

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL COUNCIL OF JEWISH WOMEN, ST. LOUIS SECTION		D Employer identification number 43-0722936	
		Number and street (or P.O. box, if mail is not delivered to street address) 8350 DELCREST DRIVE		Room/suite	E Telephone number 314-993-5181
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63124-2166		F Group Exemption Number	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
 G Accounting method: Cash Accrual
 Other (specify) _____

I Website: WWW.NCJWSTL.ORG
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 750,307.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	326,318.	10		18	-31,396.
2	Program service revenue including government fees and contracts	2	7,657.	11		19	1,060,078.
3	Membership dues and assessments	3		12	145,893.	20	-118,203.
4	Investment income	4	34,621.	13	12,908.	21	910,479.
5a	Gross amount from sale of assets other than inventory	5a		14	32,470.		
b	Less: cost or other basis and sales expenses	5b		15	49,246.		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		16	252,090.		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	492,607.		
a	Gross revenue (not including \$ 21,912. of contributions reported on line 1)	6a	2,657.				
b	Less: direct expenses other than fundraising expenses	6b	2,657.				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
7a	Gross sales of inventory, less returns and allowances	7a	379,036.				
b	Less: cost of goods sold	7b	286,439.				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	92,597.				
8	Other revenue (describe OTHER INCOME)	8	18.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	461,211.				
10	Grants and similar amounts paid (attach schedule)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12	145,893.				
13	Professional fees and other payments to independent contractors	13	12,908.				
14	Occupancy, rent, utilities, and maintenance	14	32,470.				
15	Printing, publications, postage, and shipping	15	49,246.				
16	Other expenses (describe SEE STATEMENT 1)	16	252,090.				
17	Total expenses. Add lines 10 through 16	17	492,607.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-31,396.				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,060,078.				
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-118,203.				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	910,479.				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	996,563.	851,815.
23	Land and buildings	12,695.	8,343.
24	Other assets (describe SEE STATEMENT 2)	82,146.	69,937.
25	Total assets	1,091,404.	930,095.
26	Total liabilities (describe SEE STATEMENT 3)	31,326.	19,616.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,060,078.	910,479.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NONE		
42a	The books are in care of THE ORGANIZATION Telephone no. 314-993-5181 Located at 8350 DELCREST DRIVE, ST. LOUIS, MO ZIP + 4 63124-2166		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

NATIONAL COUNCIL OF JEWISH WOMEN,
ST. LOUIS SECTION

Form 990-EZ (2008)

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000		0		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

ELLEN ALPER, EXECUTIVE DIRECTOR

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: **MARY JANE PIERONI** Date: _____

Check if self-employed:

Preparer's Identifying Number (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **HUBER, RING, HELM & CO., P.C. 2897 HIGHWAY K, SUITE 201 O'FALLON, MO 63368-7863**

EIN: _____

Phone no.: **(314) 962-0300**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **NATIONAL COUNCIL OF JEWISH WOMEN, ST. LOUIS SECTION** Employer identification number **43-0722936**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	266,983.	288,947.	301,721.	542,153.	326,318.	1726122.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	266,983.	288,947.	301,721.	542,153.	326,318.	1726122.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						1726122.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	266,983.	288,947.	301,721.	542,153.	326,318.	1726122.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,071.	32,485.	29,822.	32,735.	34,621.	147,734.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,236.	1,120.	320.		18.	3,694.
11 Total support. Add lines 7 through 10						1877550.
12 Gross receipts from related activities, etc. (see instructions)					12	1,759,884.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.93	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

NATIONAL COUNCIL OF JEWISH WOMEN,
ST. LOUIS SECTION

Employer identification number

43-0722936

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

**NATIONAL COUNCIL OF JEWISH WOMEN,
ST. LOUIS SECTION**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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 col. (c))
		SPECIAL EVENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	24,569.			24,569.
	2 Less: Charitable contributions	21,912.			21,912.
	3 Gross revenue (line 1 minus line 2)	2,657.			2,657.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	2,657.			2,657.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(2,657.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**NATIONAL COUNCIL OF JEWISH WOMEN,
ST. LOUIS SECTION**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		15,270.	
BOARD EXPENSES		307.	
REPAIRS AND MAINTENANCE		5,511.	
CONFERENCE, SEMINARS AND TRAINING		591.	
DEPRECIATION		4,352.	
BUSINESS INSURANCE		27,951.	
MISCELLANEOUS		13,901.	
DUES TO NATIONAL BRANCH		69,450.	
OFFICE EXPENSE		5,071.	
PROGRAM EXPENSE		82,511.	
MARKETING AND MEMBERSHIP		27,175.	
TOTAL TO FORM 990-EZ, LINE 16		252,090.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVENTORY FOR SALE OR USE	64,401.	64,697.	
PREPAID EXPENSES	7,745.	5,240.	
DUE TO UNRESTRICTED NET ASSETS	10,000.	0.	
TOTAL TO FORM 990-EZ, LINE 24	82,146.	69,937.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	7,593.	1,843.	
SALARIES AND EMPLOYEE BENEFITS	13,733.	5,306.	
DUE TO TEMPORARILY RESTRICTED NET ASSETS	10,000.	0.	
DEFERRED REVENUE	0.	12,467.	
TOTAL TO FORM 990-EZ, LINE 26	31,326.	19,616.	

