LEGISLATORS ABOUT IMPORTANT ISSUES OF THE		
	DAY. NCJW OFFERS SERVICES, MEMBERSHIP, AND SUPPORT TO MEN, WOMEN, AND		
	CHILDREN REGARDLESS OF RELIGION, RACE, GENDER, SEXUAL ORIENTATION OR		
	DISABILITY. (SEE SCHEDULE O)		
4c	(Code:) (Expenses \$194,128. including grants of \$) (Revenue	\$	)
	BACK TO SCHOOL! STORE AND KIDS COMMUNITY CLOSET:		
	THE BACK TO SCHOOL! STORE IS A ONE-DAY EVENT SET UP LIKE A DEPARTMENT		
	STORE. EACH CHILD IS ASSIGNED AN ADULT VOLUNTEER TO HELP HIM OR HER SHOP FOR FREE FOR CLOTHING AND SCHOOL SUPPLIES. IN COLLABORATION WITH		
	OVER 75 COMMUNITY ORGANIZATIONS, NCJW PROVIDES PROGRAMMING IN THE AREAS		
	OF CHILD SAFETY, NUTRITION, VISION SCREENING, HEALTH ISSUES, ETC., FOR		
	PARENTS/GUARDIANS AND CHILDREN. A NEW "FAMILY RESOURCE GUIDE" HAS BEEN		
	DEVELOPED TO PROVIDE IMPORTANT INFORMATION ABOUT ALL THE SERVICES		
	AVAILABLE IN OUR REGION TO SUPPORT THE FAMILIES AND CHILDREN. EACH CHILD RECEIVES EVERYTHING THEY NEED TO START THE SCHOOL YEAR:		
	CLOTHING, COAT, SHOES, UNDERGARMENTS, BACKPACK, BOOK AND SCHOOL		
<u> </u>	SUPPLIES.     (SEE SCHEDULE O)		
4d	Other program services (Describe on Schedule O.)	342 817	
4.0	(Expenses \$ 99,425. including grants of \$ 96,442.) (Revenue \$       Total program service expenses     821,104.	,ot/•)	
4e	Total program service expenses     821,104.		1 <b>990</b> (2023)
30000	SEE SCHEDULE O FOR CONTINUATION(S)	FOR	1 2023)
332002	2 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)		
	5		

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<sup>2023.05070</sup> NATIONAL COUNCIL OF JEWIS CUS00001

Form	990 (2023) ST. LOUIS SECTION 43-07229	36	Р	age <b>3</b>
Par	t 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	1		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	1
332003	12-21-23			(2023)
002000				(_320)

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	990 (2023) ST. LOUIS SECTION 43-0722	936	F	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1 22		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		+
	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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<b>28</b> a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	x	┼──
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	- 51		+
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31	+	+
50		38	х	
Par				<u>.                                    </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
		_	Yes	No
		1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
332004	- 12-21-23 5	Forr	n ອອບ	(2023)

	990 (2023) ST. LOUIS SECTION	43-072	2936		Р	age <b>5</b>					
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			_		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	34								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	上	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		x					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b							
4a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	<b>b</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 A	ccounts (FBAR).	_								
5a				5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		" F								
ou	any contributions that were not tax deductible as charitable contributions?			6a		x					
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution		··  -	ou							
D	were not tax deductible?	-		6b							
7	Organizations that may receive deductible contributions under section 170(c).		· ⊢	00							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pay		7a	х						
a L		1 1 2			x	<u> </u>					
b			···	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	.	7.		x					
	to file Form 8282?	1 1	· ⊢	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	—	-		v					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		··· ►	7e 		X X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		··· ⊢	7f		<u> </u>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		├──					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		?  -	7h		<u> </u>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-							
-				8							
9	Sponsoring organizations maintaining donor advised funds.			-							
a				9a		<u> </u>					
b			-	9b							
10	Section 501(c)(7) organizations. Enter:										
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	_								
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:	1 1									
а	Gross income from members or shareholders	11a	_								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b	_								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	l2a							
b	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?		1	I3a		<u> </u>					
	<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	1 1									
	organization is licensed to issue qualified health plans	13b	_								
С	Enter the amount of reserves on hand	13c	_								
14a			··· –	l4a		<u>x</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		1	4b		┝──					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					1					
	excess parachute payment(s) during the year?		. L	15		X					
	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?	L	16		x					
	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 ac	tivities				1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		L	17							
	If "Yes," complete Form 6069.										
332005	5 12-21-23		F	Form	990	(2023)					

Form	990 (2023) ST. LOUIS SECTION 43-07229			age 6								
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	se								
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	3										
	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.											
b												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x								
6	Did the organization have members or stockholders?	6	Х									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a	х									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x								
Sec	tion 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		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c	х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	Х									
b	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		x								
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 organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filedNONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble								
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial									
	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											
	ELLEN ALPER - 314-993-5181											
	295 NORTH LINDBERGH BLVD, ST LOUIS, MO 63141											
332006	§ 12-21-23	Form	9 <b>90</b>	(2023)								
	7											

	NATIONAL COUNCIL OF JEWISH WOMEN	
Form 990 (2023)	ST. LOUIS SECTION	43-0722936 Page
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated
Employe	es, and Independent Contractors	
Check if Sch	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Employ	yees
<ul> <li>List all of the organ</li> </ul>	for all persons required to be listed. Report compensation for the calendar anization's <b>current</b> officers, directors, trustees (whether individuals or organ, (E), and (F) if no compensation was paid.	, , ,
<ul> <li>List all of the organ</li> </ul>	anization's current key employees, if any. See the instructions for definition	n of "key employee."
who received reportable	ion's five <b>current</b> highest compensated employees (other than an officer, div e compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box unization and any related organizations.	
reportable compensation • List all of the organ	anization's <b>former</b> officers, key employees, and highest compensated emplor on from the organization and any related organizations. anization's <b>former directors or trustees</b> that received, in the capacity as a eportable compensation from the organization and any related organization	a former director or trustee of the organization,

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

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

	1	1						T		
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is both	n an	compensation	compensation	amount of
	week				from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con	L	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ELLEN ALPER	60.00	_	-		-	1				
CEO				x				107,743.	0.	8,946.
(2) NANCY LITZ	15.00									
PRESIDENT		х		x				0.	0.	0.
(3) AMY FENSTER BROWN	5.00									
SECRETARY		х		х				0.	0.	0.
(4) MICHELLE BROOKS	5.00									
TREASURER		Х		X				0.	0.	0.
(5) SARAH MARTIN	5.00									
VP ADMINISTRATION		Х		Х				0.	0.	0.
(6) MARILEN PITLER	5.00									
VP ADVOCACY		Х		X				0.	0.	0.
(7) AMANDA STEIN	10.00									
VP COMMUNITY IMPACT		Х		Х				0.	0.	0.
(8) SUSAN DERTKE HENDIN	10.00									
VP DEVELOPMENT		Х		X				0.	0.	0.
(9) MINDY GROSSMANN	5.00									
VP LEADERSHIP		Х		X				0.	0.	0.
(10) LISA GUBERNIK	5.00									
VP MEMBERSHIP		Х		Х				٥.	٥.	0.
(11) PHYLLIS LANGSDORF	10.00									
PRESIDENT ELECT		Х		Х				0.	٥.	0.
(12) GAIL EISENKRAMER	5.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(13) ALISSA ARST	3.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BARBARA BARNHOLTZ	3.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CHRIS BOMZE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(16) PEGGY COHEN VOSS	3.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) WENDY FLUSSER	3.00	4								
BOARD MEMBER		Х						0.	0.	0. Form <b>990</b> (2023)

