932001 01-20-20

Form **990** 

(Rev January 2020)

Department of the Treasury Internal Revenue Service

#### EXTENDED TO NOVEMBER 16, 2020

## **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.

2019
Open to Public Inspection

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.

Ar	or the	2019 Calundar year, or tax year beginning and ea	nung					
В	žiark il policoble	Cาัชิลกัe of organization		D Employer identif	fication number			
	_Addres							
X		Doing business as JEWISH FAMILY SERVICES		43-0790330				
	_tnitinf _return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone numb	er			
	]Fmal roturn/	10950 SCHUETZ RD		314.993.100	0			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,788,607.			
Г	Amend			H(a) Is this a group	return .			
$\vdash$	Applica			for subordinate				
_	pendin	g SAME AS C ABOVE		H(b) Are all subordinates	• • • • • • • • • • • • • • • • • • • •			
		mpt status: 🗶 501(c)(3)	527		a list (see instructions)			
+	Mahali	e: ▶ WWW.JFCS-STL.ORG	<del>y / 32.</del>	H(c) Group exempting	•			
		organization: X Corporation Trust Association Other	I Vear	· · · · · · · · · · · · · · · · · · ·	M State of legal domicile: MO			
		Summary	TE TOBY	or formation 2012	IVI Otate of legal dofffiche 555			
<u>ٺ</u>		Briefly describe the organization's mission or most significant activities ADDRESSI	ING COMM	INTTY LIFESPAN				
Ç	1 !	NEEDS INCLUDING CLINICAL, PREVENTION, DIRECT, AND SENIOR SERVI	TORS	011111 0111011111	· · · · · · · · · · · · · · · · · · ·			
Governance				4h 050/ of the net o				
èп	I	Check this box I if the organization discontinued its operations or dispose			32			
õ	3	Number of voting members of the governing body (Part VI, line 1a)	CECE	17/ED 3	<del></del>			
8			<u>\</u>	4	<del></del>			
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			<del></del>			
₹	6	Total number of volunteers (estimate if necessary)	NO:Y- <b>0</b> -	5 2020 S 5	<del></del>			
Activities &	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12	,					
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
		1 (	)GI <u>Մ</u> Ե	Prior Year	Current Year			
0	8 (	Contributions and grants (Part VIII, line 1h)		4,285,572				
ī	9 1	Program service revenue (Part VIII, line 2g)	[	2,157,608	1,512,879.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		449,205	433,946.			
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. L	59,145	. <4,342.>			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	]	6,951,530	5,067,398.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	. [	243,650	. 239,905.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. [	0	. 0.			
ψ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,230,849	3 214 239.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		44,450	0.			
ě	L	Total fundraising expenses (Part IX, column (D), line 25)	73.					
ŭ	[	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,911,723	1,650,867.			
	L	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,430,672	5,105,011.			
		Revenue less expenses Subtract line 18 from line 12	· · -	1,520,858	. <37,613.>			
28		TOTAL TOTAL OF THE PROPERTY OF		ginning of Current Year	<del></del>			
anc and	20 -	Fotal assets (Part X, line 16)	= <u>-</u>	13,153,921				
Assers or d Balances		Total liabilities (Part X, line 16)	····	345,028				
シュ		Net assets or fund balances Subtract line 21 from line 20		12,808,893				
		Signature Block	<u> </u>	,,	1			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the hest of n	ny knowledne and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			., concego and conce, a co			
11 06,	COLLEC	, and complete. Declaration of preparer (other than officer) is based on an information of which	an property	1 & 10	11 / 252			
٥.		Signature of officer		Date Date	1/3030			
Sigi		,						
Her	e	MIRIAM SEIDENFELD, CHIEF EXECUTIVE OFFICER Type or print name and tille						
				ale Check	TT PTIN			
n	.	Print/Type preparer's name Preparer's signature		מימפונים לי				
Paid	, ,	JENNIFER M. VACHA	$=$ $\frac{1}{2}$	Juli Civigio				
-	arer	Firm's name BROWN SMITH WALLACE LLP		Firm's EIN	43-1001367			
use	Only	Firm's address 6 CITYPLACE DRIVE, SUITE 960						
		ST. LOUIS, MO 63141		Phone no 314	1.983,1200			
		S discuss this return with the preparer shown above? (see instructions)			X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	1990 (2019) JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		, ж
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
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	Yes X No
J	If "Yes," describe these changes on Schedule O.	·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e measured by e	rnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		•
		iers, trie total exp	erises, and
4-	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 1,464,201. Including grants of \$ ) (Rever	0	1,082,527.)
4a	(Code) (Expenses \$ 1,464,201. including grants of \$	nue \$	
	ADDLESCENT PSYCHIATRY, AND EVALUATION/TESTING FOR CHILDREN AND ADDLESCENTS ALL OF WHICH WORK HAND-IN-HAND TO PROVIDE FOR THE		
	The state of the s		
	BEHAVIORAL AND MENTAL HEALTH NEEDS OF THE COMMUNITY.		
	The second secon		
	THE SCHOOL-BASED TEAM PROVIDES CUSTOMIZED SERVICES AND COUNSELING TO	<del> </del>	
	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. ) (Rever	nue \$	1,407.
	HARVEY KORNBLUM JEWISH FOOD PANTRY: THE HARVEY KORNBLUM 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 \$ ) (Rever	nue \$	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.	<del>-</del>	
	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)		
44	The state of the s	<del>-</del>	<del></del>
40	Other program services (Describe on Schedule O) (Expenses \$ 622,075. including grants of \$ 113,634.) (Revenue \$	130,819.)	
<u></u>	(Expenses \$ 622,075. including grants of \$ 113,634.) (Revenue \$ Total program service expenses ▶ 4,016,493.		
40	Total program service expenses 📂 🤘 🤫 . VAV . ୩୬୬ .		

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| Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	ts the organization required to complete Schedule B, Schedule of Contributors	2_	х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	_3_	<del> </del>	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		[	х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_4	<del> </del>	<del>-</del>
5	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	<u> </u>	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<del>                                     </del>	<del></del>
11	as applicable		İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		├
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's flability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	40		х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>-</del>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del>-</del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		х
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	لـــــا	

	Checklist of R	oguirad	Salsad	ulas (contr		<i>4</i> 1	
Form 990 (2	O1 (3)	JEWISH	FAMILY	SERVICES	OF	ST.	LO

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		Ì	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			}
	Schedule K. If "No," go to line 25a	24a	<b></b>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		ж
<b>.</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ŀ		
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions).			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If *Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-32 If "Yes," complete Schedule R, Part I	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_33_		<del>                                     </del>
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter · 0 · if not applicable 1a 55			
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,	
	(gambling) winnings to prize winners?	1c	990 /	0010
a3500	\$ 01-20-2C	Loui	220	(2019)

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Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 76 filed for the calendar year ending with or within the year covered by this return х 2ь Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ... X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . ..... Śа x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?, ... 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? . . . d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? x Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders ..... Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) ....... .... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .... ... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 х

