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EXTENDED TO NOVEMBER 16, 2020

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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 2019 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: JEWISH FAMILY SERVICES OF ST. LOUIS. D Employer identification number: 43-0790330. E Telephone number: 314.993.1000. G Gross receipts \$: 5,788,607. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [ ] No. I Tax-exempt status: [X] 501(c)(3). J Website: www.JFCS-STL.ORG. K Form of organization: [X] Corporation. L Year of formation: 1871. M State of legal domicile: MO.

Part I Summary. Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22. Includes a 'RECEIVED' stamp dated NOV 05 2020 and a 'OGDEN' stamp.

Part II Signature Block

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

Sign Here: Signature of officer MIRIAM SEIDENFELD, CHIEF EXECUTIVE OFFICER. Date: 8/31/2020. Paid Preparer: JENNIFER M. VACHA, BROWN SMITH WALLACE LLP, 6 CITYPLACE DRIVE, SUITE 900, ST. LOUIS, MO 63141. Date: 8/28/2020. Firm's EIN: 43-1001367. Phone no: 314.983.1200.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Process 10/3/2022 g,h,c) -5 SCANNED JAN 15 2022 MAR 15 2022 0423216002

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Part 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.
INSPIRED BY THE JEWISH TRADITION TO MAKE THE WORLD A BETTER PLACE, JFS HELPS AND SUPPORTS PEOPLE IN NEED TO MEET THEIR CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 1,464,201. including grants of \$ ) (Revenue \$ 1,082,527. )
CLINICAL SERVICES: CLINICAL SERVICES INCLUDE COUNSELING, CHILD AND ADOLESCENT PSYCHIATRY, AND EVALUATION/TESTING FOR CHILDREN AND ADOLESCENTS, ALL OF WHICH WORK HAND-IN-HAND TO PROVIDE FOR THE BEHAVIORAL AND MENTAL HEALTH NEEDS OF THE COMMUNITY.
THE SCHOOL-BASED TEAM PROVIDES CUSTOMIZED SERVICES AND COUNSELING TO STUDENTS ON-SITE IN SCHOOLS ACROSS ST. LOUIS COUNTY TO HELP THEM IMPROVE THEIR BEHAVIORAL AND MENTAL HEALTH, AND ACADEMIC PERFORMANCE.
DURING 2019, 1,519 FAMILIES WERE SERVED.

4b (Code ) (Expenses \$ 1,016,350. including grants of \$ 126,271. ) (Revenue \$ 1,407. )
HARVEY KORNBUM JEWISH FOOD PANTRY: THE HARVEY KORNBUM JEWISH FOOD PANTRY IS THE LARGEST FOOD PANTRY IN THE REGION, SERVING MORE THAN 15,000 PEOPLE IN 2019. COMMUNITY MEMBERS WHO VISIT THE FOOD PANTRY ARE OFTEN EXPERIENCING HARDSHIPS IN ADDITION TO HUNGER INCLUDING UNEMPLOYMENT OR UNDEREMPLOYMENT, LACK OF ACCESS TO HEALTH CARE, AND HOUSING INSECURITY. THE PANTRY'S STAFF AND VOLUNTEERS CONNECT VISITORS AND THEIR FAMILIES TO THE SERVICES THEY NEED THROUGH A JFS PROGRAM OR TO AN EXTERNAL PARTNER IN THE COMMUNITY.

4c (Code ) (Expenses \$ 913,867. including grants of \$ ) (Revenue \$ 298,126. )
OLDER ADULT SERVICES: ELDERLINK ST. LOUIS IS A COORDINATED REFERRAL SERVICE FOR OLDER ADULTS, THEIR CHILDREN, AND THEIR CAREGIVERS THAT OFFERS SPECIALIZED INFORMATION ON RESOURCES OF INTEREST TO OLDER ADULTS. THE REFERRAL LINE IS STAFFED BY A LICENSED CLINICAL SOCIAL WORKER, WHO TAKES THE TIME TO LISTEN TO EACH CALLER'S UNIQUE NEEDS AND OFFER CUSTOMIZED INFORMATION AND REFERRAL ON THE ISSUES AFFECTING THEM OR THEIR LOVED ONES.
THE HOMEMAKER/IN-HOME SERVICES TEAM CONDUCTS PROFESSIONAL ASSESSMENTS AND CREATES AND MANAGES INDIVIDUALIZED CARE PLANS FOR FRAIL SENIORS AND ADULTS WITH VARYING ABILITIES, SO THEY CAN MAINTAIN INDEPENDENCE IN THEIR OWN HOMES AND PRESERVE CONNECTIONS...(SEE SCHEDULE O)

4d Other program services (Describe on Schedule O)
(Expenses \$ 622,075. including grants of \$ 113,634. ) (Revenue \$ 130,819. )

4e Total program service expenses 4,016,493.

