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ARMANINO ^{LLP}

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FAMILY SERVICES OF ST. LOUIS		D Employer identification number 43-0790330
	Doing business as JEWISH FAMILY SERVICES		E Telephone number 314.993.1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	10950 SCHUETZ RD		G Gross receipts \$ 6,818,841.
	City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63146-5704		
F Name and address of principal officer: MIRIAM SEIDENFELD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.JFSSTL.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1871 **M** State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADDRESSING COMMUNITY LIFESPAN NEEDS INCLUDING CLINICAL, PREVENTION, DIRECT, AND SENIOR SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	229
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,137,712.	5,006,413.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	367,442.	329,392.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	272,176.	853,559.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,425.	-9,695.
		6,852,755.	6,179,669.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	727,773.	733,801.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,738,318.	2,668,495.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	100,161.	245,029.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 522,008.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,261,741.	1,536,671.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,827,993.	5,183,996.	
19 Revenue less expenses. Subtract line 18 from line 12	2,024,762.	995,673.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,933,876.	18,408,244.
	22 Net assets or fund balances. Subtract line 21 from line 20	338,934.	260,325.
	16,594,942.	18,147,919.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MIRIAM SEIDENFELD, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER M. VACHA	Preparer's signature JENNIFER M. VACHA	Date 06/07/22	Check if self-employed <input type="checkbox"/>	PTIN P01251998
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841	Phone no. 314-983-1200		
	Firm's address ▶ 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
INSPIRED BY THE JEWISH TRADITION TO MAKE THE WORLD A BETTER PLACE, JFS
HELPS AND SUPPORTS PEOPLE IN NEED TO MEET THEIR CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [X] Yes [] 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
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 measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,422,039. including grants of \$) (Revenue \$ 122,864.)
CLINICAL SERVICES: CLINICAL SERVICES INCLUDE COUNSELING, CHILD AND
ADOLESCENT PSYCHIATRY, AND DIAGNOSTIC EVALUATION FOR CHILDREN AND
ADOLESCENTS, ALL OF WHICH WORK HAND-IN-HAND TO PROVIDE FOR THE
BEHAVIORAL AND MENTAL HEALTH NEEDS OF THE COMMUNITY.
THE SCHOOL-BASED TEAM PROVIDES CUSTOMIZED SERVICES AND COUNSELING TO
STUDENTS ON-SITE IN SCHOOLS ACROSS ST. LOUIS COUNTY TO HELP THEM
IMPROVE THEIR BEHAVIORAL AND MENTAL HEALTH, AND ACADEMIC PERFORMANCE.

4b (Code:) (Expenses \$ 1,049,114. including grants of \$ 466,902.) (Revenue \$ 203,351.)
OLDER ADULT SERVICES: FOR DECADES JFS HAS PROVIDED SERVICES AND
REFERRALS TO RESOURCES THAT HELP ADULTS AGES 60 AND OLDER AGE-IN-PLACE,
SUPPORT CAREGIVERS AND IMPROVE QUALITY OF LIFE. JFS CASE MANAGERS
ENSURE THAT CLIENTS HAVE THE TOOLS AND RESOURCES NEEDED TO LIVE SAFELY
AT HOME AND ENRICH QUALITY OF LIVING AS THEY NAVIGATE NEW STAGES OF
LIFE. DURING THIS TIME OF MEDICAL RISK AND PROLONGED ISOLATION, JFS
SERVICES AND CLIENT RELATIONSHIPS ARE AS IMPORTANT AS EVER.
ELDERLINK ST. LOUIS IS A COORDINATED INTAKE AND 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...(SEE SCHEDULE O)

4c (Code:) (Expenses \$ 893,823. including grants of \$ 95,061.) (Revenue \$)
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 ANNUALLY FROM 72 DIFFERENT ZIP CODES THROUGHOUT ST. LOUIS
CITY AND ST. LOUIS COUNTY. USING THE CLIENT CHOICE MODEL, WHERE CLIENTS
SHOP FOR THEMSELVES AND SELECT THE FOODS THAT SUPPORT THEIR FAMILY'S
UNIQUE NUTRITIONAL NEEDS OR DIETARY RESTRICTIONS, A STAFF OF 12 AND A
VOLUNTEER WORKFORCE OF MORE THAN 200 PEOPLE ENSURE ITS SMOOTH
OPERATIONS. 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...(SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 577,680. including grants of \$ 171,838.) (Revenue \$ 3,177.)