If "Yes," complete Form 4720, Schedule O

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

Fa	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	110	respor	ise
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	tion A. Governing Body and Management	*******		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 3	2	1	
	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 0.			]
b	Enter the number of voting members included on line 1a, above, who are independent _ , , 1b3	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		l	-
	officer, director, trustee, or key employee?	2		х
3	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?	3	L.	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	↓	х
6	Did the organization have members or stockholders?	6	<u> </u>	Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		İ	
	more members of the governing body?	7a	ļ	X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1	Ī	
	persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	1	1
а	The governing body?	8a	х	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes," provide the names and addresses on Schedule O	9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.,	T
		<u> </u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del>	Х
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1,	1	Ì
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	₩
11a		11a	<u> </u>	₩
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13		x	1
12a		12a 12b	x	<del> </del>
b c		120	<del>                                     </del>	<del> </del>
·		12c	x	
13	Dath a second of the second of	13	х	<del> </del>
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	х	<del></del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	<del>                                     </del>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The expensation's CEO Executive Director or too management official	15a	x	
b	Other officers or key employees of the organization	15b	$\vdash$	х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<del>                                     </del>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		İ
	taxable entity duning the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	tion 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)	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X 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, as	nd finai	ncial	
	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 VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors

military cook and a property contractions		,
Check if Schedule O contains a response or note to any line in this Part VII		l .

#### 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

Chéck this box if neither the organization n	1	orga	nıza			npe	nsat			<del></del>
(A) (B)				)) Pos	tion	r		(D)	(E)	(F)
Name and title	Name and title Average			heck	more	than	опе	Reportable	Reportable compensation	Estimated amount of
	hours per week	offic	, unie cer an	ss pe d a d	rson	is bot r/trus	n an lee)	compensation from	from related	other
	(list any	ě						the	organizations	compensation
	hours for	3,19	1					organization	(W-2/1099-MISC)	from the
	related	10 53	Dustee			asate		(W-2/1099-MISC)	, , , , , ,	organization
	organizations	individual trustez or di.ector	al tr		ask	ЭШС				and related
	below	le ual	institutional t	تة تة	Key employee	250	뉼			organizations
	line)	훁	Inshi	Опсег	X. Kgy	Highest compensated employee	Former			
(1) JILL BELSKY	4.00									
PRESIDENT		X	_	х	<u></u>	_		0,	0,	0.
(2) STEPHEN GREEN	4.00									
IMMEDIATE & PAST PREISDENT		Х	_	х				0.	0.	0.
(3) JEFFREY DARDICK	2.00			•						
SECRETARY/TREASURER		х		х	L	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$	L	9.	0.	0.
(4) BRIAN BRAUNSTEIN	2.00									
VICE PRESIDENT	,,,,,	х	_	х			L_	0.	0.	0.
(5) JAMES LEVEY	2.00									
VICE PRESIDENT		х		х		<u> </u>		0.	0.	0.
(6) CARLY SPARKS	2.00			ŀ		•				
VICE PRESIDENT	1	х		х			ļ	0.	0.	0.
(7) JAN ABRAMS	2.00							<u> </u>		
DIRECTOR		х		L				0.	0.	0.
(B) LES BOROWSKY	2.00	l								
DIRECTOR	<u> </u>	Х		<u> </u>				0.	0.	0.
(9) AMY CARRIGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MARNI DEUTSCH	2.00									
DIRECTOR		x			L			0.	0.	0.
(11) STEVEN DRAPEKIN	2,00							ĺ		
DIRECTOR		х						0.	0,	0.
(12) MARC GOLDSTEIN	2.00									
DIRECTOR		х			<u>L</u>		L	0.	0.	0.
(13) STUART GREENBAUM	2.00									
DIRECTOR		х						0.	0.	0.
(14) RABBI ELIZABETH HERSH	2.00									
DIRECTOR		x						0.	0.	0.
(15) MICHAEL KAPLAN	2.00	$\Gamma$								
DIRECTOR		х					L	0.	0.	0.
(16) RICHARD LEVY	2.00	]								
DIRECTOR		x					L	0.	0,	0.
(17) MICHAEL LOURIE	2.00	1	Γ	I			Ι	1		
(17) MICIABA BOUNTS	2.00	Į.	i		l l		l		0.	0.

Part VII Section A. Officers, Directors, Trus	loyees, and Highest Co					Compensated Employees (continued)						
(A)	(B)			((	<b>C)</b>			(D)	(E)		(F)	
Name and title	Average	(40	Position (do not check more than one					Reportable	Reportable	Es	tımate	ed De
	hours per	box	box, unless person is both an officer and a director/truslee)					compensation	compensation	am	ount o	of
•	week	⊢	er an	d a d	recto	r/frus	166)	from	from related	•	other	
•	(list any	ş		ł				the	organizations		pensa	
	hours for related	or du	ผ			3160	ŀ	organization	(W-2/1099-MISC)		om the	
	organizations	SS SS	E SI			Suadi.		(W-2/1099-MISC)		_	anızatı d relat	
	below	n en	lc na		ploy	16911	_				ınızatı	
	line)	A CONTRACT STREET OF CUCCADI	rsatuticnal busies	Officer	key employee	Highest compensated employes	Ботте			Orga		50
(18) RABBI HERSHEY NOVACK	2.00		-	-	×	-C: A)	٣					
DIRECTOR		х						0.	0.			٥.
(19) ERIC PETERSON	2.00			<u> </u>								
DIRECTOR		x		l				0.	0.			0.
(20) PAM PERRY	2.00											
DIRECTOR		х					L	0.	0.			٥.
(21) JONATHAN RASKAS	2.00						ĺ					
DIRECTOR		Х						0,	0.			٥.
(22) JON ROOT	2.00		·	Ì			İ	İ				
DIRECTOR	4,1-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1	X	<u> </u>	<u> </u>	_	<u> </u>	_	0.	0.			0.
(23) MARISSA ROSEN	2.00		ŀ					1				
DIRECTOR		х	L	<u> </u>	_	L		0.	0.			٥.
(24) MICHAEL SILVER	2.00	1										
DIRECTOR	ļ	Х	L.		_	_		0.	0.			٥.
(25) LECIE STEINBAUM	2.00		ļ									
DIRECTOR		х	<u> </u>	_		<u> </u>	L	0.	0.			0.
(26) JULIE STERN	2.00	1										
DIRECTOR		х				<u> </u>	<u> </u>	0.	0.			0.
1b Subtotal				***		٠.		0.	0.			0.
c Total from continuation sheets to Part V	•							528,053.	0.			630.
d Total (add lines 1b and 1c)		<u></u>				<del></del>		528,053.	0.		18,	630.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization								·	<del>.</del>			3
											Yes	No
3 Did the organization list any former officer												
line 1a? If "Yes," complete Schedule J for s										3		х
4 For any individual listed on line 1a, is the si	•								•		_	
and related organizations greater than \$15										4	х	
5 Did any person listed on line 1a receive or										_		v
rendered to the organization? If "Yes," con	npiete Schedul	e J f	or s	uch	pers	son	·	·· ·· · · · · · · · · · · · · · · · ·	·	5		Х
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