AB0310-JM

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various IRS requirements and their status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and organizational compliance.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response 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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b> 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?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>15a</b> The organization's CEO, Executive Director, or top management official	X	
<b>15b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 THE ORGANIZATION - 314.993.1000  
 10950 SCHUETZ RD, SAINT LOUIS, MO 63146-5704

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL BELSKY PRESIDENT	4.00	X		X				0.	0.	0.
(2) STEPHEN GREEN IMMEDIATE & PAST PREISDENT	4.00	X		X				0.	0.	0.
(3) JEFFREY DARDICK SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) BRIAN BRAUNSTEIN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) JAMES LEVEY VICE PRESIDENT	2.00	X		X				0.	0.	0.
(6) CARLY SPARKS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) JAN ABRAMS DIRECTOR	2.00	X						0.	0.	0.
(8) LES BOROWSKY DIRECTOR	2.00	X						0.	0.	0.
(9) AMY CARRIGAN DIRECTOR	2.00	X						0.	0.	0.
(10) MARNI DEUTSCH DIRECTOR	2.00	X						0.	0.	0.
(11) STEVEN DRAPEKIN DIRECTOR	2.00	X						0.	0.	0.
(12) MARC GOLDSTEIN DIRECTOR	2.00	X						0.	0.	0.
(13) STUART GREENBAUM DIRECTOR	2.00	X						0.	0.	0.
(14) RABBI ELIZABETH HERSH DIRECTOR	2.00	X						0.	0.	0.
(15) MICHAEL KAPLAN DIRECTOR	2.00	X						0.	0.	0.
(16) RICHARD LEVY DIRECTOR	2.00	X						0.	0.	0.
(17) MICHAEL LOURIE DIRECTOR	2.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RABBI HERSHEY NOVACK DIRECTOR	2.00	X						0.	0.	0.
(19) ERIC PETERSON DIRECTOR	2.00	X						0.	0.	0.
(20) PAM PERRY DIRECTOR	2.00	X						0.	0.	0.
(21) JONATHAN RASKAS DIRECTOR	2.00	X						0.	0.	0.
(22) JON ROOT DIRECTOR	2.00	X						0.	0.	0.
(23) MARISSA ROSEN DIRECTOR	2.00	X						0.	0.	0.
(24) MICHAEL SILVER DIRECTOR	2.00	X						0.	0.	0.
(25) LECIE STEINBAUM DIRECTOR	2.00	X						0.	0.	0.
(26) JULIE STERN DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								528,053.	0.	18,630.
<b>d Total (add lines 1b and 1c)</b>								528,053.	0.	18,630.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBIN PARK 777 CRAIG RD, SUITE 100, ST LOUIS, MO 63141	PSYCHIATRIST	225,357.
AGING WELL HEALTH CARE LLC 7212-7216 BALSON AVE, ST LOUIS, MO 63130	HOME CARE SERVICES	214,277.
CONTINUUM, 12882 MANCHESTER RD, STE 201, ST LOUIS, MO 63131	HOME CARE SERVICES	125,661.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,650,632.				
	b Membership dues	1b				
	c Fundraising events	1c 279,353.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,194,930.				
	g Noncash contributions included in lines 1a-1f	1g \$ 61,642.				
	<b>h Total. Add lines 1a-1f</b>		3,124,915.			
Program Service Revenue	2 a CLINICAL SERVICES	Business Code 623990	1,082,527.	1,082,527.		
	b HOMEMAKER ASSISTANCE	621610	275,816.	275,816.		
	c CHILD ABUSE PREVENTION	624100	130,819.	130,819.		
	d CHAPLAINCY	624100	22,310.	22,310.		
	e FOOD PANTRY	624100	1,407.	1,407.		
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		1,512,879.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		68,204.		68,204.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a (i) Real 9,310.				
		b Less rental expenses	6b 0.			
		c Rental income or (loss)	6c 9,310.			
	d Net rental income or (loss)		9,310.		9,310.	
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities 985,215.				
		b Less cost or other basis and sales expenses	7b 619,473.			
		c Gain or (loss)	7c 365,742.			
	d Net gain or (loss)		365,742.		365,742.	
	8 a Gross income from fundraising events (not including \$ 279,353. of contributions reported on line 1c) See Part IV, line 18	8a 69,440.				
		b Less: direct expenses	8b 101,736.			
		c Net income or (loss) from fundraising events		<32,296.>		<32,296.>
9 a Gross income from gaming activities See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code 900099	18,644.		18,644.	
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		18,644.			
<b>12 Total revenue. See instructions</b>		5,067,398.	1,512,879.	0.	429,604.	