4e Total program service expenses 3,942,656.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 314.993.1000 10950 SCHUETZ RD, SAINT LOUIS, MO 63146-5704

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIRIAM SEIDENFELD CHIEF EXECUTIVE OFFICER	40.00			X			210,418.	0.	19,111.	
(2) BRENDA FINKE CHIEF FINANCIAL OFFICER	40.00			X			145,786.	0.	14,799.	
(3) BRIAN BRAUNSTEIN PRESIDENT	4.00	X		X			0.	0.	0.	
(4) JILL BELSKY IMMEDIATE PAST PRESIDENT	4.00	X		X			0.	0.	0.	
(5) ADAM GOLDSTEIN SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(6) RICHARD LEVY VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(7) MOLLY SALKY VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(8) SHERRY SHUMAN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(9) CARLY SPARKS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(10) AMYE CARRIGAN DIRECTOR	2.00	X					0.	0.	0.	
(11) JEFFREY DARDICK DIRECTOR	2.00	X					0.	0.	0.	
(12) STEVEN DRAPEKIN DIRECTOR	2.00	X					0.	0.	0.	
(13) STUART GREENBAUM DIRECTOR	2.00	X					0.	0.	0.	
(14) MICHAEL KAPLAN DIRECTOR	2.00	X					0.	0.	0.	
(15) MARA KRAUS DIRECTOR	2.00	X					0.	0.	0.	
(16) JAMES R. LEVEY DIRECTOR	2.00	X					0.	0.	0.	
(17) MICHAEL LOURIE DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC PETERSON DIRECTOR	2.00	X						0.	0.	0.
(19) JON ROOT DIRECTOR	2.00	X						0.	0.	0.
(20) JULIE STERN DIRECTOR	2.00	X						0.	0.	0.
(21) RICHARD TALLIN DIRECTOR	2.00	X						0.	0.	0.
(22) JANE ROODMAN WEISS DIRECTOR	2.00	X						0.	0.	0.
(23) MEGAN T. WILSON DIRECTOR	2.00	X						0.	0.	0.
(24) LARRY WOODS DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								356,204.	0.	33,910.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								356,204.	0.	33,910.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBIN PARK, 777 CRAIG RD, SUITE 100, ST. LOUIS, MO 63141	PSYCHIATRIST	290,046.
COMMUNITY COUNSELLING SERVICE CO, 7733 FORSYTH BOULEVARD, STE 525, CLAYTON, MO	DEVELOPMENT MANAGEMENT SERVICES	209,996.
AGING WELL HEALTH CARE LLC 7212-7216 BALSON AVE, ST. LOUIS, MO 63130	HOME CARE SERVICES	187,835.
HOME INSTEAD SENIOR CARE 8147 DELMAR, SUITE 215, ST. LOUIS, MO 63130	HOME CARE SERVICES	122,288.
SOCIAL WORK PRN, 10680 BARKLEY STE 100, OVERLAND PARK, KS 66212	CASE MANAGEMENT SERVICES	100,348.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,381,021.				
	b	Membership dues	1b				
	c	Fundraising events	1c 296,244.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,267,847.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 2,061,301.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 62,780.				
	h	Total. Add lines 1a-1f		5,006,413.			
	Program Service Revenue	2 a	OLDER ADULT SERVICES	Business Code 621610	203,351.	203,351.	
b		CLINICAL SERVICES	623990	122,864.	122,864.		
c		FINANCIAL ASSISTANCE	624100	3,177.	3,177.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		329,392.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		34,515.		34,515.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	11,530.			
			(ii) Personal				
	b	Less: rental expenses ...	6b 0.				
	c	Rental income or (loss)	6c 11,530.				
	d	Net rental income or (loss)		11,530.		11,530.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,370,001.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b 550,957.				
c	Gain or (loss)	7c 819,044.					
d	Net gain or (loss)		819,044.		819,044.		
8 a	Gross income from fundraising events (not including \$ 296,244. of contributions reported on line 1c). See Part IV, line 18		34,749.				
			88,215.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-53,466.		-53,466.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INSURANCE PROCEEDS	Business Code 900099	26,345.		26,345.	
	b	MISCELLANEOUS INCOME	900099	4,081.		4,081.	
	c	FMLA CREDIT	900099	1,815.		1,815.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		32,241.			
12	Total revenue. See instructions		6,179,669.	329,392.	0.	843,864.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	733,801.	733,801.		
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	390,114.	68,859.	240,920.	80,335.
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	1,854,271.	1,552,203.	235,550.	66,518.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,316.	44,327.		989.
9 Other employee benefits	217,048.	203,565.		13,483.
10 Payroll taxes	161,746.	117,474.	34,021.	10,251.
11 Fees for services (nonemployees):				
a Management				
b Legal	55,082.	31,009.	23,699.	374.
c Accounting	29,892.	4,000.	25,892.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	245,029.			245,029.
f Investment management fees	53,443.		53,443.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	490,676.	477,401.	4,750.	8,525.
12 Advertising and promotion	35,262.	11,727.	1,692.	21,843.
13 Office expenses	247,017.	191,365.	10,721.	44,931.
14 Information technology				
15 Royalties				
16 Occupancy	328,693.	259,118.	53,975.	15,600.
17 Travel	22,223.	22,074.	149.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,352.	15,660.	982.	5,710.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	196,174.	162,298.	27,959.	5,917.
23 Insurance	34,669.	30,731.	3,121.	817.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES	17,597.	13,511.	2,400.	1,686.
b VOLUNTEER EXPENSES	3,591.	3,533.	58.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,183,996.	3,942,656.	719,332.	522,008.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	830,920.	1	1,079,319.
	2 Savings and temporary cash investments	1,375,842.	2	1,309,500.
	3 Pledges and grants receivable, net	964,162.	3	900,398.
	4 Accounts receivable, net	395,503.	4	327,235.
	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		8	
	9 Prepaid expenses and deferred charges	14,490.	9	7,065.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,704,829.		
	b Less: accumulated depreciation	10b 2,377,858.		
	11 Investments - publicly traded securities	3,421,172.	10c	3,326,971.
	12 Investments - other securities. See Part IV, line 11	9,931,787.	11	11,457,756.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,933,876.	15		
		16	18,408,244.	
Liabilities	17 Accounts payable and accrued expenses	304,167.	17	232,681.
	18 Grants payable		18	
	19 Deferred revenue	64.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,703.	25	27,644.
	26 Total liabilities. Add lines 17 through 25	338,934.	26	260,325.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,556,821.	27	10,859,441.
	28 Net assets with donor restrictions	7,038,121.	28	7,288,478.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,594,942.	32	18,147,919.
33 Total liabilities and net assets/fund balances	16,933,876.	33	18,408,244.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,179,669.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,183,996.
3	Revenue less expenses. Subtract line 2 from line 1	3	995,673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,594,942.
5	Net unrealized gains (losses) on investments	5	557,304.
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	18,147,919.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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 audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,220,761.	4,285,572.	3,124,915.	6,137,712.	5,006,413.	21,775,373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,220,761.	4,285,572.	3,124,915.	6,137,712.	5,006,413.	21,775,373.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						730,639.
6 Public support. Subtract line 5 from line 4.						21,044,734.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,220,761.	4,285,572.	3,124,915.	6,137,712.	5,006,413.	21,775,373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,835.	66,635.	77,514.	44,998.	46,045.	277,027.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,634.	67,142.	18,644.	66,235.	32,241.	197,896.
11 Total support. Add lines 7 through 10						22,250,296.
12 Gross receipts from related activities, etc. (see instructions)					12	5,549,182.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.58 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.83 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 13,634.