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Form 990 (2023)

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NATIONAL CO	OUNCIL	OF	JEWISH	WOMEN
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										Page <b>8</b>		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E)											(F)	
Name and title	Average	(do		Pos		l than d	200	Reportable	Reportable		Estima	ted
	hours per	box	, unle	ss per	rson i	s botł	n an	compensation	compensation	6	amoun	t of
	week		cer ar T	nd a d I	irecto	r/trus T	tee)	from	from related		othe	r
	(list any	ector						the	organizations	со	mpens	
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/		from t	
	related organizations	Istee	trustee		æ	bensi		(W-2/1099-MISC/	1099-NEC)		rganiza	
	below	ual tru	onal		ploye	ee com		1099-NEC)		-	nd rela	
	line)	ndividual trustee or director	In stit utio nal 1	Officer	Key employee	Highest compensated employee	Former				ganiza	lions
(18) ALISON FOX	3.00	트	<u> </u>	5	¥	Ξ 9 Ξ	<u>в</u>			-		
BOARD MEMBER		x						0.	0			0.
(19) CINDY FRANK	3.00											
BOARD MEMBER		x						0.	0			0.
(20) DIANE FRIEDMAN	3.00											
BOARD MEMBER		х						0.	0			0.
(21) AMY GALLANT	3.00											
BOARD MEMBER		х						0.	0			0.
(22) NICOLE GOROVSKY	3.00											
BOARD MEMBER		x						0.	0			0.
(23) AMY HAMMERMAN	3.00											
BOARD MEMBER		х						0.	0			0.
(24) HILLARY HINZ	3.00											
BOARD MEMBER		Х						0.	0			0.
(25) SARAH KIRSCHNER	3.00											
BOARD MEMBER		х						٥.	0	•		0.
(26) JOYCE KOLKER	3.00											
BOARD MEMBER	BER X 0.		0		C							
1b Subtotal								107,743.	0	·	8,946	
c Total from continuation sheets to Part VI								0.	0		0.	
d Total (add lines 1b and 1c)								107,743.	0	•	8	,946.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Vee	1
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			-		-		-		•			v
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su												x
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a										5		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	<u> </u>	or si	icn į	oers	on .				5		
1 Complete this table for your five highest cor	mpensated ind	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compens	sation	rom	
the organization. Report compensation for t												
(A)	, , , , , , , , , , , , , , , , , , ,							(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices		ensati	on
							-					

Total number of independent contractors (including but not limited to those listed above) who received more than 2 0 \$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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		ISH								
Form 990 ST. LOUIS SI									43-07229	36
Part VII Section A. Officers, Directors, T		nplo	yee			ligh	est (		es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(C	hecł	k all	that	app I	ly)	compensation	compensation from related	amount of other
	per week					ee		from the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organization
	related	istee o	truste		e	pensa				and related
	organizations below	ual tru	ional		ploye	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) SUE LAPP	3.00	_	-		×	-	ш			
BOARD MEMBER	5.00	x						0.	0.	0
(28) LAURA NEWMAN	3.00								••	
BOARD MEMBER		x						0.	0.	0
(29) DIANE PACKMAN	3.00				1				••	
BOARD MEMBER		х						0.	0.	0
(30) EMILIE SCHAFFER	3.00									
BOARD MEMBER		х						0.	0.	0
(31) AMY STONE	3.00									
BOARD MEMBER		х						0.	0.	0
(32) KAREN TABAK	3.00									
BOARD MEMBER		х						0.	0.	0
(33) LAURI TEAGAN	3.00									
BOARD MEMBER (THRU 01/24)		х						0.	0.	0
(34) GEORGEE WALDMAN	3.00									
BOARD MEMBER		х						0.	0.	0
(35) GAIL WECHSLER	3.00									
BOARD MEMBER		х						0.	0.	0
	-					-				
								, · · · · · · · · · · · · · · · · · · ·		

			1020/		IS SECTIO	N				43-072293	6 Pa	age <b>9</b>
Pa	rt V		Statement of Re	even	ue							
			Check if Schedule O	conta	ains a respo	nse (	or note to any line		(B)	(0)	(D)	
								( <b>A)</b> Total revenue	(D) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excl from tax un sections 512	nder
ខ្លួ	1	a	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				7,747.					
An G		с	Fundraising events		1c		88,668.					
Sift:		d	Related organizations		1d							
imi)			Government grants (contr									
er S		f	All other contributions, gifts,									
<b>Oth</b>			similar amounts not included				1,099,920.	-				
ont nd (		-	Noncash contributions included in				215,869.	1 196 335				
<u>م</u> ر		h	Total. Add lines 1a-1f				Business Code	1,196,335.				
	0	~	HOPE ALWAYS FUND				561000	99,425.	99,425.			
vice	_	a b					301000	55,425.	55,425.			
Ser		c										
		d										
Program Service Revenue		e										
P		f	All other program service	reve	nue							
		g	Total. Add lines 2a-2f					99,425.				
	3		Investment income (inclue	ding	dividends, ir	ntere	st, and					
								43,429.			43,	429.
	4	Income from investment of tax-exempt bond pro Royalties			1							
	5		Royalties		(i) Real							
	~	_	Overes verte	<b>C</b> -			(ii) Personal					
			Gross rents Less: rental expenses	6a 6b								
			Rental income or (loss)	6c								
		d Net rental income or (loss)										
			Gross amount from sales of	, <u></u>	(i) Securit		(ii) Other					
			assets other than inventory	7a	63,4	10.						
		b	Less: cost or other basis									
ne			and sales expenses	7b	63,3	881.						
venue		с	Gain or (loss)	7c		29.						
a)		d	Net gain or (loss)			· <u>····</u>		29.			L	29.
Other R	8	а	Gross income from fundraisi	-								
ō			including \$									
			contributions reported on		-		27 121					
		L	Part IV, line 18 Less: direct expenses			8a 8b	27,121. 29,130.					
			Net income or (loss) from					-2,009.			-2	009.
			Gross income from gamir					_,			/	
	-	-	Part IV, line 19			9a	5,669.					
		b	Less: direct expenses			9b	0.					
			Net income or (loss) from			s		5,669.			5,	669.
	10	а	Gross sales of inventory,	less	returns							
			and allowances			10a	1,239,292.					
		b	Less: cost of goods sold			10b	995,900.					
		с	Net income or (loss) from	sales	s of inventor	ry		243,392.	243,392.			
s							Business Code					
Miscellaneous Revenue	11											
ellaneo: evenue		b										
Scel		с 2										
Ξ			All other revenue				L					
	12	e	Total. Add lines 11a-11d Total revenue. See instruction					1,586,270.	342,817.	0.	47	118.
332009		21-		0110			I	, , =		1 5.	Form <b>990</b> (	
												,

