

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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fx 314.983.1300

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

# 2022

Open to Public Inspection

## A For the 2022 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization JEWISH FAMILY SERVICES OF ST. LOUIS		<b>D</b> Employer identification number 43-0790330
	Doing business as JFS		<b>E</b> 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		<b>G</b> Gross receipts \$ 7,557,009.
	City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63146-5704		
<b>F</b> Name and address of principal officer: MIRIAM SEIDENFELD SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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	<b>1</b> Briefly describe the organization's mission or most significant activities: JFS OPERATES A FOOD PANTRY AND A CHILD ABUSE PREVENTION PROGRAM AND PROVIDES CLINICAL, OLDER ADULT,		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	73
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	418
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,006,413.	6,425,041.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	329,392.	197,943.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	853,559.	176,916.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-9,695.	19,829.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,179,669.	6,819,729.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	733,801.	740,228.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,668,495.	3,186,649.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	245,029.	67,196.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	270,704.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,536,671.	1,807,999.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,183,996.	5,802,072.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	995,673.	1,017,657.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	18,408,244.	17,348,023.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	260,325.	231,731.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,147,919.	17,116,292.	

### 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.

<b>Sign Here</b>	Signature of officer		Date		
	MIRIAM SEIDENFELD, CHIEF EXECUTIVE OFFICER				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER M. VACHA	JENNIFER M. VACHA	10/02/23		P01251998
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	ARMANINO LLP	94-6214841		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. THROUGH A COMPREHENSIVE RANGE OF SERVICES, INCLUDING A FOOD PANTRY, OLDER ADULT SERVICES, CLINICAL SERVICES, A CHILD ABUSE PREVENTION PROGRAM, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 \$ 1,661,055. including grants of \$ ) (Revenue \$ 66,841. )
CLINICAL SERVICES: JFS' CLINICAL SERVICES, INCLUDE COUNSELING, CHILD AND ADOLESCENT OUTPATIENT PSYCHIATRY, AND DIAGNOSTIC EVALUATION FOR CHILDREN AND ADOLESCENTS, ARE PROVIDED AT REDUCED COST OR FREE OF CHARGE TO INDIVIDUALS OF ALL AGES, RACES, RELIGIONS, ABILITIES, AND BACKGROUNDS. OUR HIGHLY SKILLED TEAM OF EXPERTS EMPOWER INDIVIDUALS TO BE THEIR OWN AGENTS OF CHANGE TO IMPROVE QUALITY OF LIFE AND OVERALL WELL-BEING AND HELP INDIVIDUALS AND FAMILIES LEAD HEALTHY, VIBRANT LIVES.
THROUGH PERSON-CENTERED CARE, OUR LICENSED AND PROFESSIONAL STAFF PARTNER WITH CLIENTS TO CREATE A TREATMENT ROAD MAP THAT IDENTIFIES AREAS OF STRENGTH AND GROWTH AND CLEAR AND...(SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 1,263,847. including grants of \$ 365,164. ) (Revenue \$ 130,702. )
OLDER ADULT SERVICES: FOR MORE THAN 100 YEARS, JFS OLDER ADULT SERVICES HAVE EMPOWERED ADULTS AGES 60 AND OLDER TO LIVE SAFELY AND INDEPENDENTLY AND ENRICH THEIR QUALITY OF LIFE. OUR TEAM OF CASE MANAGERS COLLABORATE WITH OLDER ADULTS AND CAREGIVERS TO DEVELOP AND MANAGE AN INDIVIDUALIZED CARE PLAN THAT FACILITATES AND SUPPORTS AGEING-IN-PLACE AND TRANSITION TO GROUP LIVING ENVIRONMENTS. WE CONNECT OLDER ADULTS TO COMMUNITY RESOURCES AND PROVIDE SERVICES, INCLUDING SUBSIDIZED IN-HOME SUPPORT, FALL AND HOSPITAL RE-ADMISSION PREVENTION, COUNSELING AND MORE TO MAKE QUALITY CARE ACCESSIBLE TO ALL.
ELDERLINK IS A FREE INFORMATION AND REFERRAL PHONE LINE STAFFED BY JFS CASE MANAGERS TRAINED TO HELP OLDER ADULTS AND...(SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 1,093,811. including grants of \$ 202,922. ) (Revenue \$ 105. )
HARVEY KORNBLUM JEWISH FOOD PANTRY: THE HARVEY KORNBLUM JEWISH FOOD PANTRY IS THE LARGEST FOOD PANTRY IN THE ST. LOUIS REGION, SERVING MORE THAN 15,000 INDIVIDUALS EACH YEAR. A STAFF OF 10 AND A VOLUNTEER WORKFORCE OF MORE THAN 200 PROVIDE AT LEAST SEVEN TO 10 DAYS OF NUTRITIOUS AND FRESH FOOD TO INDIVIDUALS AND FAMILIES WITH LOW INCOMES FROM 72 DIFFERENT ZIP CODES IN ST. LOUIS.
OUR TEAM WORKS WITH PANTRY CLIENTS TO IDENTIFY ADDITIONAL AREAS OF NEED, INCLUDING UNEMPLOYMENT, HOUSING INSECURITY, AND HEALTHCARE ACCESS, AND PROVIDE RESOURCES AND REFERRALS THAT ADDRESS CHALLENGES BEYOND HUNGER...(SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 623,712. including grants of \$ 172,142. ) (Revenue \$ 295. )