2018 AMOUNT: \$ 67,142.

2019 AMOUNT: \$ 18,644.

2020 AMOUNT: \$ 6,521.

2021 AMOUNT: \$ 4,081.

FMLA CREDIT

2020 AMOUNT: \$ 59,714.

2021 AMOUNT: \$ 1,815.

INSURANCE PROCEEDS

2021 AMOUNT: \$ 26,345.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 825,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 555,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 103,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified 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 conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,985,409.	7,916,248.	7,207,108.	6,241,155.	5,282,727.
b Contributions	511,354.	700,989.	9,407.	1,343,973.	313,198.
c Net investment earnings, gains, and losses	1,409,672.	1,411,274.	1,037,800.	-311,386.	733,732.
d Grants or scholarships					
e Other expenditures for facilities and programs	338,168.	2,076.	298,565.	30,062.	56,127.
f Administrative expenses	53,443.	41,026.	39,502.	36,572.	32,375.
g End of year balance	11,514,824.	9,985,409.	7,916,248.	7,207,108.	6,241,155.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.2569 %
 - b Permanent endowment 49.7431 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		613,657.		613,657.
b Buildings		3,765,844.	1,611,075.	2,154,769.
c Leasehold improvements		135,053.	43,188.	91,865.
d Equipment		1,190,275.	723,595.	466,680.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,326,971.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	27,644.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,644.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,683,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 557,304.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	557,304.
3	Subtract line 2e from line 1		3	6,126,226.
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	4a 53,443.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,443.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,179,669.