11 2023.05070 NATIONAL COUNCIL OF JEWIS CUS00001

Form 990 (2023) ST. LOUIS SECTION
Part IX Statement of Functional Expenses

sect	ion 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, 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	96,442.	96,442.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,383.	76,430.	12,738.	38,21
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	458,144.	289,169.	82,271.	86,70
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a					
b					
č		38,026.		38,026.	
d		,		,	
e					
f	Investment management fees	11,903.		11,903.	
g		,			
y	column (A), amount, list line 11g expenses on Sch 0.)				
0		35,336.	26,745.	4,475.	4,11
2	Advertising and promotion	46,310.	24,624.	16,846.	4,84
3	Office expenses	22,507.	15,596.	3,605.	3,30
4	Information technology	22,307.	15,550.	5,005.	5,50
5	Royalties	29,675.	19,815.	5,360.	4,50
6		29,075.	19,015.	5,500.	4,50
7					
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6.266	6 000	01	0.5
9	Conferences, conventions, and meetings	6,366.	6,008.	81.	27
0		6,284.	3,770.	1,257.	1,25
21	Payments to affiliates	59,650.	59,650.	0.220	0.50
2	Depreciation, depletion, and amortization	58,369.	40,469.	9,339.	8,56
3	Insurance	5,268.	3,160.	1,054.	1,05
4	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 0.)				
а	CLOTHING & SCHOOL SUPP.	158,741.	155,955.	156.	2,63
b	MISCELLANEOUS	6,693.	3,271.	3,111.	31
c		,	,	,	
d					
e	All other expenses				
.5	Total functional expenses. Add lines 1 through 24e	1,167,097.	821,104.	190,222.	155,77
6	Joint costs. Complete this line only if the organization	, , ,	,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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 Form 990 (2023)
 ST. LOUIS SECTION

 Part X
 Balance Sheet

	Check if Schedule O contains a response or no	te to any line	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			257,158.	1	357,978.
2	Savings and temporary cash investments			7,435.	2	97,169.
3	Pledges and grants receivable, net			147,326.	3	348,006
4	Accounts receivable, net				4	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disqua	ified persons	s (as defined			
	under section 4958(f)(1)), and persons describe		6			
<u>ო</u> 7	Notes and loans receivable, net		7			
Assets	Inventories for sale or use	451,207.	8	575,030.		
§   §	Prepaid expenses and deferred charges			30,479.	9	24,234.
10:	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	1,796,285.			
1	b Less: accumulated depreciation		740,534.	1,118,985.	10c	1,055,751.
11	Investments - publicly traded securities			1,634,442.	11	1,751,218.
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			3,647,032.	16	4,209,386.
17	Accounts payable and accrued expenses	132,526.	17	188,382.		
18	Grants payable			18		
19	Deferred revenue		4,414.	19	3,424.	
20	Tax-exempt bond liabilities			20	· · · · ·	
21	Escrow or custodial account liability. Complete				21	
20	Loans and other payables to any current or for					
tie	trustee, key employee, creator or founder, subs					
Liabilities	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrel	-		642,324.	23	606,059.
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	-				
	of Schedule D				25	
26				779,264.	26	797,865.
	Organizations that follow FASB ASC 958, ch		X			
es	and complete lines 27, 28, 32, and 33.					
un 27				1,564,000.	27	1,694,330.
				1,303,768.	28	1,717,191.
2	Organizations that do not follow FASB ASC		F	· · ·		· · ·
E	and complete lines 29 through 33.	-,				
b 29	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Balances E E 66 C 66 C 67 C 67 C 67 C 67 C 67 C 67 C	Paid-in or capital surplus, or land, building, or e				30	
Se 31	Retained earnings, endowment, accumulated in		Γ		31	
1   32	Total net assets or fund balances		····· -	2,867,768.	32	3,411,521.
Z   02   33				3,647,032.	33	4,209,386.
00				, ,	55	Form <b>990</b> (2023

Form **990** (2023)

332011 12-21-23

	NATIONAL COUNCIL OF JEWISH WOMEN				
Form	990 (2023) ST. LOUIS SECTION	43-0	722936	Pa	.ge <b>12</b>
	rt XI Reconciliation of Net Assets				2
	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	1	,586,	270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,167,	097.
3	Revenue less expenses. Subtract line 2 from line 1	3		419,	,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,867,	768.
5	Net unrealized gains (losses) on investments	5		124,	,580.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	3	,411,	521.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	1	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0000)

Form **990** (2023)

SCHE	DULE A	A Public Charity Status and Public Support					OMB No. 1545-0047				
(Form 9	90)					-					2023
				Simplete in the o		nization is a section 501 47(a)(1) nonexempt cha			or a section		2023
	of the Treasury					ttach to Form 990 or Fo					Open to Public
Internal Reve	nue Service			Go to www.irs.	gov/	Form990 for instruction	ns and the	e latest inf	ormation.	-	Inspection
Name of	the organizati	on	NATION	AL COUNCIL C	FJ	EWISH WOMEN				Employe	r identification number
				UIS SECTION							43-0722936
Part I	Reason	ior I	Public (	Charity Statu	IS.	(All organizations must o	omplete tl	his part.) S	ee instructior	IS.	
The orgar	nization is not a	priva	ate found	ation because it	is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvent	ion of ch	urches, or assoc	iatic	on of churches described	in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	A school des	cribe	d in <b>sect</b> i	ion 170(b)(1)(A)(	ii). (	Attach Schedule E (Forn	า 990).)				
3	A hospital or	a coo	perative	hospital service	orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).		
4	-			-	-	njunction with a hospital			-	)(iii). Enter	the hospital's name,
	city, and stat	e:									
5	An organizati	on op	perated for	or the benefit of a	a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in
	section 170	b)(1)	( <b>A)(iv).</b> (C	Complete Part II.)	)						
6	A federal, sta	te, or	local gov	vernment or gov	ernn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on th	at norma	lly receives a sul	osta	ntial part of its support f	rom a gove	ernmental	unit or from tl	ne general	public described in
	section 170(	o)(1)(	<b>A)(vi).</b> (C	omplete Part II.)							
8	A community	trust	describe	ed in section 17	0(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al res	earch org	anization descri	bed	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a n	on-land-g	rant college of a	igric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	university:										
10	An organizati	on th	at norma	lly receives (1) m	ore	than 33 1/3% of its supp	ort from c	ontribution	ns, membersł	ip fees, an	d gross receipts from
	activities rela	ted to	its exem	npt functions, su	bjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and ι	Inrela	ted busir	ness taxable inco	ome	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	See section	509(a	<b>)(2).</b> (Cor	mplete Part III.)							
11 🔛	An organizati	on or	ganized a	and operated ex	clus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on or	ganized a	and operated ex	clus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supp	ported or	ganizations desc	ribe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
	_lines 12a thro	ugh	12d that of	describes the ty	o əc	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
a	<b>Type I.</b> A s	Jppo	rting orga	anization operate	ed, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
	the suppor	ed o	rganizatio	on(s) the power t	o re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the si	upporting
	organizatio	n. <b>Yo</b>	u must c	complete Part IV	/, Se	ections A and B.					
b 🗌	<b>Type II.</b> A s	uppo	orting org	anization superv	isec	l or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or r	nana	gement o	f the supporting	org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
_	_ ~	• •		•		Sections A and C.					
c 🗌						g organization operated				lly integrate	ed with,
	_					). You must complete					
d			-	-		porting organization oper				•	
						ation generally must sat				an attenti	veness
_	- ·	•		,		nplete Part IV, Sections					
e						written determination fro			Туре I, Туре	II, Type III	
					ctio	nally integrated supporti	ng organiz	ation.			
	er the number		•	•							
	(i) Name of supp		tormation	i about the supp (ii) EIN	one	ed organization(s).	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior			(,		(described on lines 1-10	in your govern	ing document?	support (see i	,	support (see instructions)
	0					above (see instructions))	Yes	No			
								<u> </u>			
Total											
10101					_				1		L