4e Total program service expenses 4,642,425.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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 reporting, tax returns, gross 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... 23; 1b Enter the number of voting members included on line 1a... 23; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

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? X; 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? X; 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 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, box 6 of 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			221,187.	0.	19,887.	
(2) BRENDA FINKE CHIEF FINANCIAL OFFICER (RES. 10/22)	40.00			X			117,855.	0.	14,298.	
(3) MICHAEL BISWELL CHIEF FINANCIAL OFFICER (EFF. 11/22)	40.00			X			18,269.	0.	0.	
(4) BRIAN BRAUNSTEIN PRESIDENT	4.00	X		X			0.	0.	0.	
(5) JILL BELSKY IMMEDIATE PAST PRESIDENT	4.00	X		X			0.	0.	0.	
(6) ADAM GOLDSTEIN SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(7) STEVEN DRAPEKIN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(8) RICHARD LEVY VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(9) MOLLY SALKY VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(10) SHERRY SHUMAN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(11) CARLY SPARKS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(12) RABBI JIM BENNETT DIRECTOR	2.00	X					0.	0.	0.	
(13) AMYE CARRIGAN DIRECTOR	2.00	X					0.	0.	0.	
(14) SHANTIA COLEY DIRECTOR	2.00	X					0.	0.	0.	
(15) JEFFREY DARDICK DIRECTOR	2.00	X					0.	0.	0.	
(16) STUART GREENBAUM DIRECTOR (RES. 03/22)	2.00	X					0.	0.	0.	
(17) MICHAEL KAPLAN 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) MARA KRAUS DIRECTOR	2.00	X						0.	0.	0.
(19) JAMES R. LEVEY DIRECTOR	2.00	X						0.	0.	0.
(20) MICHAEL LOURIE DIRECTOR	2.00	X						0.	0.	0.
(21) ERIC PETERSON DIRECTOR	2.00	X						0.	0.	0.
(22) JON ROOT DIRECTOR	2.00	X						0.	0.	0.
(23) MICHAEL SILVER DIRECTOR	2.00	X						0.	0.	0.
(24) JULIE STERN DIRECTOR	2.00	X						0.	0.	0.
(25) RICHARD TALLIN DIRECTOR (RES. 03/22)	2.00	X						0.	0.	0.
(26) JANE ROODMAN WEISS DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								357,311.	0.	34,185.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								357,311.	0.	34,185.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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, SAINT LOUIS, MO 63141	PSYCHIATRIST	297,867.
AGING WELL HEALTH CARE LLC 7212-7216 BALSON AVE, SAINT LOUIS, MO 63130	HOME CARE SERVICES	169,577.
SSE-SYSTEM SERVICES ENTERPRISES PO BOX 50387, CLAYTON, MO 63105	TECHNOLOGY	126,234.
VICTOR'S HOME CARE LLC, 777 CRAIG RD, SUITE 115, SAINT LOUIS, MO 63141	HOME CARE SERVICES	104,056.