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

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

1	Total expenses and losses per audited financial statements		1	5,130,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,130,553.
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 53,443.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,443.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,183,996.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

JFS (JEWISH FAMILY SERVICES OF ST. LOUIS) CONSTITUTES A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES.

JFS HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISIONS FOR INCOME TAXES IS NECESSARY AT

Part XIII Supplemental Information *(continued)*

THIS TIME TO COVER ANY UNCERTAIN TAX POSITIONS.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	330,993.			330,993.
	2 Less: Contributions	296,244.			296,244.
	3 Gross income (line 1 minus line 2)	34,749.			34,749.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,276.			8,276.
	7 Food and beverages	33,230.			33,230.
	8 Entertainment	8,721.			8,721.
	9 Other direct expenses	37,988.			37,988.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				88,215.
11 Net income summary. Subtract line 10 from line 3, column (d)				-53,466.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO

(I) ADDRESS OF FUNDRAISER:

7733 FORSYTH BOULEVARD, STE 525, CLAYTON, MO 63105

(I) NAME OF FUNDRAISER: MICHAEL D. RUBIN & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 230 LINDEN AVENUE, ST. LOUIS, MO 63105

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR INDIVIDUALS WHO RECENTLY EXPERIENCED JOB LOSS OR BUSINESS REVERSES, HOME FORECLOSURE OR THE PROSPECT OF, WITH URGENT FINANCIAL NEEDS DUE TO ECONOMIC DOWNTURN.	110	171,838.	0.		
FOOD PANTRY SERVICES DISTRIBUTES FOOD AND PERSONAL CARE ITEMS TO FAMILIES, ELDERLY, OR ADULTS WITH SPECIAL NEEDS	15138	0.	95,061.	FMV	FOOD AND PERSONAL CARE ITEMS
IN-HOME SERVICES TO HELP FRAIL AND ELDERLY ADULTS WITH SPECIAL NEEDS	147	466,902.	0.		

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, THE

Part IV Supplemental Information

ORGANIZATION'S POLICY IS NOT TO REPORT THE RECEIPT OR DISBURSEMENT OF

THESE GOODS IN THE FINANCIAL STATEMENTS (UNDER FASB ASC 958-605-25).

ACCORDINGLY, THE FIGURES REPORTED ON SCHEDULE I FOR ASSISTANCE PROVIDED

TO INDIVIDUALS IN CONNECTION WITH THE FOOD PANTRY PROGRAM ONLY REFLECT

TRANSACTIONS RECORDED IN THE FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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Part 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIRIAM SEIDENFELD CHIEF EXECUTIVE OFFICER	(i)	210,418.	0.	0.	8,338.	10,773.	229,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDA FINKE CHIEF FINANCIAL OFFICER	(i)	143,786.	2,000.	0.	5,932.	8,867.	160,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	62,780.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING 2021, ST. LOUIS NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC)

JOINED WITH JFS. ST. LOUIS NORC IS A NON-SECTARIAN NEIGHBORHOOD PROGRAM

THAT SUPPORTS THE HEALTHY AGING OF PEOPLE AGE 60 AND OLDER IN THEIR OWN

HOMES BY PROVIDING OPPORTUNITIES FOR MEANINGFUL COMMUNITY INVOLVEMENT

AND INCREASED ACCESS TO SUPPORT SERVICES. FOR OVER 15 YEARS, NORC HAS

SUPPORTED AND OFFERED PEACE OF MIND TO THOUSANDS OF PEOPLE AGING IN

THEIR OWN HOMES.

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

CLINICAL SERVICES CONTINUED FROM PAGE 2:

WHO WERE STRUGGLING TO ADJUST TO PROLONGED SEPARATION FROM THEIR SCHOOL

COMMUNITIES, TO NAVIGATE FAMILY STRESSES AT HOME, TO ADAPT TO

UNCOMFORTABLE HEALTH REQUIREMENTS, TO RE-ACCLIMATE TO PREVIOUS

ROUTINES, AND MORE.

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

OLDER ADULT SERVICES CONTINUED FROM PAGE 2:

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. ALL CLIENTS ARE OFFERED A

COMPREHENSIVE ASSESSMENT.