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

Form **990** (2019)

Form 990 JEWISH FAMIL	<del></del>									<del></del>
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	npl	oyee	s, a	nd h	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	<del>)</del>			(D)	(E)	(F)
Name and title	Average			Pos	rtion			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per		Γ		Γ			from	from related	other
• '	week	_				90,08		the	organizations	compensation
	(list any	recto	ļ			d e		organization	(W-2/1099-MISC)	from the
	hours for	6	8			Pales Raise		(W-2/1099-MISC)		organization and related
	related organizations	use.	fras		ខ្ល	툁				organizations
	below	lea!	Dona	_	윹	25 50	<u>.</u>			organizations
	line)	ind vidual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated empioyee	Former			
(27) KAREN SUROFF	2,00	$I^-$	<del>                                     </del>	$\vdash$		_	<del> </del>			
DIRECTOR		х						0.	0.	d
(28) RICHARD TALLIN	2,00	T					一		**************************************	
DIRECTOR		x						0.	0.	c
(29) TODD TAYLOR	2.00	T	T		$\vdash$					
DIRECTOR		х				1		0.	0.	d
(30) JANE ROODMAN WEISS	2,00			Г		T-	Γ			
DIRECTOR		x				ľ		0.	0.	a
(31) MEGAN WILSON	2.00									
DIRECTOR		x		l				0.	0.	C
(32) LARRY WOODS	2.00						Γ			
DIRECTOR		x	L					0.	0.	C
(33) MIRIAM SEIDENFELD	40.00									
CHIEF EXECUTIVE OFFICER				х			<u> </u>	165,789.	0.	7,669
(34) L. LOUIS ALBERT	40.00									
CHIEF EXECUTIVE OFFICER (RETIRED)				х		L	<u> </u>	228,538.	0.	1,903
(35) BRENDA FINKE	40.00									
CHIEF FINANCIAL OFFICER		L	L	х				133,726.	0.	9,058
			L			L				
	<u> </u>	1								
			L_			L	<u> </u>			
						İ				
						<u> </u>	<u> </u>			
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	<u> </u>	<u> </u>	<u> </u>		$\vdash$	H	<u> </u>			
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	<u> </u>	┝	<u> </u>			_	<u> </u>			
	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	_	-			
		ľ								
	<u> </u>	<u> </u>			<u> </u>		<u> </u>		***************************************	
		l								
	-	$\vdash$	$\vdash$	H	$\vdash$	<u> </u>	<del> </del>			
	<b>_</b>									
	<del> </del>	<del> </del>	-		$\vdash$	<del>  -  </del>	<u> </u>			
		1								
	<u> </u>	L	L		ٺـــا	L	L			

Form 990 (2019) JEWISH FAMI
Part VIII Statement of Revenue

		Check if Schedule O	cont	ains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
				<del></del>					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a	1,650,632.				
윤일	b	•		1b	050 353				
ş₹		Fundraising events		1c	279,353.				
<u> </u>		•							
S.E.		Government grants (contr							ĺ
	f	All other contributions, gifts,		1 1	1 104 030				
들		similar amounts not included		*	1,194,930.				
ᅙᅙ	9		lines	1a-1f 1g \$	61,642.	3 134 015			
9 0	h	Total. Add lines 1a-1f				3,124,915.			<del></del>
_	_	OLINIANI CEDUTCEC			Business Code 623990	1,082,527.	1,082,527.	<u> </u>	<del></del>
§	2 a		<u> </u>		621610	275,816.	275,816.		<del></del>
او کر	t	ALLER LANGE PRESIDE			624100	130,819.	130,819.		
Program Service Revenue	C		ION	<del></del>	624100	22,310.	22,310.		
<b>E&amp;</b>	d				624100	1,407.	1,407.		
<u>و</u> ا	e				024100	2,407.	1,407.		<del> </del>
_	f	. •	reve	nue	<b>-</b>	1,512,879,			<del></del>
$\dashv$	9	Investment income (included)	100	duudoode istori	· · · · · · · · · · · · · · · · · · ·	1,312,077,			<del></del>
	3					68,204.			68,204.
		other similar amounts) Income from investment of	 Ve tan						
	4 5				oroccecus -				
	J	Royalties	<u> </u>	(i) Real	(II) Personal	<b>***</b>			
		Gross rents	6a	9,310.	.,,				
		Gross rents	6b	0.					
	-	: Rental income or (loss)	6c	9,310.					
		Net rental income or (loss)	_		<b>&gt;</b>	9,310.			9,310.
		Gross amount from sales of	Έ	(i) Securities	(ii) Other				<del></del>
	, ,	assets other than inventory	7a	<del></del>	``				İ
		Less: cost or other basis	<del></del>					'	
힉	~	and sales expenses	7b	619,473.					
Ę		Gain or (loss)	7c	365,742.					
Other Revenue				<u> </u>		365,742.			365,742.
ē		Gross income from fundraisi		<del></del>					
[ 등	•		-	353. of					I
_		contributions reported on							İ
ŀ		•		, , 8a	69,440.				İ
ł	b	Less: direct expenses		8b	101,736.			İ	I
		: Net income or (loss) from			🕨	<32,296.	>		<32,296.>
		Gross income from gamin							
		Part IV, line 19		9a					
	t	Less direct expenses							
i	c	: Net income or (loss) from	gam	ing activities,	, ▶				
	10 a	Gross sales of inventory, I	ess	returns	i i				I
		and allowances		10a					I
	b	Less cost of goods sold		10b					
		Net income or (loss) from	sale	s of inventory .	▶				<b></b>
<u>.</u>	-				Business Code				<u> </u>
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOM	E		900099	18,644.			18,644.
eu a	t	·							<del></del>
<u> </u>	c								ļ <del></del> .
≅ <u>"</u>	c	All other revenue			L				<del></del>
	e				<u> </u>	18,644.			
	12	Total revenue. See instruction	ns	,		5,067,398.	1,512,879.	0.	429,604.