**Part IX** Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	239,905.	239,905.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	546,681.	177,715.	255,875.	113,091.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,151,269.	1,772,664.	248,106.	130,499.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,947.	59,725.	8,310.	4,912.
<b>9</b> Other employee benefits	249,270.	215,130.	18,781.	15,359.
<b>10</b> Payroll taxes	194,072.	144,154.	32,619.	17,299.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	7,140.	2,877.	570.	3,693.
<b>c</b> Accounting	42,600.	17,165.	3,400.	22,035.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	39,502.		39,502.	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	718,328.	710,950.	1,408.	5,970.
<b>12</b> Advertising and promotion	51,121.	16,463.	1,347.	33,311.
<b>13</b> Office expenses	194,341.	160,335.	5,307.	28,699.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	277,946.	234,933.	22,587.	20,426.
<b>17</b> Travel	49,341.	41,563.	7,676.	102.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	33,934.	21,924.	2,343.	9,667.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	174,724.	149,254.	15,180.	10,290.
<b>23</b> Insurance	28,959.	24,595.	2,914.	1,450.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES	28,214.	22,449.	2,995.	2,770.
<b>b</b> VOLUNTEER EXPENSES	4,259.	4,234.	25.	
<b>c</b> BAD DEBT	458.	458.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,105,011.	4,016,493.	668,945.	419,573.
<b>26</b> 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  X if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing	381,113.	<b>1</b>	595,338.
	<b>2</b> Savings and temporary cash investments	1,428,961.	<b>2</b>	996,159.
	<b>3</b> Pledges and grants receivable, net	939,531.	<b>3</b>	1,062,666.
	<b>4</b> Accounts receivable, net	194,615.	<b>4</b>	256,250.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	22,125.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,351,305.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 2,023,896.	3,394,716.	<b>10c</b> 3,327,409.
	<b>11</b> Investments - publicly traded securities	6,814,985.	<b>11</b>	7,559,497.
	<b>12</b> Investments - other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 33)		13,153,921.	<b>16</b>	13,819,444.
Liabilities	<b>17</b> Accounts payable and accrued expenses	344,035.	<b>17</b>	346,305.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	993.	<b>19</b>	208.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	41,761.
	<b>26</b> Total liabilities. Add lines 17 through 25	345,028.	<b>26</b>	388,274.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 27, 28, 32, and 33.			
	<b>27</b> Net assets without donor restrictions	7,448,255.	<b>27</b>	7,252,868.
	<b>28</b> Net assets with donor restrictions	5,360,638.	<b>28</b>	6,178,302.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> and complete lines 29 through 33.			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	12,808,893.	<b>32</b>	13,431,170.
<b>33</b> Total liabilities and net assets/fund balances	13,153,921.	<b>33</b>	13,819,444.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,067,398.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,105,011.
3	Revenue less expenses Subtract line 2 from line 1	3	<37,613.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,808,893.
5	Net unrealized gains (losses) on investments	5	659,890.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,431,170.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663.
<b>5</b> 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)						882,155.
<b>6 Public support.</b> Subtract line 5 from line 4.						15,401,508.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,995.	40,781.	41,835.	66,635.	77,514.	282,760.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	9,047.	12,021.	13,634.	67,142.	18,644.	120,488.
<b>11 Total support.</b> Add lines 7 through 10						16,686,911.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	8,867,590.
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.30	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	15	92.23	%
<b>16a 33 1/3% support test - 2019.</b> 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>b 33 1/3% support test - 2018.</b> 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"/>			
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> 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 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> 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						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> 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						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> 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 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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 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.)		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>b</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.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7	\$		
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions)