	NZ	ATIONAL COUNCII	L OF JEWISH WON	MEN				
Sch	edule A (Form 990) 2023 st	r. LOUIS SECTIO	N				43-072293	86 Page <b>2</b>
	art II Support Schedule for (	Organizations	Described in S	ections 170(b	)(1)(A)(iv) and	170	b)(1)(A)(vi)	3
	(Complete only if you checked	d the box on line 5,	7, or 8 of Part I or i	f the organization	failed to qualify u	nder F	Part III. If the o	rganization
	fails to qualify under the tests	listed below, pleas	e complete Part III.	)				
Se	ction A. Public Support							
Cale	ndar 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.")	1,231,508.	1,565,869.	821,605.	1,107,494.	1	,196,335.	5,922,811.
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,231,508.	1,565,869.	821,605.	1,107,494.	1	,196,335.	5,922,811.
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)							251,200.
6	Public support. Subtract line 5 from line 4.							5,671,611.
	ction B. Total Support							, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(	e) 2023	(f) Total
	Amounts from line 4	1,231,508.	1,565,869.	821,605.	1,107,494.		,196,335.	5,922,811.
	Gross income from interest,						<u> </u>	
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	17,390.	35,388.	44,605.	38,313.		43,429.	179,125.
9	Net income from unrelated business							•
•	activities, whether or not the							
	business is regularly carried on	5,883.					3,660.	9,543.
10	Other income. Do not include gain	,						,
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							6,111,479.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		5,151,705.
	First 5 years. If the Form 990 is for th	-					 3)	,,
10	organization, check this box and stop	-					-	
Se	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I			lumn (f))		14		92.80 9
15	Public support percentage from 2022					15		94.75 9
	<b>33 1/3% support test - 2023.</b> If the c						heck this box	,
102	stop here. The organization qualifies							
F	33 1/3% support test - 2022. If the c		•	e 13 or 16a and li				·····
Ľ								
17-	and stop here. The organization qual 10% -facts-and-circumstances test							
1/2	and if the organization meets the facts							
L	meets the facts-and-circumstances te						nd line 15 is 10	
	10% -facts-and-circumstances test	- zuzz. in the orga	an a canon uiu not ch	CUN A DUX UN IIIIE	10, 10a, 10b, 0f I	ıa, al		1/0 01

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2023

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NATIONAL	COUNCIL	OF	JEWISH	WOMEN

#### Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

ST. LOUIS SECTION

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
check this box and stop here				-		
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the						line 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2022. If the	e organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiz	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		<u></u>
332023 12-21-23		17	,		Sche	edule A (Form 990) 2023

1

2

3a

Yes No

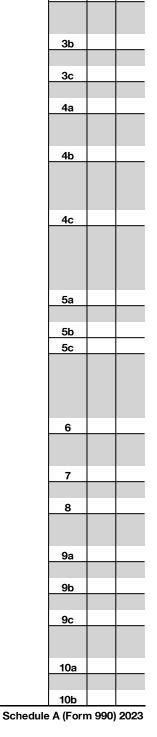
### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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* **Part VI.**
- 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 with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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 **Part VI.**
- **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* **Part VI.**
- c 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 **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	NATIONAL COUNCIL OF JEWISH WOMEN			
	edule A (Form 990) 2023 ST. LOUIS SECTION	43-0722936	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		1	
			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, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 support	rtod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instru-	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entit	v (see instructior	ns).	
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			

5 11 5 ()	5 5		, 00,	onpia
Part VI the reasons for the organization's position that its supported organization	(s) would	have	enga	ged in
these activities but for the organization's involvement.				

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.** 

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

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3b | | Schedule A (Form 990) 2023

2b

3a

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NATIONAL	COUNCIL	OF	JEWISH	WOMEN

Schedu	JIE A (Form 990) 2023 ST. LOUIS SECTION			43-0722936 Pag
Part		ng Organi	zations	Γų
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus		•	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 A	Add lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
iı	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
еΓ	Discount claimed for blockage or other factors			
(,	explain in detail in Part VI):			
<b>2</b> A	Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	<i>I</i> ultiply line 5 by 0.035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	Inter 0.85 of line 1.	2		
<b>3</b> N	/inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> E	Inter greater of line 2 or line 3.	4		
5 lr	ncome tax imposed in prior year	5		
6 C	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	mergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

NATIONAL	COUNCIL	OF	JEWISH	WOMEN

Sche	dule A (Form 990) 2023 ST. LOUIS SECTION				43-0722936	Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions		·		Current Y	/ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	IS	Distributa	
			Pre-2023		Amount for	2023
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	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.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

		NATIONAL	COUNCIL OF JEWISH WOMEN			
Schedule A	(Form 990) 2023	ST. LOUIS			43-0722936	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4b, ines 2 and 3;	vide the explanations required by Part II, line 10; Part 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part fo	lion B, lines 1 ar line 1; Part V, S	nd 2; Part IV, Section Section B, line 1e; Pa	C,
32028 12-21-2	3		22		Schedule A (Form 9	90) 202:

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* *	PUBLIC	DISCLOSURE	COPY	**
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## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

43-0722936

ST.	LOUIS	SECTION

Organization t	type (	check	one	):
----------------	--------	-------	-----	----

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**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.

	B (Form 990) (2023) rganization		Page 2
	COUNCIL OF JEWISH WOMEN		
ST. LOUI	IS SECTION		43-0722936
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$261,	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$75,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
3		\$65,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4			,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$50	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$40,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page <b>2</b>
	rganization , COUNCIL OF JEWISH WOMEN	E	mployer identification number
	S SECTION		43-0722936
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$33,40	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$33,11	B.       Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

	ganization		Employer identification	numl
	COUNCIL OF JEWISH WOMEN S SECTION		43-0722936	
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	1	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	(d)	ved
1	PUBLICLY TRADED SECURITIES			
		\$51	,789. 06/30/24	4
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ved
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ved
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	- Data rocai	ved
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ved
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		ved
		\$		

Schedule	B (Form 990) (2023)		Page 4						
	organization		Employer identification number						
NATIONAI	L COUNCIL OF JEWISH WOMEN								
	IS SECTION Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	43-0722936 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, use duplicate copies of Part III if additional set in the total of exclusively religious.	charitable, etc., contributions of \$1,000 or le	/. For organizations ss for the year. (Enter this info. once.)  \$						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(a) Transfer of sift							
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from			(d) Description of how gift is held						
Part I	(b) Purpose of gift	(c) Use of gift							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
323454 12-26	6-23		Schedule B (Form 990) (2023)						

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Department of the Treasury Internal Revenue Service	Complete if the organization is describ Go to www.irs.gov/Form990 for			Open to Public Inspection
If the organization answ	vered "Yes" on Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, lir	ne 46 (Political Campaign Act	ivities), then:
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not c	omplete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	than section 501(c)(3)) organizations: Complet	e Parts I-A and C below	. Do not complete Part I-B.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete Part I-A only.			
f the organization answ	vered "Yes" on Form 990, Part IV, line 4, or F	orm 990-EZ, Part VI, li	ine 47 (Lobbying Activities), th	hen:
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election ι	under section 501(h)): C	omplete Part II-A. Do not comp	olete Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (elec	tion under section 501(	(h)): Complete Part II-B. Do not	complete Part II-A.
the organization answ	vered "Yes" on Form 990, Part IV, line 5 (Proz	xy Tax) (see separate i	instructions) or Form 990-EZ,	Part V, line 35c (Proxy
ax) (see separate instr	uctions), then:			
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizations: Complete Part III.			
Name of organization	NATIONAL COUNCIL OF JEWISH WOMEN		Employ	er identification number
	ST. LOUIS SECTION			43-0722936
Part I-A Comple	ete if the organization is exempt und	der section 501(c)	or is a section 527 orga	anization.
<ul> <li>Duccida e deceminária</li> </ul>				
•	on of the organization's direct and indirect politi			
			\$_	
<b>3</b> Volunteer hours for	political campaign activities			
Part I-B Comple	ete if the organization is exempt und	der section 501(c)	(3).	
1 Enter the amount of	f any excise tax incurred by the organization un	der section 4955	\$_	
2 Enter the amount of	f any excise tax incurred by organization manage			
	ncurred a section 4955 tax, did it file Form 4720			
	ade?			
<b>b</b> If "Yes," describe in				
	ete if the organization is exempt und	der section 501(c),	, except section 501(c)(	3).
1 Enter the amount d	rectly expended by the filing organization for se	ection 527 exempt func	tion activities \$	
	f the filing organization's funds contributed to o			
exempt function ac	0 0	8		
•	on expenditures. Add lines 1 and 2. Enter here			
•			,	
	zation file Form 1120-POL for this year?			Yes No
	Idresses, and employer identification number (I			
	or each organization listed, enter the amount pa	, ,	0	
	ed that were promptly and directly delivered to			-
	mittee (PAC). If additional space is needed, pro	· · ·		5 5
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address			contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter -0