Form 990 (2019) JEWISH FAMILY SERVICES OF ST. LOUIS 43Part IX | Statement of Functional Expenses

Section 507(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in t			х х
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<del> </del>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	239,905.	239,905.		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			]	
	trustees, and key employees	546,681.	177,715.	255,875.	113,091.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,151,269.	1,772,664.	248,106.	130,499.
8	Pension plan accruals and contributions (include	~	FA 80-		
	section 401(k) and 403(b) employer contributions)	72,947.	59,725.	8,310.	4,912.
9	Other employee benefits	249,270.	215,130.	18,781.	15,359.
10	Payroll taxes	194,072.	144,154.	32,619.	17,299.
11	Fees for services (nonemployees):			ŀ	
	Management	5 140			2 (02
	Legal	7,140.	2,877.	570.	3,693.
С	Accounting , , . ,	42,600.	17,165.	3,400.	22,035.
đ					
	Professional fundraising services. See Part IV, line 17	30 503		30 502	
f	Investment management fees	39,502.		39,502.	······································
g	Other (If line 11g amount exceeds 10% of line 25,	710 320	710 050	1 409	E 070
	column (A) amount, list line 11g expenses on Sch 0.)	718,328.	710,950.	1,408.	5,970. 33,311.
12	Advertising and promotion	51,121. 194,341.	16,463. 160,335.	5,307.	28,699.
13	Office expenses	134,341.	100,333.	3,307.	20,033.
14	Information technology				
15	Royalties ,, ,	277,946.	234,933.	22,587.	20,426.
16	Occupancy	49,341.	41,563.	7,676.	102.
17	Travel	45,541,	41,303.	7,070.	102.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	33,934.	21,924.	2,343.	9,667.
19	Conferences, conventions, and meetings	33,334.	22,724,	2,343.	
20	Interest ,				
21	Payments to affiliates,	174,724.	149,254.	15,180.	10,290.
22	Depreciation, depletion, and amortization	28,959,	24 595.	2,914,	1,450.
23	Other expenses, Itemize expenses not covered	20,,,,,,		2,311,	2,200
24	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list fline 24e expenses on Schedule O)				
а	DUES	28,214.	22,449.	2,995.	2,770.
b	VOLUNTEER EXPENSES	4,259.	4,234.	25.	
С	BAD DEBT	458.	458.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,105,011.	4,016,493.	668,945.	419,573.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}		1	
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)			Ì	
93201	0 01-20-20		<u></u>		Form <b>990</b> (2019)

Pa	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	381,113.	1	595,338.
Assets	2	Savings and temporary cash investments	1,428,961.	2	996,159.
	3	Pledges and grants receivable, net	939,531.	3	1,062,666.
	4	Accounts receivable, net	194,615.	4	256,250.
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		В	
	9	Prepaid expenses and deferred charges	· · · · · ·	9	22,125.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,351,305.			
	ь	Less accumulated depreciation 10b 2,023,896.	3,394,716.	10c	3,327,409.
	11	Investments - publicly traded securities	6,814,985.	11	7,559,497.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	, <del>, , , , , , , , , , , , , , , , , , </del>
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,153,921.	16	13,819,444.
	17	Accounts payable and accrued expenses	344,035.	17	346,305.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue	993.	19	208.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
٩		controlled entity or family member of any of these persons		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	<del></del>
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Cabactula D	0.	25	41,761,
	26	Total liabilities. Add lines 17 through 25	345,028.	26	388,274.
		Organizations that follow FASB ASC 958, check here ▶ X	· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·
nces		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	7,448,255.	27	7,252,868.
Bal	28	Net assets with donor restrictions	5,360,638.	28	6,178,302.
P		Organizations that do not follow FASB ASC 958, check here			
æ		and complete lines 29 through 33.			
200	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	······································
Net Assets or Fund Bala	32	Total not assets or fund halances	12,808,893.	32	13,431,170.
_	33	Total liabilities and net assets/fund balances	13,153,921.	33	13,819,444.
		Total application and tier approximated the second and tier approx	,,,		- 000/000

Form 990 (2019)

-om	1990 (2019) JEWISH FAMILY SERVICES OF ST. LOUIS	43-0/90330		Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	*** ******* ** ***		<u>., , , , , , , , , , , , , , , , , , , </u>	
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	<u>,170.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				لتا
				Yes	No
1	Accounting method used to prepare the Form 990				
	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?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igle Audit			
	Act and OMB Circular A-133?		3a	X	ldash
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	L
			Form	990	(2019)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

Solution Service Servic

OMB No. 1545-0047

Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number 43-0790330

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

Schedule A (Form 990 or 990 EZ) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS

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 )

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received (Do not			ŀ			
	include any "unusual grants ")	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	or expended on its behalf			ľ			
3	The value of services or facilities						
	furnished by a governmental unit to			I			
	the organization without charge		1	İ			
4	Total. Add lines 1 through 3	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included		1	1			
	on line 1 that exceeds 2% of the		i				
	amount shown on line 11,		j	1			
	column (f)			İ			882,155.
6	Public support: Subtract line 5 from line 4.						15,401,508.
	ction B. Total Support	<u> </u>		1			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,989,551.	2,662,864.	3,220,761.	4,285,572.	3,124,915.	16,283,663,
	Gross income from interest,	, ,		, , ,			· · · · · · · · · · · · · · · · · · ·
٥	dividends, payments received on					ļ	
	securities loans, rents, royalties,			j			
	and income from similar sources	55,995.	40,781.	41,835.	66,635.	77,514.	282,760.
	Net income from unrelated business	55,555					
9							
	activities, whether or not the			į	:		
	business is regularly carned on						<del> </del>
10	Other income Do not include gain			İ		}	
	or loss from the sale of capital	9,047.	12,021.	13,634.	67,142.	18 644.	120,488.
	assets (Explain in Part VI)	3, UW7.	12,021.	15,054.	07,142.	10,044.	16,686,911.
	Total support. Add lines 7 through 10					40	8,867,590.
	Gross receipts from related activities,	•				12	0,007,330.
13	First five years. If the Form 990 is for	=	tirst, second, third	i, tourin, or titin ta	x year as a section	1 50 1(0)(3)	
Sac	organization, check this box and stop ction C. Computation of Publ		centage	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	<u>                                </u>
				-l (0)		44	92.30 %
	Public support percentage for 2019 (I			olumn (1))	4 4 1- 4	15	92.30 % 92.23 %
	Public support percentage from 2018						
168	33 1/3% support test - 2019. If the c					iore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						- L I
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	_					
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				· ·		
	organization meets the "facts-and-circ		-		-	• • • •	₹님
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	. 16b, 17a, or 17b	, check this box a	nd see instructions	<u>3</u>