**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 4

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,739,666.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	150,895.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,340,206.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,194,274.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 642,178.				
	<b>h Total.</b> Add lines 1a-1f .....			6,425,041.			
Program Service Revenue	<b>2 a</b> OLDER ADULT SERVICES	Business Code					
		624100	130,702.	130,702.			
	<b>b</b> CLINICAL SERVICES	623990	66,841.	66,841.			
	<b>c</b> FINANCIAL ASSISTANCE	624100	295.	295.			
	<b>d</b> FOOD PANTRY	624200	105.	105.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			197,943.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		38,892.			38,892.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	12,340.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	12,340.				
	<b>d</b> Net rental income or (loss) .....			12,340.		12,340.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	808,275.			
			(ii) Other				
				670,251.			
				138,024.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....			138,024.		138,024.		
<b>8 a</b> Gross income from fundraising events (not including \$ 150,895. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		23,662.				
			67,029.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-43,367.		-43,367.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> INSURANCE PROCEEDS	Business Code					
		900099	47,159.			47,159.	
	<b>b</b> MISCELLANEOUS INCOME	900099	3,697.			3,697.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			50,856.				
<b>12 Total revenue.</b> See instructions .....			6,819,729.	197,943.	0.	196,745.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	740,228.	740,228.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	391,496.	72,322.	234,798.	84,376.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,282,851.	2,043,915.	212,461.	26,475.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,394.	40,394.		
<b>9</b> Other employee benefits .....	280,192.	251,829.	21,456.	6,907.
<b>10</b> Payroll taxes .....	191,716.	153,238.	30,933.	7,545.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	50,864.	45,589.	4,166.	1,109.
<b>c</b> Accounting .....	35,521.	10,529.	24,992.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	67,196.			67,196.
<b>f</b> Investment management fees .....	48,971.		48,971.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	652,317.	454,318.	182,523.	15,476.
<b>12</b> Advertising and promotion .....	22,650.	16,682.	2,075.	3,893.
<b>13</b> Office expenses .....	281,003.	225,533.	24,065.	31,405.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	373,853.	283,379.	78,051.	12,423.
<b>17</b> Travel .....	32,958.	32,866.	92.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	27,749.	20,326.	1,294.	6,129.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	193,269.	168,582.	18,828.	5,859.
<b>23</b> Insurance .....	42,417.	39,056.	2,655.	706.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT	27,775.	27,775.		
<b>b</b> DUES & SUBSCRIPTIONS	15,295.	12,531.	1,559.	1,205.
<b>c</b> VOLUNTEER EXPENSES	3,357.	3,333.	24.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,802,072.	4,642,425.	888,943.	270,704.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,079,319.	<b>1</b>	1,108,498.
	<b>2</b> Savings and temporary cash investments .....	1,309,500.	<b>2</b>	1,247,500.
	<b>3</b> Pledges and grants receivable, net .....	900,398.	<b>3</b>	948,128.
	<b>4</b> Accounts receivable, net .....	327,235.	<b>4</b>	615,785.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,065.	<b>9</b>	8,388.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,714,171.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,571,126.		
	<b>11</b> Investments - publicly traded securities .....	3,326,971.	<b>10c</b>	3,143,045.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,457,756.	<b>11</b>	10,276,679.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	18,408,244.	<b>15</b>		
		<b>16</b>	17,348,023.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	232,681.	<b>17</b>	211,145.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	27,644.	<b>25</b>	20,586.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	260,325.	<b>26</b>	231,731.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,859,441.	<b>27</b>	9,571,739.
	<b>28</b> Net assets with donor restrictions .....	7,288,478.	<b>28</b>	7,544,553.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	18,147,919.	<b>32</b>	17,116,292.
	<b>33</b> Total liabilities and net assets/fund balances .....	18,408,244.	<b>33</b>	17,348,023.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,819,729.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,802,072.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,017,657.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,147,919.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,049,284.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,116,292.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,285,572.	3,124,915.	6,137,712.	5,006,413.	6,425,041.	24,979,653.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,285,572.	3,124,915.	6,137,712.	5,006,413.	6,425,041.	24,979,653.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,011,667.
<b>6 Public support.</b> Subtract line 5 from line 4.						23,967,986.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	4,285,572.	3,124,915.	6,137,712.	5,006,413.	6,425,041.	24,979,653.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	66,635.	77,514.	44,998.	46,045.	51,232.	286,424.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	67,142.	18,644.	66,235.	32,241.	50,856.	235,118.
<b>11 Total support.</b> Add lines 7 through 10						25,501,195.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,037,907.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.99 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	94.58 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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.