**Political Campaign and Lobbying Activities** SCHEDULE C For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

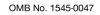
(Form 990)

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

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23



)23 Open to Public

NAT	IONAL COUNCIL	OF JEWISH WOMEN				
Schedule C (Form 990) 2023 ST.	LOUIS SECTIO	N		43-0	722936 Page 2	
Part II-A Complete if the organ	ization is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under	
section 501(h)).						
A Check if the filing organization	belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,	
expenses, and share of	excess lobbying e	expenditures).				
<b>B</b> Check if the filing organization	checked box A ar	nd "limited control" pro	ovisions apply.		1	
Limits o (The term "expenditu	n Lobbying Exper res" means amou		)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a Total lobbying expenditures to influence	ce public opinion (	grassroots lobbying)				
<b>b</b> Total lobbying expenditures to influence	ce a legislative boo	ly (direct lobbying)				
c Total lobbying expenditures (add lines	1a and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (a	dd lines 1c and 1d	)				
f Lobbying nontaxable amount. Enter th	e amount from the	e following table in bot	h columns.			
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:			
not over \$500,000,	20% of	the amount on line 1e.				
over \$500,000 but not over \$1,000,00	0, \$100,00	0 plus 15% of the exc	ess over \$500,000.			
over \$1,000,000 but not over \$1,500,0	00, \$175,00	00 plus 10% of the exc	ess over \$1,000,000.			
over \$1,500,000 but not over \$17,000	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,						
g Grassroots nontaxable amount (enter						
h Subtract line 1g from line 1a. If zero or						
i Subtract line 1f from line 1c. If zero or						
j If there is an amount other than zero o	n either line 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this yea	r?				Yes No	
(Some organizations that	made a section 5	eraging Period Under 01(h) election do not ate instructions for lin	have to complete all o	of the five columns b	elow.	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		r	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023

## 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			0 404
	Media advertisements?	X X			9,404.
	Mailings to members, legislators, or the public?		x		1,072.
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	x	21		12,759.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other activities?	x			139,729.
-	Total. Add lines 1c through 1i				, 162,964.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5	ō), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th <b>t III-B</b> Complete if the organization is exempt under section 501(c)(4), sectio			tion	
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."			n-A, inie	0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and percenditures next year?	JILICAI	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		0		
	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	not), i artin	, intee 1 a	10 2 (000	
	III-B, LINE 1, LOBBYING ACTIVITIES:				
NATI	ONAL COUNCIL OF JEWISH WOMEN (NCJW) ADVOCATES ON ISSUES THAT AFFECT				
WOME	EN, CHILDREN AND FAMILIES. THEY MEET WITH ELECTED OFFICIALS TO SHARE				
VIEW	IS AND ENCOURAGE SUPPORT OF LEGISLATION. OTHER ACTIVITIES EXPENSE				
INCI	UDES GENERAL PROGRAMMING, BENEFITS, COALITIONS, RELATED OFFICE				
EXPF	ENSES AND SALARIES.				

332043 11-06-23

Schedule C (Form 990) 2023

501	HEDULE D		Suppleme	nta	al Financial Statements	5		OMB No. 1	545-0047
	Form 990) Complete if the organization answered "Yes" on Form 990,							20	23
Departr	nent of the Treasury		Part IV, line 6, 7, 8, 9		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	b.		Open t	o Public
	Revenue Service				0 for instructions and the latest information	tion.		Inspec	
Name	e of the organizati	on	NATIONAL COUNCIL OF JEWI ST. LOUIS SECTION	SH	WOMEN			identificatio 43-072293	
Par	t I Organiza	atior	-	ise	d Funds or Other Similar Funds	or Ac			
			wered "Yes" on Form 990, Part IV						
					(a) Donor advised funds	()	<b>b)</b> Funds and	d other acco	unts
1	Total number at er	nd of	year						
2			tributions to (during year)						
3			nts from (during year)						
4	55 5 ,								
5	-				-			Vee	
6					exclusive legal control? dvisors in writing that grant funds can be u			Yes	No
Ū	•		<b>e</b>		or donor advisor, or for any other purpose of				
					·		-	Yes	No
Par	t II Conserv	atio	n Easements. Complete if the	e or	ganization answered "Yes" on Form 990, F	Part IV,	line 7.		
1	Purpose(s) of cons	serva	ion easements held by the organi	izati	on (check all that apply).				
	Preservation	n of la	nd for public use (for example, re	crea	tion or education) Preservation of	a histo	rically impor	tant land are	а
	Protection o	of nati	ural habitat		Preservation of	a certif	ied historic s	structure	
-	Preservation		•						
2	Complete lines 2a day of the tax year		igh 2d if the organization held a q	luali	fied conservation contribution in the form c	of a con I		asement on t at the End of t	
•			viction accomente				2a		
a b							2a 2b		
c			n easements on a certified historic			[	2c		
d			n easements included on line 2c a						
				•	· · · ·	[	2d		
3					eased, extinguished, or terminated by the		ation during	the tax	
	year								
4			e property subject to conservation						
5	8			•	riodic monitoring, inspection, handling of				┌┐
6			nent of the conservation easemer		t holds? handling of violations, and enforcing cons				
6	Stall and voluntee	nou	is devoted to morntoring, inspect	ing,	rianding of violations, and enforcing const		i easements		Cal
7	Amount of expens	es in	curred in monitoring, inspecting, h	nano	lling of violations, and enforcing conservat	ion eas	ements duri	ng the vear	
								···· ) · ···	
8	Does each conser	vatio	n easement reported on line 2d at	oove	e satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)							Yes	No No
9			•		on easements in its revenue and expense s				
	-			ooti	note to the organization's financial stateme	nts tha	t describes t	the	
Par			ng for conservation easements.	s 0'	f Art, Historical Treasures, or Otl	her Si	milar Ass	ote	
I UI			organization answered "Yes" on F						
			-		8, not to report in its revenue statement ar	nd hala	nce sheet w	orks	
	-				blic exhibition, education, or research in fu				
				•	ncial statements that describes these items		•		
b	If the organization	elect	ed, as permitted under FASB AS0	C 95	i8, to report in its revenue statement and b	alance	sheet works	of	
	art, historical treas	sures,	or other similar assets held for pu	ublio	exhibition, education, or research in furth	erance	of public se	rvice,	
	-	-	nounts relating to these items.						
•	(ii) Assets include						\$		
2					asures, or other similar assets for financial	gain, p	rovide		
а	-		equired to be reported under FAS		SC 958 relating to these items:		\$		
			tion Act Notice, see the Instruct					dule D (Forn	n 990) 2023
	09-28-23							•	-
					32				