Schedule A (Form 990 or 990-EZ) 201	9 JEWISH FAMILY S	ERVICES OF ST	LOUIS		43-079	0330 Page
Part III Support Schedule f	or Organizations	Described in	Section 509(a)			
(Complete only if you che	cked the box on line 1	of Part I or if the	organization failed	to qualify under I	Part II. If the or	ganization fails to
qualify under the tests list	ted below, please com	plete Part II.)				/
Section A. Public Support	<u>-</u>			<del>,</del>		
Calendar year (or fiscal year beginning li	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f)/fotal
1 Gifts, grants, contributions, and						
membership fees received. (Do r	not					
include any "unusual grants ")						
2 Gross receipts from admissions,	·					7
merchandise sold or services pe	r-					/
formed, or facilities furnished in						/
any activity that is related to the					1 /	<b>'</b>
organization's tax-exempt purpor		·			<del> /-</del>	
3 Gross receipts from activities that						
are not an unrelated trade or bus					/	
iness under section 513			! 		+/-	
4 Tax revenues levied for the organ	n-				1/	
ization's benefit and either paid t					<i>y</i>	i
or expended on its behalf	••			/	1	
5 The value of services or facilities				/		İ
furnished by a governmental unit	t to			/	}	ŀ
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2,		·				
3 received from disqualified pers	1			/	İ	
b Amounts included on lines 2 and 3 received				/	<del>                                     </del>	
from other than disqualified persons that	·		/	ĺ		
exceed the greater of \$5,000 or 1% of the				ŀ		
amount on line 13 for the year			/	ļ <u> </u>	<del> </del>	
c Add lines 7a and 7b ,					<del></del>	
8 Public support. (Subtractine /c/rem/line	6)	<u> </u>	L/	<u> </u>	.L	
Section B. Total Support		,		·	·	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in		(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6			/	ļ	<u> </u>	
10a Gross income from interest,		/				1
dividends, payments received or securities loans, rents, royalties,	'	/				
and income from similar sources	.					
b Unrelated business taxable income						
(less section 511 taxes) from busines	sses				1	
acquired after June 30, 1975		/				
c Add lines 10a and 10b	* *			<del> </del>		
11 Net income from unrelated busin	1000	<del>{</del>		<del></del>	+	
activities not included in line 10b	1 /	1				
whether or not the business is		]		ŀ	ŀ	
regularly carried on						
12 Other income. Do not include ga or loss from the sale of capital	"   /	Ì			ŀ	
assets (Explain in Part VI)		ļ				
13 Total support. (Add lines 9, 10c, 11, and		<u> </u>				
14 First five years. If the Form 990	is for the organization	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) or	ganization,
check this box and stop here	<u> </u>	.,,,,,, ,,				<b></b>
Section C. Computation of §	Support Pe	rcentage				
15 Public support percentage for 20	019 (line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from					16	%
Section D. Computation of I			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. <u></u>	······································
	<del></del>		ne 13 column (f)		17	0/
17 Investment income percentage f					18	90
18 Investment income percentage f	rom <b>2016</b> Schedule A,	ran III, IINE 17		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		%
19a 33 1/3% support tests - 2019.						alle 17 is not
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2018. I						
line 18 is not more than 33 1/3%						
20 Private foundation. If the organi	zation did not check a	box on line 14, 19	a. or 19b, check th			
932023 09-25-19				Sch	edule A (Form	1 990 or 990-EZ) 2019

Page 4

(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)

Contina			Supporting Organizations
Section	M. /	A	Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  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  3b. 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)(8) 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  4b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in 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
documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonic 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)(8) 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)
class or purpose, describe the designation If historic and continuing relationship, explain  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination  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  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)
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  5 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  5 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  4 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  5 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  4 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)
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  3a  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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  3b Did the organization and 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)
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  3a  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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)
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
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)(8) 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)
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)
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)
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)
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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  4a  b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in 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)
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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)
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)
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)
to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
purposes 4c   1
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 chantable 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 79
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 in the tax year (655 55 65 65 65 65 65 65 65 65 65 65 65

Sche	dule A (Form 990 or 990-EZ) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	P	age 5
	rt IV   Supporting Organizations (continued)			
***************************************	***************************************		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1	
	below, the governing body of a supported organization?	_ 11a		
ь	A family member of a person described in (a) above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	j	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	į.		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		p	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described 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	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	y (see instruction:		
2	Activities Test. Answer (a) and (b) below.	r	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b>!</b>		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<del> </del>	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	İ		
	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	2b	<b> </b>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	!		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	l	

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Lheck 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 1b b Average monthly cash balances c Fair market value of other non-exempt use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI). Acquisition indebtedness applicable to non exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

on-Functionally Integrated 509		nizations (continued)				
· · · · · · · · · · · · · · · · · · ·		TOUR DESIGNATION OF THE PROPERTY OF THE PROPER				
S		index.	Current Year			
pported organizations to accomplish exe	empt purposes					
erform activity that directly furthers exem						
cess of income from activity						
	es of supported organization	8				
quire exempt use assets						
amounts (prior IRS approval required)						
(describe in Part VI) See instructions						
butions. Add lines 1 through 6						
ntive supported organizations to which t	he organization is responsive	•				
(provide details in Part VI) See instructions						
nt for 2019 from Section C, line 6						
led by line 9 amount	·					
Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
nt for 2019 from Section C, line 6						
ıf any, for years prior to 2019 (reason-						
- explain in Part VI). See instructions						
s carryover, if any, to 2019						
		•				
ough e						
tributions of prior years	ļ					
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4 not applied (see instructions)						
et lines 3g, 3h, and 3i from 3f.						
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at lines 3g, 3h, and 3i from 3f.  19 from Section D, \$  tributions of prior years  tributable amount  at lines 4a and 4b from 4  stributions for years pnor to 2019, if  3g and 4a from line 2. For result greater  a Part VI. See instructions.  stributions for 2019 Subtract lines 3h  For result greater than zero, explain in  tions						
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at lines 3g, 3h, and 3i from 3f.  19 from Section D, \$  tributions of prior years  tributable amount  at lines 4a and 4b from 4  stributions for years pnor to 2019, if  3g and 4a from line 2. For result greater  a Part VI. See instructions.  stributions for 2019 Subtract lines 3h  For result greater than zero, explain in  tions  ns carryover to 2020. Add lines 3j						
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	cess of income from activity enses paid to accomplish exempt purpos quire exempt-use assets amounts (prior IRS approval required) (describe in Part VI) See instructions butions. Add lines 1 through 6 intive supported organizations to which the for 2019 from Section C, line 6 ed by line 9 amount  Allocations (see instructions) int for 2019 from Section C, line 6 if any, for years prior to 2019 (reason- explain in Part VI). See instructions is carryover, if any, to 2019  ough e tributions of prior years	cess of income from activity enses paid to accomplish exempt purposes of supported organization quire exempt-use assets amounts (prior IRS approval required) (describe in Part VI) See instructions butions. Add lines 1 through 6 intive supported organizations to which the organization is responsive fart VI) See instructions int for 2019 from Section C, line 6 ed by line 9 amount  (i)  Excess Distributions  Interpretation of prior years  and or years  (ii)  Excess Distributions  (iii)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions  (iv)  Excess Distributions	cess of income from activity enses paid to accomplish exempt purposes of supported organizations equire exemptiuse assets amounts (prior IRS approval required) (describe in Part VI) See instructions butions. Add lines 1 through 6 entive supported organizations to which the organization is responsive eart VI) See instructions ent for 2019 from Section C, line 6 ed by line 9 amount  (i)  Excess Distributions Pre-2019  Int for 2019 from Section C, line 6 if any, for years prior to 2019 (reason explain in Part VI). See instructions is carryover, if any, to 2019  ough e			

e Excess from 2019

Schedule A (Form 990 or 990 EZ) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, In Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an (See instructions)	B, lines 1 and 2; Part IV, Sect	юп С,
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
ISCELLANEOUS INCOME		_
015 AMOUNT: \$ 9,047.		
016 AMOUNT: \$ 12,021.		
017 AMOUNT: \$ 13,634.		
018 AMOUNT: \$ 67,142.		
019 AMOUNT: \$ 18,644,		
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#### **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 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 fun	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	Yes No
Pa	rt 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).	
	Preservation of land for public use (for example, recreation or education) Preservation of a history	orically important land area
	Protection of natural habitat Preservation of a certification of the control of the certification of the certifica	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
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	listed in the National Register,,,,,,	nization during the tax
	year <b>&gt;</b>	
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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	··· — —
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements	
Ра	t 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 bal	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>\$</b>
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$
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.	
а	Revenue included on Form 990, Part VIII, line 1	<b>\$</b>
b	Assets included in Form 990, Part X	<b>▶</b> \$