JFS CASE MANAGERS THEN COLLABORATE WITH CLIENTS AND CAREGIVERS TO

DEVELOP AND MANAGE AN INDIVIDUALIZED CARE PLAN THAT FACILITATES AND

SUPPORTS CONTINUED INDEPENDENCE AND SAFETY IN THEIR DESIRED LIVING

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

Schedule O (Form 990) 2021

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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ENVIRONMENT. WE PROVIDE RESOURCES AND PROGRAM REFERRALS, SUBSIDIZED

IN-HOME SUPPORT SERVICES, FALLS AND HOSPITAL RE-ADMISSION PREVENTION,

AND COUNSELING AND CHAPLAINCY VISITS AS NEEDED OR REQUESTED.

JFS SUPPORTS INDEPENDENT LIVING THROUGH A NETWORK OF REFERRAL PARTNERS

THAT OFFER TRANSPORTATION TO MEDICAL APPOINTMENTS, FOOD DELIVERY,

UTILITY ASSISTANCE, MINOR HOME REPAIRS, HOME HEALTH CARE, HOUSING

INFORMATION, SUPPORT TO APPLY FOR GOVERNMENT AND VETERANS BENEFITS AND

MEDICAID, SOCIALIZATION OPPORTUNITIES, AND MORE.

IN RESPONSE TO THE ONGOING COVID-19 PANDEMIC, HOME ASSESSMENTS AND CASE

MANAGEMENT SERVICES CONTINUE TO BE CAREFULLY AND CARINGLY CONDUCTED

THROUGH ZOOM FOR HEALTHCARE OR BY TELEPHONE. WHEN NEEDED, VACCINATED

JFS CASE MANAGERS VISIT VACCINATED CLIENTS TO PROVIDE QUALITY SERVICE.

JFS WILL CONTINUE TO FOLLOW RECOMMENDED PUBLIC HEALTH AND SAFETY

PRACTICES TO DETERMINE WHEN TO FULLY RETURN TO HOME VISITS. IN 2021,

CHAPLAINCY VISITS RESUMED AT THE REQUEST OF OLDER ADULT RESIDENT STAFF

LEADERSHIP, TO TRY TO STEM THE WAVE OF EMOTIONAL DISTRESS CAUSED BY

PROLONGED ISOLATION. THESE VISITS ARE PERIODICALLY, TEMPORARILY PAUSED

IN RESPONSE TO CONCERNS THAT RATES OF COMMUNITY TRANSMISSION OF

COVID-19 MIGHT INCREASE, AS TOOK PLACE IN DECEMBER 2021.

DURING 2021, THERE WERE OVER 1,130 PEOPLE SERVED.

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

HARVEY KORNBLUM JEWISH FOOD PANTRY CONTINUED FROM PAGE 2:

TO AN EXTERNAL PARTNER IN THE COMMUNITY.

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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THE ECONOMIC REPERCUSSIONS OF THE COVID-19 PANDEMIC CONTINUE TO AFFECT

MANY IN OUR COMMUNITY. IN 2021, THE DRIVE-THROUGH FOOD DISTRIBUTION

MODEL IS STILL BEING OPERATIONALIZED TO FOLLOW HEALTH GUIDELINES TO

KEEP CLIENTS, VOLUNTEERS, AND STAFF SAFE, AND TO STREAMLINE FOOD

DISTRIBUTION.

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

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

WITH 190 SCHOOLS THROUGHOUT THE ST. LOUIS AREA TO ANNUALLY TEACH MORE

THAN 30,000 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.

IN RESPONSE TO COVID-RELATED SCHOOL CLOSURES AND SUBSEQUENT

ADAPTATIONS, CAPP SPECIALISTS REVISED THEIR PRESENTATIONS TO A VIRTUAL

FORMAT. SCHOOLS CONTINUE TO RECEIVE CAPP PRESENTATIONS THROUGH THE

VARIETY OF REMOTE LEARNING PLATFORMS BEING USED BY DIFFERENT SCHOOLS,

ALTHOUGH DISCUSSIONS HAVE BEEN TAKING PLACE IN 2021 WITH SCHOOL

OFFICIALS TO PLAN FOR IN-PERSON PRESENTATIONS IN SPRING 2022, OR AS

SOON AS IS SAFELY POSSIBLE. IN 2021, CAPP HIRED ONE ADDITIONAL TRAINING

SPECIALIST TO EXPAND INTO MIDDLE AND HIGH SCHOOLS IN RESPONSE TO AN

UNFUNDED STATE MANDATE THAT ALL SECONDARY SCHOOLS MUST PROVIDE SEXUAL

ABUSE PREVENTION EDUCATION.