NATIONAL COUNCIL OF JEWISH WO
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	NATIONAL CO	OUNCIL OF JEWISH	WOMEN							
	dule D (Form 990) 2023 ST. LOUIS S						43-072		Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sig	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	er similar a	issets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran		e if the organization	answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part I	V, line 10.					
		(a) Current year	(b) Prior year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	<b>(e)</b> Four	years	back
1a	Beginning of year balance	1,052,031.	932,908.	892	841.	1,11	12,972.	1,	052,	503.
b	Contributions	76,804.	91,726.	178	3,226.	60	06,984.		193,	437.
	Net investment earnings, gains, and losses	99,897.	64,713.	-138	8,159.	9	91,916.		31,	564.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	36,057.	37,316.			91	9,031.		164,	532.
f	Administrative expenses									
g	End of year balance	1,192,675.	1,052,031.	932	2,908.	89	92,841.	1,	112,	972.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or guasi-endowment	.0000	%	,						
b	Permanent endowment 100	%	_							
с	Term endowment .0000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administer	ed for the					
	organization by:	Ū.						[	Yes	No
								3a(i)		х
								3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or of		or other		cumulate	d	(d) Boo	k valu	e
		basis (investm	. ,	(other)	• •	reciation	-	(4, 500	uiu	-
1a	Land			96,000.					96.	000.
	Buildings		1	,278,431.		437,2	260.		,	171.
	Leasehold improvements			128,983.		58,8				150.
	Equipment			292,871.		244,4				430.
	Other			, ,		, ,			,	

1,055,751. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023 ST. LOUIS SECTI	ON		43-0722936	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	a) Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, o	rol(B)			
Part X Other Liabilities	501. (D))		1	
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.	
I.         Gal Description of liability	, ,		(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 25, o				
2. Liability for uncertain tax positions. In Part XIII, provide	be the text of the foothote to	the organization's financial statemer	its that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🕱

Schedule D (Form 990) 2023

332053 09-28-23

	NATIONAL COUNCIL OF JEWISH WOMEN				
Sche	dule D (Form 990) 2023 ST. LOUIS SECTION			43-0722930	6 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,707,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	124,580.		
b	Donated services and use of facilities	2b	2,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,007,016.		
е	Add lines 2a through 2d			2e	1,133,596.
3	Subtract line 2e from line 1			3	1,574,367.
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	11,903.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	11,903.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,586,270.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,164,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	2,000.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	1,007,016.		
е	Add lines 2a through 2d			2e	1,009,016.
3	Subtract line 2e from line 1			3	1,155,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	11,903.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	11,903.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,167,097.
Pa	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b a	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 add	ditional inform	ation.		

PART V, LINE 4:

THE ORGANIZATION MAINTAINS BOARD DESIGNATED FUNDS WHICH ARE SEGREGATED

FROM OPERATING CASH. ACCORDING TO THE BOARD'S ONGOING BYLAWS AND POLICIES,

4% PER ANNUM OF THE FUNDS CAN BE MADE AVAILABLE FOR OPERATING EXPENSES OF

THE ORGANIZATION. ADDITIONAL FUNDS MAY BE RELEASED UPON THE APPROVAL OF

THE BOARD OF DIRECTORS.

NCJW'S ENDOWMENT FUND WAS CREATED DURING THE YEAR ENDED JUNE 30, 2020 IN

CONJUNCTION WITH FUNDRAISING EFFORTS FOR THE ORGANIZATION'S 125TH

ANNIVERSARY. THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

#### UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE

35

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Schedule D (Form 990) 2023

08240429 701245 CUS000034451

### Part XIII Supplemental Information (continued)

#### CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED

RESTRICTIONS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE ISSUED A DETERMINATION RULING EXEMPTING THE

ORGANIZATION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. NCJW BELIEVES IT HAS APPROPRIATE SUPPORT FOR TAX

POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. NCJW'S FEDERAL EXEMPT

ORGANIZATION BUSINESS RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS FOR

THE STATUTORY PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RESALE SHOP EXPENSES NETTED AGAINST REVENUE ON FORM 990 995,900.

RECLASS SPECIAL EVENT EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESALE SHOP EXPENSES NETTED AGAINST REVENUE ON FORM 990 995,900.

RECLASS SPECIAL EVENT EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2023

332055 09-28-23

11,116.

11,116.

1,007,016.

1,007,016.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	2023
Department of the Treasury Internal Revenue Service		Attach to Form 990 c					Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruction of JEWISH WOMEN	ctions	and t	ne latest information		r identification number
name er ine er gamzanet	ST. LOUIS					43-072	
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 17. Form 99	0-EZ filers are not
required to	complete this part	t					
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes No
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No	-		
Total							
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from	n registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

ST. LOUIS SECTION 43-0722936 Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CELEBRATING WOMEN GRAPE ESCAPE 1 col. (c)) (event type) (event type) (total number) Revenue 77,243 20,977. 17,569 115,789. 1 Gross receipts 2 Less: Contributions 62,843 8,256. 17,569 88,668. **3** Gross income (line 1 minus line 2) 14,400. 12,721. 27,121. 4 Cash prizes 5 Noncash prizes 795 795. Direct Expense: 3,541. 1,845. 6,036. 6 Rent/facility costs 650. 11,049. 6,048. 4,445. 556 7 Food and beverages 113 113. 8 Entertainment 4,855. 4,899. 1,383 11,137. 9 Other direct expenses 29,130. **10** Direct expense summary. Add lines 4 through 9 in column (d) -2,009. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: \_ Schedule G (Form 990) 2023 332082 09-13-23

	NATIONAL COUNCIL OF JEWISH WOMEN				
Sch	edule G (Form 990) 2023 ST. LOUIS SECTION	43-07	72293	6	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		<u> </u>	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				_
	to administer charitable gaming?		<u> </u>	Yes	No
	Indicate the percentage of gaming activity conducted in:	ļ	40-		0/
	The organization's facility     An outside facility		13a 13b		<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	l	130		70
	NameAddress				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ of gaming revenue retained by the third party \$ : If "Yes," enter name and address of the third party:	nt			
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	16		Yes	No No
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part	: III, line	es 9, 9	9b, 10b,
		obode:		orm	990) 2023
3320	83 09-13-23 39				

		NATIONAL COUNCIL OF JEWISH WOMEN		
Schedule G	G (Form 990) Supplemental Info	ST. LOUIS SECTION	43-0722936	Page 4
Part IV	Supplemental Info	ormation (continued)		
			<u> </u>	
220004 04 04	02		Schedule G (Fo	rm 990)
332084 04-01-	-20	40		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service									
Name of the organization NATIONAL	COUNCIL OF JEWISH	WOMEN	-				Employer identification number		
-	S SECTION						43-0722936		
Part I General Information on G									
<ol> <li>Does the organization maintain recriteria used to award the grants</li> <li>Describe in Part IV the organizatii</li> <li>Part II Grants and Other Assista recipient that received more</li> </ol>	or assistance? on's procedures for monit nce to Domestic Organiz	oring the use of grant cations and Domestic	funds in the United c Governments.	l States. Complete if the org			X Yes No		
<b>1 (a)</b> Name and address of organiz or government	ation (b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
HOPE ALWAYS FUND 1602 21ST STREET GRANITE CITY, IL 62040	99-1811889	501(C)(3)	96,442.	0.			ACCESSIBLE HEALTHCARE PROJECT		
2 Enter total number of section 50 <sup>-1</sup>			e line 1 table			1			
3 Enter total number of other organ	nizations listed in the line 1	table							

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 ST

ST. LOUIS SECTION

43-0722936

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dent IV Complemental Information Dury ide the information					

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

PART I, LINE 2:

NCJW HAS A WRITTEN AGREEMENT WHICH REQUIRES THE GRANT RECIPIENT TO SUBMIT A

FULL AND COMPLETE WRITTEN REPORT TO DESCRIBE THE CHARITABLE PROGRAM

CONDUCTED WITH THE AID OF THE GRANT.