Sche	dule D (Form 990) 2019 JEWISH FAMI	LY SERVICES OF	ST. LOUIS			43-079	00330 Pag	e 2
-	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or	Other	Similar As		_
3	Using the organization's acquisition, accessi							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progran	n			
b	Scholarly research	е	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatior	n's exemp	t purpose in F	art XIII.	
5	During the year, did the organization solicit of	-						
•	to be sold to raise funds rather than to be m					[	Yes 🔲	No
Par	t IV   Escrow and Custodial Arran				'es" on Fo	orm 990, Part		
	reported an amount on Form 990, Pa		J					
1a	Is the organization an agent, trustee, custod		liary for contribution	s or other asse	ets not inc	cluded		
	on Form 990, Part X?						Yes I	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		., ., .			
_	in roo, explain the arrangement are alterna-						Amount	_
_	Regioning balance					1c		
	Beginning balance Additions during the year					1d		—
	Distributions during the year					1e		_
_	Ending balance					11		
f 20	Did the organization include an amount on F						Yes!	No
	If "Yes," explain the arrangement in Part XIII.							••
Par								
1 41	Enclowment Lands: Complete	(a) Current year	(b) Prior year	(c) Two years		Three years ba	ck (e) Four years ba	
	Daniel of control balance	7,207,108.	6,241,155.	<del>                                     </del>		5,014,17		
	Beginning of year balance	9,407.	1,343,973.		198.	31,74		
	Contributions	1,037,800.	<311,386.	<del></del>	732.	277,63	<del></del>	
	Net investment earnings, gains, and losses	1,037,800.	<311,386.	733,	, , , , , ,	277,03	0. 123.7.	
	Grants or scholarships				_			
е	Other expenditures for facilities	222 565	20.060		100	15 11		- ^
	and programs	298,565.	30,062.	ļ	127.	15,13		_
	Administrative expenses	39,502.	36,572.	<u> </u>	375.	25,68		
9	End of year balance	7,916,248.	7,207,108,	<u> </u>	122.	5,282,72	7. 5,014,1	78.
2	Provide the estimated percentage of the cur-	-	e (line 1g, column (a	a)) held as				
	Board designated or quasi-endowment	40.00	_%					
	Permanent endowment  60.00	%						
С	Term endowment ▶00	· <del>-</del>						
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for the	organization		
	by						Yes N	10
	(i) Unrelated organizations				,		3a(i) X	
	(ii) Related organizations	, ,					3a(ii) 2	K
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requii	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.			•			
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a S	See Form 990,	Part X, lin	e 10		
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accu	umulated	(d) Book value	_
	,	basis (investr	nent) basis	(other)	depre	ciation		
1a	Land			613,657.			613,69	57.
	B 14	-	3	765,844.	1	,417,204.	2,348,64	10.
	Leasehold improvements			71,028.		23,861.	47,10	_
	_			900,776.		582,831.	317,94	_
	Other	**				<del></del> -	·····	
	. Add lines 1a through 1e. (Column (d) must e	oual Form 990 Part	X. column (B) line 1	10c )			3,327,40	<u>. ec</u>
10191	. And miles to minural ter forming to must e	gaarronn Jao, rait	, 50.5 [0], 1116 1	/-	31 1			

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	<u></u>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	-o1 year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			<u></u>
(F) (G)			· · · · · · · · · · · · · · · · · · ·
(H)	· · · · · · · · · · · · · · · · · · ·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 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)	,		"I
(3)	11.5 - 11.11.		
(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"		e 11d See Form 990, Part X, line 15	(6) De el control
(a)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15 )		· · · · ·
Part X Other Liabilities.	3 101/		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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		<u> </u>	41,761.
2. Liability for uncertain tax positions in Part XIII, provide	the text of the footnote t	to the organization's financial statements t	hat reports the

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities c Other losses d Other (Describe in Part XIII)  c Other (Describe in Part XIII)	Schedule D (Form 990) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS	43-079033	0 Page
1 Total revenue, gains, and other support per audited financial statements	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unreguized gains (losses) on investments b Constant devines and use of facilities c Recoveries of prior year grants c C C	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
2 A Mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unreglated gams (losses) on investments C Recoveries of prior year grants C Recoveries of prior year	Total revenue, gains, and other support per audited financial statements	1	5,700,786
D Donated services and use of facilities 2 b 13,000.  c Recoveries of prior year grants 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d			
b Donated services and use of facilities	a Net unrealized gains (losses) on investments 2a 65	59,890.	
C. Recoveries of prior year grants 2d 3 Chercoveries of prior year grants 2d 3 Cher (Describe in Part XIII) 2d 3 5.027, 891  A Add lines 2a through 2d		13,000.	
d Other (Describe in Part XIII)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		2e	672,890
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 6 \$ 5, 667, 391  Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 3 Donated services and use of facilities 6 Other losses 7 Conter losses 8 Conter losses 9 Conter losses 9 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 1 Conter losses 2 Conter losses 2 Conter losses 2 Conter losses 2 Conter losses 2 Conter losses 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 5 Investment expenses not included on Form 990, Part IX, line 27 Dart IX, line 24 Dart IX, line 25 Dart IX, line 24 Dart IX, line 24 Dart IX, line 25 Dart IX, line 24 Dart IX, line 24 Dart IX, line 27 Dart IX, line 24 Dart IX, line 24 Dart IX, line 27 Dart IX, lin			5,027,896
b Other (Describe in Part XIII) c Add lines 4a and 4b c 39,502. c Add lines 4a and 4b c 39,502. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,5067,391  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Phor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 12)  Fart XIII Supplemental Information.  Part XIII Supplemental Information  PART Y, LINE 4:  THE PURPOSE OF THE ENDOMMENT FUNDS IS TO PROVIDE A PREDICTABLE STREAM OF  FUNDING TO SUPPORTED PROGRAMS.  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL			
b Other (Describe in Part XIII) c Add lines 4a and 4b c 39,502. c Add lines 4a and 4b c 39,502. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,5067,391  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Phor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 12)  Fart XIII Supplemental Information.  Part XIII Supplemental Information  PART Y, LINE 4:  THE PURPOSE OF THE ENDOMMENT FUNDS IS TO PROVIDE A PREDICTABLE STREAM OF  FUNDING TO SUPPORTED PROGRAMS.  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL	a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
c Add lines 4a and 4b		39,502.	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  1 Total expenses and losses per audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 3 Donated services and use of facilities b Pinor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19) 7 Eyent 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		4c	39,502
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Pnor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses Add lines 3 and 4b 5 Total expenses Add lines 3 and 4b Also complete this part to provide any additional information  Part XIII] Supplemental Information.  PART V, LINE 4:  THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A PREDICTABLE STREAM OF  FUNDING TO SUPPORTED PROGRAMS.  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL	5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,067,398
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 3 Donated services and use of facilities b Pnor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IXII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 10 and 4; Part IV, lines 10 and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, 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 (JEMISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL	Part XII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Return.	
Amounts included on line 1 but not on Form 990, Part IX, line 25.  a Donated services and use of facilities	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
a Donated services and use of facilities b Pnor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d  3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, 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.  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL	1 Total expenses and losses per audited financial statements	, 1	5,078,509
b Pnor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart 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 (JEMISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL	2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 5,065,503 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, 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 any additional information  PART V, LINE 4:  The Purpose of the Endowment funds is to provide any additional information  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	a Donated services and use of facilities 2	13,000.	
d Other (Describe in Part XIII) e Add lines 2a through 2d . 2e 13,000 3 Subtract line 2e from line 1 . 3 5,065,509 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a . 39,502 b Other (Describe in Part XIII) . 4b . 39,502 c Add lines 4a and 4b . 4c . 39,502 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 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	b Pnor year adjustments 2b		
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart 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	c Other losses		
3 Subtract line 2e from line 1 3 5,065,503  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,502. b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 7b 4c 39,502. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Forvide 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	d Other (Describe in Part XIII )		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart 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, lines 2d and 4b; and Part XIII, 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 (JEMISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL			13,000
a Investment expenses not included on Form 990, Part VIII, line 7b	3 Subtract line 2e from line 1	3	5,065,509
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fort XIII Supplemental Information.  Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; 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	1 1		
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fort 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			
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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	b Other (Describe in Part XIII.)	39,502.	
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	, 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	100 1 000	
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		5	5,105,011
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			
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		rt V, line 4; Part X, lin	e 2; Part XI,
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	PART V, LINE 4:	<del></del>	
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	THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE A PREDICTABLE STREAM OF		
JFS (JEWISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL	FUNDING TO SUPPORTED PROGRAMS.		
JFS (JEWISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED  NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL			
NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL	PART X, LINE 2:		· · · ·
	JFS (JEWISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED		
REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES.	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