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

MISCELLANEOUS INCOME

2015 AMOUNT: \$ 9,047.

2016 AMOUNT: \$ 12,021.

2017 AMOUNT: \$ 13,634.

2018 AMOUNT: \$ 67,142.

2019 AMOUNT: \$ 18,644.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**  
Open to Public Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,207,108.	6,241,155.	5,282,727.	5,014,178.	5,167,399.
b Contributions	9,407.	1,343,973.	313,198.	31,740.	40,230.
c Net investment earnings, gains, and losses	1,037,800.	<311,386.>	733,732.	277,630.	<125,711.>
d Grants or scholarships					
e Other expenditures for facilities and programs	298,565.	30,062.	56,127.	15,132.	42,759.
f Administrative expenses	39,502.	36,572.	32,375.	25,689.	24,981.
g End of year balance	7,916,248.	7,207,108.	6,241,155.	5,282,727.	5,014,178.

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

- a Board designated or quasi-endowment  40.00 %
- b Permanent endowment  60.00 %
- c Term endowment  .00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		613,657.		613,657.
b Buildings		3,765,844.	1,417,204.	2,348,640.
c Leasehold improvements		71,028.	23,861.	47,167.
d Equipment		900,776.	582,831.	317,945.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				3,327,409.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" 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 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, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	41,761.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,700,786.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b> 659,890.		
	<b>b</b> Donated services and use of facilities	<b>2b</b> 13,000.		
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII)	<b>2d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	672,890.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	5,027,896.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII)	<b>4b</b> 39,502.		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	39,502.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,067,398.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,078,509.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
	<b>a</b> Donated services and use of facilities	<b>2a</b> 13,000.		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII)	<b>2d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	13,000.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	5,065,509.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b> 39,502.		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	39,502.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,105,011.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO SUPPORTED PROGRAMS.

PART X, LINE 2:

JFS (JEWISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED

NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES.

JFS HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS,

AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE

RULINGS, AND BELIEVES THAT NO PROVISIONS FOR INCOME TAXES IS NECESSARY AT

**Part XIII** Supplemental Information (continued)

THIS TIME TO COVER ANY UNCERTAIN TAX POSITIONS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT

INCOME 39,502.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT

INCOME 39,502.



**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 col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	348,793.		348,793.
	2	Less: Contributions	279,353.		279,353.
	3	Gross income (line 1 minus line 2)	69,440.		69,440.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,925.		1,925.
	7	Food and beverages	52,008.		52,008.
	8	Entertainment	5,300.		5,300.
	9	Other direct expenses	42,503.		42,503.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			101,736.
	11	Net income summary. Subtract line 10 from line 3, column (d)			<32,296.>

**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

		(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	Noncash 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. 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: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter 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?  Yes  No

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 of the third party:

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?  Yes  No

b 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 \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for providing supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **JEWISH FAMILY SERVICES OF ST. LOUIS** Employer identification number **43-0790330**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR INDIVIDUALS WHO RECENTLY EXPERIENCED JOB LOSS OR BUSINESS REVERSES, HOME FORECLOSURE OR THE PROSPECT OF, WITH URGENT FINANCIAL NEEDS DUE TO ECONOMIC DOWNTURN.	178	113,634.	0.		
FOOD PANTRY SERVICES DISTRIBUTES FOOD AND PERSONAL CARE ITEMS TO FAMILIES, ELDERLY, OR ADULTS WITH SPECIAL NEEDS	15246	0.	126,271.	FMV	FOOD AND PERSONAL CARE ITEMS

**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.

EACH GRANT IS TRACKED SEPARATELY WITHIN THE GENERAL LEDGER AND REVIEWED BY

THE CHIEF EXECUTIVE OFFICER, THE CHIEF FINANCIAL OFFICER, AND OTHER PROGRAM

MANAGERS TO ENSURE COMPLIANCE IN ADMINISTERING ASSISTANCE.

PART III

JEWISH FAMILY SERVICES OF ST LOUIS RECEIVES SUBSTANTIAL GOODS FROM THE

SURROUNDING COMMUNITY AND DISTRIBUTES SUBSTANTIAL GOODS TO THE

COMMUNITY IN CONNECTION WITH THE FOOD PANTRY PROGRAM. HOWEVER, IT IS





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

**a** Receive a severance payment or change of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIRIAM SEIDENFELD	(i)	160,789	5,000	0	0	7,669	173,458	0
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
(2) L. LOUIS ALBERT	(i)	212,849	0	15,689	0	1,903	230,441	0
CHIEF EXECUTIVE OFFICER (RETIRED)	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **JEWISH FAMILY SERVICES OF ST. LOUIS** Employer identification number **43-0790330**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	14	61,642	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TO THE LOCAL COMMUNITY. FALL AND HOSPITAL READMISSION PREVENTION

SERVICES ENHANCE JFS' ABILITY TO SUPPORT SENIORS TO STAY SAFELY IN

THEIR HOMES.