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-118,203.
TOTAL TO FORM 990-EZ, LINE 20	-118,203.

COPY

FORM 990-EZ

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 6

DESCRIPTION	AMOUNT
PAYROLL TAXES	2,655.
EMPLOYEE RETIREMENT PROGRAM	905.
AUTO AND TRUCK EXPENSE	9,983.
TRAINING	4,729.
RENT	127,367.
INSURANCE	24,271.
OFFICE EXPENSE	4,085.
OFFICE SUPPLIES	7,783.
TELEPHONE	11,214.
MISCELLANEOUS	-1,015.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B	191,977.

COPY

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

COPY

DIANNE GOLDIN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
CLARA GOLDMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
SHERRI GOLDMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
JILL GUBIN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
FARILYN HALE, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
AMY HAMMERMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
MARLENE HAMMERMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
SALLY KATZIF, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	PRESIDENT 2.00	0.	0.	0.
SUSAN KATZMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
BETH KODNER, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
MICHELE KOPOLOW, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
ELIZABETH KRUVAND, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
FRITZI LAINOFF, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
HELENE MEISLER, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
SUSAN MELTZ, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
PEGGY PEARLINE, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
BRENDA PERELES, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.

MARILYN RATKIN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
MARISSA ROSEN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
CAROLYN SATZ, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
ERIN GUYER SCHREIBER, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
KAREN SILVERMAN , 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
ELAINE SPIELBERG, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
ABBY SUSMAN, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	DIRECTOR 2.00	0.	0.	0.
NANCY WEIGLEY, 8350 DELCREST DRIVE, ST. LOUIS, MO 63124-2166	PROGRAM DIRECTOR 40.00	47,000.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		116,511.	2,129.	0.

COPY

COMMUNITY SERVICE PROJECTS INCLUDE LUNCHEONS FOR THE BLIND, WIFE WIDOW WOMAN, ORAL HISTORY, SILENT WITNESS INITIATIVE TO EDUCATE ABOUT DOMESTIC VIOLENCE IN MISSOURI AND OTHER COMMUNITY SERVICE AND MEMBERSHIP PROGRAMS AND MEETINGS

COPY

THE NATIONAL COUNCIL OF JEWISH WOMEN (NCJW) IS A GRASSROOTS ORGANIZATION OF VOLUNTEERS AND ADVOCATES WHO TURN PROGRESSIVE IDEALS INTO ACTION. INSPIRED BY JEWISH VALUES, NCJW STRIVES FOR SOCIAL JUSTICE BY IMPROVING THE QUALITY OF LIFE FOR WOMEN, CHILDREN, AND FAMILIES AND BY SAFEGUARDING INDIVIDUAL RIGHTS AND FREEDOMS.

COPY

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 11

DESCRIPTION

GRANTS

EXPENSES

KIDS COMMUNITY CLOSET PROVIDES FOR EMERGENCY NEEDS
FOR CHILDREN TO HELP THEM STAY IN SCHOOLS. ITEMS
INCLUDE SHOES, COATS, BACKPACKS, AND CLOTHING

0. 26,361.

OLDER ADULT COMMUNITY ACTION PROGRAM

0. 2,740.

TOTAL TO FORM 990-EZ, LINE 31

29,101.

COPY

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization NATIONAL COUNCIL OF JEWISH WOMEN, ST. LOUIS SECTION	Employer identification number 43-0722936
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8350 DELCREST DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63124-2166	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **8350 DELCREST DRIVE - ST. LOUIS, MO 63124-2166**
Telephone No. ▶ **314-993-5181** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**NATIONAL COUNCIL OF JEWISH WOMEN,
ST. LOUIS SECTION**

Employer identification number

43-0722936

Name and title of officer

**ELLEN ALPER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>461211</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HUBER, RING, HELM & CO., P.C. to enter my PIN 77916
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 43364177916
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**