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	Schedule D (Form 990) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS		43-0790330	Page 5
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	Schedule D (Form 990) 2019  JEWISH FAMILY SERVICES OF ST. LOUIS  Part XIII   Supplemental Information (continued)			
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				
RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT  INCOME 39,502.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT	THIS TIME TO COVER ANY UNCERTAIN TAX POSITIONS			
RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT  INCOME 39,502.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT				
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 XII, LINE 4B - OTHER ADJUSTMENTS:  RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT	PART XI, LINE 4B - OTHER ADJUSTMENTS:			
INCOME 39,502.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT	RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT			
PART XII, LINE 4B - OTHER ADJUSTMENTS: RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT				
RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT	INCOME	39,502.		
RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT				
RECLASS INVESTMENT MGMT FEES NETTED AGAINST INVESTMENT				
	PART XII, LINE 4B - OTHER ADJUSTMENTS:	· · · · · · · · · · · · · · · · · · ·	,	·
	PROCESOR THEORYGUM NAME DEEC NEEDED SASTACE INTERMENT			
INCOME 39,502.	RECLASS INVESTMENT MOST FEES NETTED AGAINST INVESTMENT			
	INCOME	39,502.		
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury

OMB No 1545-0047

nternal Revenue Service	Go to www.irs.gov/Form990 for inst	ruction	s and	I the latest informat	ion.		mapection
Name of the organization JEWISE	FAMILY SERVICES OF ST. LOUIS					Employer ide 43-0790330	ntification number
	rities. Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	Z filers are not
Indicate whether the organization     Mail solicitations     Internet and email solicitions     In-person solicitations     In-person solicitations     In-person solicitations     In-person solicitations     In-person solicitations     In-person solicitations     In-person solicitations     In-person solicitations	tations funds through any of the follows  e Solicita f Solicita g Special  ritten or oral agreement with any individual g90, Part VII) or entity in connection with jud individuals or entities (fundraisers) purs	ition of ition of I fundra Il (includ profess	non-g gover using ding o ional f	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees	☐ Yes	
(i) Name and address of individuor entity (fundraiser)	ual (ii) Activity	(iii) fundi havo ci ar con contribi	Did aser islady trol ni utions?	(iv) Gross receipts from activity	l '	Amount pald or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
<del>_</del>		Yes	No				
					<u> </u>		
					ļ		
3 List all states in which the orga	nızatıon is registered or lıcensed to solıcıt	contrib	utions	s or has been notified	d it is	exempt from re	egistration
or licensing		·····					
				· · ·			
					·		
	· · · · · · · · · · · · · · · · · · ·						
		····	······································				

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and gro	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
e		. '	(event type)	(event type)	(total number)	col. (c))
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.
	4	Cash prizes				
es	5	Noncash prizes , , , , , , , , , , , , , , , , , , ,				
cpens	6	Rent/facility costs	1,925.			1,925.
Direct Expenses	7	Food and beverages	52,000.			52,008.
۵	8	Entertainment	5,300.			5,300.
	9	Other direct expenses	42,503.			42,503.
	10	Direct expense summary Add lines 4 through				101,736.
De	11	Net income summary Subtract line 10 from li III Garning. Complete if the organization a		000 Post IV Inc. 10 or		<32,296.
		\$15,000 on Form 990-EZ, line 6a	answered res un rom	1950, Part IV, line 15, or	reported more than	
		Ψ10,000 011 01111 p50 121, 1110 0α		(b) Pull tabs/instant		(d) Total gaming (add
uge			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes			<b></b>	
Direct Expenses	3	Noncash prizes	4:111-1	<u></u>		
Direct	4	Rent/facility costs				
	5	Other direct expenses	i			
	6	Volunteer labor	Yes% No		Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
٩	Fo	ter the state(s) in which the organization condu	icts gaming activities			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
100		ere any of the organization's gaming licenses re	worked suspended or to	erminated during the tay	vear?	Yes No
		Yes," explain.			7	
	_					

Sch	edule G (Form 990 or 990 EZ) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS	43-079	0330	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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	%
t	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ds.		
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	***** *****	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt		
	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 ►		<u>,</u>	
	Gaming manager compensation > \$			
	Description of services provided			<del></del>
			<del></del> -	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
Ł	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 > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Par	t III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				·
			-	

Schedule G	i (Form 990 or 990-EZ)	JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
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	······································	Committee Commit		

SCHEDULE I (Form 990)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization JEWISH FAMILY	SERVICES OF S	T. LOUIS					Employer identification number 43-0790330
Part I General Information on Grants a	nd Assistance						<u> </u>
Does the organization maintain records     criteria used to award the grants or assis     Describe in Pert IV the organization's pre	stance?						ction X Yes N
Part II Grants and Other Assistance to recipient that received more than:					anization answered "\	res" on Form 990, Par	1 IV, line 21, for any
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) Melhod of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		'		ļ 		 	
A A A A A A A A A A A A A A A A A A A							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations					( ) 0		