CHAPLAINCY VISITS PROVIDES A SENSE OF CONNECTION, COMFORT, AND

SPIRITUAL SUPPORT TO OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES WHO

FEEL ISOLATED FROM THE JEWISH COMMUNITY. THE CHAPLAINCY TEAM SPENDS

TIME WITH MEMBERS OF THE JEWISH COMMUNITY TO LISTEN, PROVIDE END OF

LIFE COMFORT AND SUPPORT, CELEBRATE LIFE EVENTS, OBSERVE JEWISH

HOLIDAYS, AND OFFER SPIRITUAL COUNSEL.

DURING 2019, THERE WERE OVER 2,000 PEOPLE SERVED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCIAL ASSISTANCE PROGRAM: THE FINANCIAL ASSISTANCE PROGRAM HELPS

FINANCIALLY-DISTRESSED INDIVIDUALS AND FAMILIES ACQUIRE IMMEDIATE

FUNDS, ADVOCACY, AND SUPPORT TO HELP THEM THROUGH TIMES OF CRISIS AND

MOVE TOWARD SELF-SUFFICIENCY. THESE FUNDS PROVIDE THE STABILITY NEEDED

TO ESTABLISH A LONG-TERM PLAN FOR ACHIEVING FINANCIAL INDEPENDENCE.

DURING 2019, THERE WERE 178 INDIVIDUALS ASSISTED.

EXPENSES \$ 215,838. INCLUDING GRANTS OF \$ 113,634. REVENUE \$ 0.

CHILD ABUSE PREVENTION PROGRAM: JFS'S TEAM OF TRAINED SPECIALISTS WORK

WITH 150 SCHOOLS THROUGHOUT THE ST. LOUIS AREA TO ANNUALLY TEACH MORE

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

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

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
---	--

THAN 35,000 CHILDREN, TEACHERS, AND PARENTS ABOUT BODY SAFETY, THE  
WARNING SIGNS OF ABUSE, AND SAFE INTERNET USE. THOUGH THE ULTIMATE GOAL  
OF THE PROGRAM IS PREVENTION, THE PRESENTATIONS ALSO TEACH CHILDREN WHO  
HAVE SEEN OR EXPERIENCED ABUSE THE IMPORTANCE OF REPORTING THE INCIDENT  
TO A TRUSTED ADULT. THESE DISCLOSURES OPEN THE DOOR TO INTERVENTION AND  
HEALING FOR THE AFFECTED CHILDREN AND THEIR FAMILIES.

EXPENSES \$ 206,978. INCLUDING GRANTS OF \$ 0. REVENUE \$ 130,819.

CARE MANAGEMENT SERVICES: THE CARE CONNECT STAFF PROVIDE SUPPORT,  
INFORMATION, REFERRALS, GUIDANCE AND ADVOCACY. JFS ASSISTS ALL  
COMMUNITY MEMBERS, INCLUDING THOSE WITH A PHYSICAL OR DEVELOPMENTAL  
DISABILITY OR A PERSISTENT MENTAL HEALTH CONDITION, TO ACCESS A RANGE  
OF SERVICES INCLUDING FOOD, GOVERNMENT BENEFITS, SOCIALIZATION,  
HOUSING, FINANCIAL ASSISTANCE, COUNSELING, LONG-TERM LEGAL AND CARE  
PLANNING, AND MORE. JFS STAFF ALSO MAKE REFERRALS, IF NECESSARY, TO  
OTHER COMMUNITY ORGANIZATIONS.

DURING 2019, THERE WERE 37 INDIVIDUALS SERVED.

EXPENSES \$ 199,259. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

IN 2019, THE ORGANIZATION FILED AN ARTICLE OF AMENDMENT TO THEIR ARTICLES  
OF INCORPORATION TO CHANGE THE ORGANIZATION NAME FROM "JEWISH FAMILY AND  
CHILDREN'S SERVICE" TO "JEWISH FAMILY SERVICES OF ST. LOUIS."