EXPENSES \$ 264,403. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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FINANCIAL ASSISTANCE PROGRAM: JFS FINANCIAL ASSISTANCE 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.

REQUESTS FOR ASSISTANCE WITH RENT, MORTGAGE AND UTILITY BILL PAYMENTS

INCREASED BY 30% IN 2020, AND REQUESTS FOR FINANCIAL ASSISTANCE

REMAINED HIGH IN 2021 AS THE ECONOMIC REPERCUSSIONS OF COVID-19 AND ITS

VARIANTS CONTINUED.

DURING 2021, THERE WERE 110 INDIVIDUALS ASSISTED.

EXPENSES \$ 261,070. INCLUDING GRANTS OF \$ 171,838. REVENUE \$ 3,177.

NATURALLY OCCURRING RETIREMENT COMMUNITY: ST. LOUIS NORC IS A

NON-SECTARIAN NEIGHBORHOOD PROGRAM THAT SUPPORTS THE HEALTHY AGING OF

PEOPLE AGE 60 AND OLDER IN THEIR OWN HOMES BY PROVIDING OPPORTUNITIES

FOR MEANINGFUL COMMUNITY INVOLVEMENT AND INCREASED ACCESS TO SUPPORT

SERVICES. FOR OVER 15 YEARS, NORC HAS SUPPORTED AND OFFERED PEACE OF

MIND TO THOUSANDS OF PEOPLE AGING IN THEIR OWN HOMES.

DURING 2021, THERE WERE 530 PEOPLE SERVED.

EXPENSES \$ 52,207. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

IN DECEMBER 2021, THE ORGANIZATION AMENDED ITS BYLAWS TO:

*IMPLEMENT A LIMITATION OF THE RIGHTS AND PRIVILEGES OF PAST PRESIDENTS IN

RESPECT TO SERVING AS AN EX-OFFICIO DIRECTOR

*ADJUST THE NUMBER OF BOARD MEMBERS NEEDED AT A MEETING TO CONSTITUTE A

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

*INCLUDE AN ADDITIONAL VICE-PRESIDENTIAL ROLE

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 REQUIRED INFORMATION AS PROVIDED BY THE CHIEF FINANCIAL OFFICER (CFO). THE FORM 990 IS PROVIDED IN DRAFT FORM TO THE CFO. THE CFO, FINANCE COMMITTEE, INCLUDING BOARD PRESIDENT, AND THE CHIEF EXECUTIVE OFFICER REVIEW THE FORM 990. QUESTIONS AND CONCERNS ARE ADDRESSED AND CHANGES, IF ANY, ARE MADE. THE CHIEF EXECUTIVE OFFICER AUTHORIZES FILING OF FORM 990 BY EXECUTING FORM 8879-EO FOR ELECTRONICALLY SUBMITTED RETURNS, OR BY SIGNING FORM 990 DIRECTLY, FOR PAPER SUBMITTED FILINGS. A FULL COPY OF THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH IRS.

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

EACH BOARD AND STAFF MEMBER RECEIVES A COPY OF THE POLICY STATEMENT RELATED TO CONFLICT OF INTEREST. THE BOARD PRESIDENT AND CHIEF EXECUTIVE OFFICER MONITOR AND ENFORCE COMPLIANCE FOR THE BOARD, AND THE CHIEF EXECUTIVE OFFICER AND SENIOR MANAGEMENT TEAM MONITOR AND ENFORCE COMPLIANCE RELATED TO PAID STAFF.

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

COMPENSATION BENCHMARKS ARE DEVELOPED ANNUALLY. THEY CORRELATE WITH PROGRAM AND BUDGET GOALS THAT ARE DEVELOPED COLLABORATIVELY WITH THE CEO, BOARD PRESIDENT, AND FINANCE COMMITTEE, AND ARE APPROVED BY MEMBERS OF THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. EVALUATION AND MEASUREMENT OF INCREASES AND/OR DECREASES IN JFS PROGRAM OUTPUTS AND OUTCOMES, AND

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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ACCOMPLISHMENT OF FINANCIAL DEVELOPMENT GOALS BECOME THE PERFORMANCE

EVALUATION MEASURES.

THE CHIEF EXECUTIVE OFFICER'S SALARY IS DETERMINED BY MEMBERS OF THE BOARD

AND DOCUMENTED IN THE PERSONNEL FILES.

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

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

WWW.JFSSTL.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE

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