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

JEWISK FAMILY SERVICES OF ST. LOUIS

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 JEWISH FAMILY SERVICES OF ST. LOUIS 43-0790330 Page 2 (c) Amount of cash grant (d) Amount of non cash assistance (e) Method of valuation (book, FMV, appreisel, other) (a) Type of grant or assistance (b) Number of (f) Description of noncash assistance recipients 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 FOOD PANTRY SERVICES DISTRIBUTES FOOD AND PERSONAL CARE ITEMS TO FAMILIES, ELDERLY, OR ADULTS WITH SPECIAL NEEDS 15246 0 126, 271. MV 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

932102 10-26 18

Schedule I (Form 990) (2019)

Schedule I (Form 990)	JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 2
Schedule I (Form 990) Part IV Supplemental	Information		
THE ORGANIZATION'S POLIC	Y TO NOT REPORT THE RECEIPT OR DISBURSEMENT OF		
THESE GOODS IN THE FINAN	CIAL STATEMENTS (UNDER FASB ASC 958-605-25).		
			······································
ACCORDINGLY, THE FIGURES	REPORTED ON SCHEDULE I FOR ASSISTANCE PROVIDED		
			`
TO INDIVIDUALS IN CONNEC	TION WITH THE FOOD PANTRY PROGRAM ONLY REFLECT		
TRANSACTIONS RECORDED IN	THE PINANCIAL STATEMENTS.		
· · · · · · · · · · · · · · · · · · ·			
			<u></u>
	A CONTRACTOR OF THE CONTRACTOR		
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#### **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.

OMB No 1545-0047

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

Open to Public Inspection

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ļ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<u></u>	<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations    X   Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			i
	organization or a related organization.			
а	Receive a severance payment or change of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			ľ
	contingent on the revenues of	_	<b>'</b>	
	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
_	If "Yes" on line 5a or 5b, describe in Part III			
6	· · · · · · · · · · · · · · · · · · ·			
	contingent on the net earnings of	6a		х
	The organization?	6b		X
þ	Any related organization?	OD		<del>  ^</del> -
_	If "Yes" on line 6a or 6b, describe in Part III			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
_	not described on lines 5 and 67 If "Yes," describe in Part III			<del>                                     </del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	0		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		1
	Regulations section 53.4958 6(c)?	3		

Schedule J (Form 990) 2019 JEWISH PANILY SERVICES OF ST. LCUIS 43-0790330
Part II Officers, Directors, Trustoes, Key Employees, and Highest Compensated Employees. Use duplicate copies if ádditional space is needed.

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

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

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and (D) Nontexable other deferred benefits		(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)	
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Ogridina	(3)(1) (0)	reported as deferred on prior Form 990	
(1) MIRIAM SEIDENFELD	(0)	160,789	5,000.	0.	0.	7,669.	173 458.	0.	
CHIEF EXECUTIVE OFFICER	(0)	0.	0,	0	0.	0.	0.	0.	
(2) L. LOUIS ALBERT	(1)	212,849	0,	15,689.	0,	1,903	230 441.	0,.	
CHIEF EXECUTIVE OPPICER (RETIRED)	(0)	0.	0.	0.	0.	0.	0.	0,	
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	(H)								
	(0)								
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Schedule J (Form 990) 2019	JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 3
Part III Supplemental Informati	on		
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4e, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, an	d for Part II. Also complete this part for any additional information	
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury nternal Revenue Service

Name of the organization

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

Attach to Form 990.

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

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330 Types of Property (a) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures ,..., ..., ... 3 Art - Fractional interests 4 Clothing and household goods . ... . . 5 Cars and other vehicles Boats and planes .... ......... 8 Securities - Publicly traded Х 61,642,FMV Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory ..., .... 19 20 Historical artifacts 23 24 25 Other > 26 Other 27 Other 28 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 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? 30a 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? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х 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.

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 JEWISH FAMILY SERVICES OF ST. LOUIS	43-0790330	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	d 33, and whether the organ combination of both. Also c	nization
SCHEDULE M, PART I, COLUMN (B):		
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.		- Maries - Maries - Language
		······
	Poor	
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS 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)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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 932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

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 I'S 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	100
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.	

Page 2

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

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization  JEWISH FAMILY SERVICES OF ST. LOUIS		Employer identification number 43-0790330
MANAGEMENT AND GENERAL EXPENSES	٥.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	261,727.	
TOTAL TOTAL CONTROL OF THE CONTROL O		
HOMEMAKER SERVICES:  PROGRAM SERVICE EXPENSES	437,469.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	437,469.	
OTHER PROFESSIONAL FEES:	2.020	
PROGRAM SERVICE EXPENSES	3,038.	
MANAGEMENT AND GENERAL EXPENSES	602.	
FUNDRAISING EXPENSES	3,900.	Manus III Suu Suu Suura Saara saabaa sa
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.	
	<del></del>	
FORM 990, PART XII, LINE 2C.		
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FO	R OVERSIGHT	
OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF TH	Е	
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PR	IOR YEARS.	

STATE OF MISSOURI



## John R. Ashcroft Secretary of State

CERTIFICATE OF AMENDMENT

WHEREAS,

Jewish Family Services of St. Louis N00004122

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 filling fee of \$10.00)

	he undersigned corporation, for the nendment,	purpose of amending	its articles of incorporation	n. hereby exec	utes the following articles of		
ì	The name of corporation isJer	vish Family and Child	fren's Service	_ Charter #	N00004122		
2	The name of the corporation is J	9/11/2019 Wonth/days car cwish Family Services	and changed articles of St. Louis	e(s) <u>FIRST</u>	To state as follows		
	New Name (if applicable) Jewis	sh 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 requ A Number of memberships outs B Complete either C or D C Number of votes for and again	tanding		mation. 🗆			
		r entitled to	Number voting for	or.	Number voting against:		
	D Number of undisputed votes of Number of undisputed votes of N	ast for amendment(s) lumber Voling undisputed	was sufficient for approval	and was:			
	The number of votes cast in favor		•				
5	If approval of the amendment(s) to section 355 606, check here to			oard or the inc	orporators was required pursuant		
6	The effective date of this docume indicated				less a future date is otherwise		
	Affirmations thereof the facts sta he undersigned understands that fa	e above are true and o		•	oxided under Section 575 040 RSMo)		
	Miriam Scidenfeld Chief Executiv	c MIRIAM SE EXECUTIVE	IDENFELD, CHIEF OFFICER	OTHER	12/05/2019		
	luthorized รักฐกิสเต c of กฎกระกาง chairman บนา d	of the Printed Name		Tale	Date of Signature		
Γ	Name and address to return filed d	ocument:			,		
	Name Kathleen Winschel	M7790 W 10 TO MP M	n an	_			
	Address Email kwinschel a lev	isrice com					
	City State and Zin Code:						