# SCHEDULE M

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury			ganizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. rs.gov/Form990 for instructions and the latest information.					2023 Open to Public Inspection		
Nam	lame of the organization NATIONAL COUNCIL C								on nur	nbe
<b>D</b> -		ST. LOUIS SECTION						43-072293	6	
Pa	TTI   Types of	Property	(a)	(b)	(c)			(d)		
			Check if applicable	Number of contributions or	Noncash contributi amounts reported Form 990, Part VIII, lir	on		d of determin ontribution ar	•	s
1	Art - Works of art									
2	Art - Historical trea	asures								
3	Art - Fractional inte	erests								
4	Books and publica	ations								
5		ehold goods	Х		123,	823.COM	PARABLE S	SALES		
6		hicles								
7										
8		ty								
9		ly traded	X	5	92,	046.PUB	LICLY TRA	ADED EXCHA	NGE	
10		y held stock								
11	Securities - Partne									
	trust interests									
12	Securities - Miscel									
13	Qualified conserva									
	Historic structures									
14	Qualified conserva	tion contribution - Other								
15		lential								
16		mercial								
17		r								
18										
19										
20		l supplies								
21		·····								
22										
23		ns								
24		acts								
25		)								
26	Other (									
20 27	Other (	/ }								
28	Other (	/ \								
29		8283 received by the organi	ization during	the tax year for o						
25		nization completed Form 82							0	
	for which the orga	nization completed i onn oz	.00, 1 alt V, L	onee Acknowledg	ement 23	′ I			Yes	N
30a	During the year di	id the organization receive b	w contributio	n any proporty rop	ortod in Part L linos 1 t	brough 29	that it		165	
<b>5</b> 0a		ast 3 years from the date of					, mai n			
			-					20-		x
L		for the entire holding period	۰					<u>30a</u>		
		the arrangement in Part II.	policy that re	ouires the review	of any nonstandard cor	atributions	2	24		X
31		tion have a gift acceptance						31		
32a	-	tion hire or use third parties		-		casn				
	contributions?							<u>32a</u>		X
	If "Yes," describe									
33		didn't report an amount in o	column (c) fo	r a type of property	r tor which column (a) is	s checked	,			
	describe in Part II.									

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

NATIONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION 43-0722936 Schedule M (Form 990) 2023 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS. Schedule M (Form 990) 2023 332142 09-11-23 44

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SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.	)-EZ	OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employe	Inspection r identification number
Name of the organization	ST. LOUIS SECTION		722936
FORM 990, PART III	, LINE 2, NEW PROGRAM SERVICES:		
IN APRIL 2024, NAT	IONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION		
UNDERTOOK A FISCAL	SPONSORSHIP PROGRAM WITH HOPE ALWAYS FUND.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
(COMMUNITY SERVICE	AND MEMBERSHIP CONTINUED)		
BUILD CREDIT IN AD	DITION TO PROVIDING FINANCIAL ASSISTANCE.		
WIFE-WIDOW-WOMAN,	A SUPPORT GROUP AVAILABLE TO WOMEN OF ALL FAITHS TO		
	'S MOST DIFFICULT TRANSITIONS. NEW GROUPS FORM TWO TO		
THREE TIMES A YEAR	, AND MEET TWICE A MONTH FOR SIX MONTHS. THE PROGRAM		
IS LOOKING TO EXPA	ND TO INCLUDE A NEW MEN'S GROUP. THERE IS NO COST TO		
PARTICIPATE IN THE	PROGRAM.		
PROJECT RENEWAL IS	DESIGNED TO EMPOWER UNDERSERVED WOMEN BY PROVIDING		
CLOTHING, EDUCATIO	N, RESOURCES AND THE TOOLS THEY NEED TO SUCCEED AT		
WORK AND HOME. IN	PARTNERSHIP WITH THE RESALE SHOP, VOUCHERS ARE GIVEN		
TO THE WOMEN TO SH	OP FOR FREE, AND WORKSHOPS ARE PROVIDED WITH TOPICS		
LIKE RESUME WRITIN	G, INTERVIEW SKILLS, AND SHOPPING HEALTHY ON A		
LIMITED BUDGET. TH	ERE IS NO COST TO PARTICIPATE IN THE PROGRAM. IT IS		
HELD 3-4 TIMES A Y	EAR.		
	REGARDLESS OF GENDER, RACE, OR RELIGION. MEMBERS OF		
	MMUNITY AND THE WORLD AT LARGE BY BECOMING PART OF A		
	COURAGEOUS AND COMPASSIONATE INDIVIDUALS WHO IMPROVE		
	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	edule O (Form 990) 2023
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lame of the organization NATIONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION	Employer identification numbe 43-0722936
ECTION HAS OVER 1,600 MEMBERS AND IS THE 4TH LARGEST SECTION IN THE	
OUNTRY. WE JOIN WITH OVER 95,000 OTHER WOMEN NATIONALLY TO MAKE OUR	
OICES HEARD IN BOTH MISSOURI AND IN WASHINGTON D.C.	
ORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
ADVOCACY AND EDUCATION CONTINUED)	
HILE BASED ON THE JEWISH VALUES OF "TIKUN OLAMREPAIRING THE WORLD",	
E DO NOT ENGAGE IN ANY RELIGIOUS OR POLITICAL ACTIVITY, NOR DO WE	
IMIT OUR SERVICES TO PEOPLE OF A CERTAIN RELIGION. IT IS OUR BELIEF	
HAT AS MEMBERS OF THE WORLD COMMUNITY, WE HAVE AN OBLIGATION TO DO	
VERYTHING IN OUR POWER TO WORK TO MAKE THE WORLD WE LIVE IN A BETTER	
LACE FOR ALL. SOME OF THE ISSUES WE FOLLOW INCLUDE HUMAN TRAFFICKING,	
ERIOD POVERTY, IMMIGRATION, GUN VIOLENCE PREVENTION, HEALTH CARE AND	
EDICAID EXPANSION, REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE AND	
MPOWERMENT FOR WOMEN, LGBTQ RIGHTS, APPOINTMENTS TO THE JUDICIARY AND	
ANY, MANY MORE.	
ORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
BACK TO SCHOOL! STORE AND KIDS COMMUNITY CLOSET CONTINUED)	
VERYTHING IS BRAND-NEW AND CHOSEN BY THE CHILD WITH THEIR PERSONAL	
HOPPER. THE CHILD'S SELF-ESTEEM AND EXCITEMENT TO BEGIN THE SCHOOL	
EAR ARE PARAMOUNT TO THE RUNNING OF THIS PROJECT.	
IDS COMMUNITY CLOSET PROVIDES CHILDREN WITH ITEMS THEY MAY NEED ON A	
AILY BASIS AT SCHOOL, WHETHER DUE TO AN EMERGENCY OR AN ONGOING FAMILY	
ITUATION. CLOSETS STOCKED WITH NEW CLOTHING AND UNIFORMS ARE PLACED IN	
NDERSERVED SCHOOLS, WHERE 70% OR MORE OF THE CHILDREN LIVE AT OR BELOW	
HE FEDERAL POVERTY LEVEL. THE CLOTHING, PERSONAL CARE ITEMS AND	Schedule O (Form 990) 202