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

THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY THE EXTERNAL AUDIT  
FIRM BASED UPON THE AUDITED FINANCIAL STATEMENTS AND ANY ADDITIONAL



Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
---	--

REQUIRED INFORMATION AS PROVIDED BY THE CHIEF FINANCIAL OFFICER (CFO). THE

FORM 990 IS PROVIDED IN DRAFT FORM TO THE CFO. THE CFO, FINANCE COMMITTEE,

INCLUDING BOARD PRESIDENT, AND THE CHIEF EXECUTIVE OFFICER REVIEW THE FORM

990. QUESTIONS AND CONCERNS ARE ADDRESSED AND CHANGES, IF ANY, ARE MADE.

THE CHIEF EXECUTIVE OFFICER AUTHORIZES FILING OF FORM 990 BY EXECUTING FORM

8879-EO FOR ELECTRONICALLY SUBMITTED RETURNS, OR BY SIGNING FORM 990

DIRECTLY, FOR PAPER SUBMITTED FILINGS. A FULL COPY OF THE FORM 990 IS MADE

AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH IRS.

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

EACH BOARD AND STAFF MEMBER RECEIVES A COPY OF THE POLICY STATEMENT RELATED

TO CONFLICT OF INTEREST. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER MONITOR

AND ENFORCE COMPLIANCE FOR THE BOARD, AND THE CHIEF EXECUTIVE OFFICER AND

SENIOR MANAGEMENT TEAM MONITOR AND ENFORCE COMPLIANCE RELATED TO PAID

STAFF.

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

THE CHIEF EXECUTIVE OFFICER'S SALARY IS VOTED ON BY THE EXECUTIVE COMMITTEE

AND CONTEMPORANEOUSLY DOCUMENTED IN THE EXECUTIVE MINUTES.

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

THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE,

WWW.JFCS-STL.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

COUNSELING SERVICES

PROGRAM SERVICE EXPENSES

261,727.

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
---	--

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 261,727.

HOMEMAKER SERVICES:

PROGRAM SERVICE EXPENSES 437,469.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 437,469.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 3,038.

MANAGEMENT AND GENERAL EXPENSES 602.

FUNDRAISING EXPENSES 3,900.

TOTAL EXPENSES 7,540.

RECRUITING:

PROGRAM SERVICE EXPENSES 8,716.

MANAGEMENT AND GENERAL EXPENSES 806.

FUNDRAISING EXPENSES 2,070.

TOTAL EXPENSES 11,592.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 718,328.

FORM 990, PART XII, LINE 2C.

THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF AMENDMENT

WHEREAS,

*Jewish Family Services of St. Louis*  
*N0004122*

Formerly,

*Jewish Family and Children's Service*

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of December, 2019.

  
Secretary of State





**State of Missouri**  
 John R. Ashcroft, Secretary of State  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**N00004122**  
**Date Filed: 12/5/2019**  
**John R. Ashcroft**  
**Missouri Secretary of State**

**Articles of Amendment  
 for a Nonprofit Corporation**  
*(Submit with filing fee of \$10.00)*

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment.

1 The name of corporation is Jewish Family and Children's Service Charter # N00004122

2 The amendment was adopted on 9/11/2019 and changed article(s) FIRST To state as follows  
*Month/day/year*

The name of the corporation is Jewish Family Services of St. Louis

New Name (if applicable) Jewish Family Services of St. Louis

3 If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5)

4 If approval by members was required, check here and provide the following information.

- A Number of memberships outstanding \_\_\_\_\_
- B Complete either C or D
- C Number of votes for and against amendment(s) by class was

Class	Number entitled to vote	Number voting for	Number voting against
_____	_____	_____	_____

D Number of undisputed votes cast for amendment(s) was sufficient for approval and was

Class	Number Voting undisputed
_____	_____

The number of votes cast in favor of the amendments(s) by each class was sufficient for approval by that class.

5 If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained

6 The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated \_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this office)*

In Affirmations thereof the facts state above are true and correct  
 (The undersigned understands that false statement made in this filing are subject to the penalties provided under Section 575.040 RSMo)

Miriam Seidenfeld Chief Executive Officer	MIRIAM SEIDENFELD, CHIEF EXECUTIVE OFFICER	OTHER	12/05/2019
<i>Authorized Signature of officer or chairman of the board</i>	<i>Printed Name</i>	<i>Title</i>	<i>Date of Signature</i>

Name and address to return filed document:

Name Kathleen Winschel

Address Email kwinschel@lewisrice.com

City State and Zip Code: \_\_\_\_\_