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Schedule O (Form 990) 2023 Name of the organization NATIONAL COUNCIL OF JEWISH WOMEN	Page 2
ST. LOUIS SECTION	43-0722936
SCHOOL SUPPLIES WE SUPPLY TO THESE YOUNG STUDENTS ARE DISTRIBUTED ON AN	
AS-NEEDED AND ONGOING BASIS. CHILDREN CAN ATTEND SCHOOL CONFIDENTLY,	
IN CLEAN, NEW CLOTHES THAT FIT, AND WITH THE SUPPLIES THEY NEED. IT IS	
ALSO OUR GOAL TO RELIEVE THE FINANCIAL BURDEN CURRENTLY PLACED ON THE	
TEACHERS AND ADMINISTRATORS WHO FIND IT NECESSARY TO PERSONALLY	
PURCHASE THESE EMERGENCY ITEMS FOR THEIR STUDENTS ON AN ONGOING BASIS.	
HAVING A CLOSET IN THE SCHOOL WILL HELP TEACHERS, COUNSELORS AND	
ADMINISTRATORS MEET AN IMMEDIATE NEED AND GET RIGHT BACK TO THE MISSION	
OF EDUCATION.	
ELIGIBLE KIDS WILL PREDOMINANTLY RANGE IN AGE FROM PRE-KINDERGARTEN TO	
FIFTH GRADE. IN SOME CASES THE PROGRAM WILL REACH OUT TO MIDDLE SCHOOL	
AND PRESCHOOL CHILDREN AS WELL. OVER 13,000 CHILDREN HAVE ACCESS TO THE	
CLOSETS ON ANY GIVEN DAY.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
NCJW RESALE SHOP:	
THE NCJW RESALE SHOP PROVIDES SUPPORT FOR THE NCJW COMMUNITY SERVICE	
AND ADVOCACY PROJECTS AND PROGRAMS. AS PART OF THE COUNCIL'S COMMUNITY	
SERVICE PROGRAMMING, UNDERSERVED INDIVIDUALS IN THE COMMUNITY RECEIVE	
VOUCHERS TO SHOP AT NO COST AT THE SHOP. THE SHOP CARRIES CLOTHING,	
ACCESSORIES, JEWELRY, FURNITURE AND MORE FOR WOMEN AND MEN. ANNUALLY,	
OVER 100 VOUCHERS ARE GIVEN OUT TO INDIVIDUALS IN NEED TO SHOP FOR FREE	
IN OUR STORE.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 243,392.	
IN APRIL 2024, NCJW UNDERTOOK A FISCAL SPONSORSHIP PROGRAM WITH HOPE	
ALWAYS FUND, AN ILLINOIS NONPROFIT CORPORATION. GRANTS GIVEN TO THE	
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Schedule O (Form 990) 202		Page 2
Name of the organization	NATIONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION	Employer identification number 43-0722936
		10 0722500
ORGANIZATION SUPPORT	TED THE ACCESSIBLE HEALTHCARE PROJECT. THE	
ACCESSIBLE HEALTHCAR	RE PROJECT WILL EXPAND ACCESS TO REPRODUCTIVE	
HEALTHCARE SERVICES.	THE PROJECT WILL EXPAND REPRODUCTIVE HEALTHCARE TO	
TENS OF THOUSANDS OF	F PREGNANT PEOPLE AND TAKE OTHER STEPS NEEDED TO	
PROMOTE AND PROVIDE	HEALTHCARE SERVICES AND EDUCATION TO PEOPLE IN	
UNDERSERVED COMMUNIT	TIES AND TO THOSE IN NEED THROUGHOUT THE COUNTRY.	
ENDENCES 6 00 425		
EAPENSES \$ 99,423.	INCLUDING GRANTS OF \$ 96,442. REVENUE \$ 99,425.	
FORM 990, PART VI, S	SECTION A, LINE 6:	
ANY PERSON WHO SUPPO	ORTS THE ORGANIZATION IS ELIGIBLE FOR MEMBERSHIP IN THE	
ST. LOUIS SECTION AN	ND MAY BECOME A MEMBER BY PAYING THE REQUISITE DUES. A	
MEMBER MAY BECOME A	LIFE MEMBER OF THE NCJW BY PAYING LIFE MEMBERSHIP DUES.	
FORM 990, PART VI, S	SECTION A, LINE 7A:	
ANY MEMBER IN GOOD S	TANDING MAY SUGGEST NAMES FOR ANY OFFICER OR AT-LARGE	
BOARD MEMBERSHIP TO	BE FILLED. ELECTIONS ARE BY MAJORITY VOTE OF MEMBERS	
PRESENT DURING THE M	LETING.	
FORM 990, PART VI, S	SECTION B, LINE 11B:	
THE ANNUAL NON-PROFI	T TAX RETURN, FORM 990/990EZ, IS REVIEWED BY THE	
FINANCE TEAM, AND SI	GNED BY THE CHIEF EXECUTIVE OFFICER. A COPY OF THE	
COMPLETED FORM 990/9	990EZ IS DISTRIBUTED TO THE BOARD AND POSTED ON THE	
ORGANIZATION'S WEBSI	TE.	
FORM 990, PART VI, S	SECTION B, LINE 12C:	
THE CONFLICT OF INTE	REST POLICY IS DISTRIBUTED ANNUALLY TO BOARD MEMBERS.	
BOARD MEMBERS ARE RE	QUIRED TO SIGN A FORM ACKNOWLEDGING THAT THEY ARE	

RESPONSIBLE FOR READING AND UNDERSTANDING THE POLICY.

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Schedule O (	Form 990	) 2023
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Name of the organization NATIONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION Page 2 Employer identification number 43-0722936

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

MEMBERS OF THE LEADERSHIP TEAM REVIEWED COMPENSATION BY COMPARISON TO

SALARY INFORMATION FOR SIMILAR ORGANIZATIONS FROM THREE INDEPENDENT

SOURCES.

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

COPIES OF DOCUMENTS ARE PROVIDED TO ANYONE WHO REQUESTS A COPY IN PERSON OR

IN WRITING.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 23

Open to Public Inspection

Employer identification number 43-0722936

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

NATIONAL COUNCIL OF JEWISH WOMEN

ST. LOUIS SECTION

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
295 NORTH LINDBERGH, LLC - 43-0722936					
295 NORTH LINDBERGH BLVD					NATIONAL COUNCIL OF
ST. LOUIS, MO 63141	PROPERTY OWNERSHIP	MISSOURI	0.	0.	JEWISH WOMEN ST. LOUIS
311 N. LINDBERGH, LLC - 33-3744543					
295 NORTH LINDBERGH BLVD					NATIONAL COUNCIL OF
ST. LOUIS, MO 63141	PROPERTY OWNERSHIP	MISSOURI	0.	0.	JEWISH WOMEN ST. LOUIS
	-				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

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organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General o managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	contr enti	
		country)		,				Yes	No

## 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

Schedule R (Form 990) 2023 ST. LOUIS SECTION

Schedule R (Form 990) 2023 ST. LOUIS SECTION	43-0722936	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
I Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)	<u>1r</u>	
s Other transfer of cash or property from related organization(s)		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and	transaction thresholds.	

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2023 ST. LOUIS SECTION

#### 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)	<b>(d)</b> Predominant income	(e) Are all partners se 501(c)(3 orgs.?	total	<b>(g)</b> Share of end-of-year assets	(h Dispro tiona allocati	) ate ons?		(j) General o managing partner?	(k) Percentage ownership
			3001013 3 12 3 14)	Yes N	0		Yes	NO	(1011111003)	Yes NC	

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Part VII Supplemental Information

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

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