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: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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

2018 AMOUNT: \$ 67,142.

2019 AMOUNT: \$ 18,644.

2020 AMOUNT: \$ 6,521.

2021 AMOUNT: \$ 4,081.

2022 AMOUNT: \$ 3,697.

FMLA CREDIT

2020 AMOUNT: \$ 59,714.

2021 AMOUNT: \$ 1,815.

INSURANCE PROCEEDS

2021 AMOUNT: \$ 26,345.

2022 AMOUNT: \$ 47,159.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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
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**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	<hr/> <hr/> <hr/>	\$ 1,169,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,084,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 856,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 570,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 155,458.	Person <input checked="" 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
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**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
3	SECURITIES _____ _____ _____	\$ 530,734.	11/01/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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	11,514,824.	9,985,409.	7,916,248.	7,207,108.	6,241,155.
b Contributions	1,216,251.	511,354.	700,989.	9,407.	1,343,973.
c Net investment earnings, gains, and losses	-1,892,178.	1,409,672.	1,411,274.	1,037,800.	-311,386.
d Grants or scholarships					
e Other expenditures for facilities and programs	456,181.	338,168.	2,076.	298,565.	30,062.
f Administrative expenses	48,971.	53,443.	41,026.	39,502.	36,572.
g End of year balance	10,333,745.	11,514,824.	9,985,409.	7,916,248.	7,207,108.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 41.9529 %
  - b Permanent endowment 58.0471 %
  - 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.	1,707,758.	2,058,086.
c Leasehold improvements		135,053.	52,895.	82,158.
d Equipment		1,199,617.	810,473.	389,144.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,143,045.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) FINANCE LEASE	20,586.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,586.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,721,474.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,049,284.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,049,284.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,770,758.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	48,971.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	48,971.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,819,729.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,753,101.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,753,101.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	48,971.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	48,971.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,802,072.

**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



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MICHAEL D. RUBIN & ASSOCIATES - 230 LINDEN AVENUE, ST.	GRANT WRITING & SPECIAL EVENT PLANNING		X	1,086,530.	91,547.	994,983.
<b>Total</b>				1,086,530.	91,547.	994,983.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PARTY FOR THE PANTRY		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	174,557.		174,557.
	2	Less: Contributions	150,895.		150,895.
	3	Gross income (line 1 minus line 2)	23,662.		23,662.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	23,730.		23,730.
	8	Entertainment	1,375.		1,375.
	9	Other direct expenses	41,924.		41,924.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			67,029.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-43,367.

**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))
		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: MICHAEL D. RUBIN & ASSOCIATES

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





**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.	298	172,142.	0.		
FOOD PANTRY SERVICES DISTRIBUTES FOOD AND PERSONAL CARE ITEMS TO FAMILIES, ELDERLY, OR ADULTS WITH SPECIAL NEEDS.	19626	0.	202,922.	FMV	FOOD AND PERSONAL CARE ITEMS
IN-HOME SERVICES TO HELP FRAIL AND ELDERLY ADULTS WITH SPECIAL NEEDS.	86	365,164.	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:

ALL GRANTS ARE USED WITHIN THE UNITED STATES. FOR ALL FINANCIAL ASSISTANCE

AND HOMEMAKER CLIENTS, THE ASSISTANCE IS PAID DIRECTLY TO THE UTILITY

COMPANY OR OTHER VENDOR AND NOT TO THE CLIENT DIRECTLY. THE CLIENT IS

REQUIRED TO PROVIDE COPIES OF THEIR OUTSTANDING BILLS AND JFS IS ABLE TO

VERIFY THE OUTSTANDING AMOUNTS WITH THE COMPANY.

PART III:

JEWISH FAMILY SERVICES OF ST. LOUIS RECEIVES SUBSTANTIAL GOODS FROM THE



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

**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)	221,187.	0.	0.	8,769.	11,118.	241,074.	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

**2022**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	642,178.	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 3 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) 2022

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JEWISH FAMILY SERVICES OF ST. LOUIS

Employer identification number

43-0790330

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SAFETY-NET SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER PREVENTIVE AND SAFETY-NET SERVICES, JFS HELPS SENIORS REMAIN

INDEPENDENT AND CONNECTED TO THE COMMUNITY, REDUCES HUNGER, AND

EMPOWERS CHILDREN AND FAMILIES TO LEAD VIBRANT, HEALTHY LIVES.

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

CLINICAL SERVICES CONTINUED FROM PAGE 2:

MEASURABLE OUTCOMES TAILORED TO THE INDIVIDUAL'S PERSONAL NEEDS. JFS

FOSTERS A SAFE AND SUPPORTIVE ENVIRONMENT FOR CHILDREN AND THEIR

FAMILIES TO DEVELOP THE SKILLS TO BE SUCCESSFUL AT HOME, IN SCHOOL, AT

WORK AND IN THE COMMUNITY. DURING 2022, 789 FAMILIES WERE SERVED.

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.

SINCE JFS RETURNED POST-PANDEMIC TO COUNSELING ON-SITE IN SCHOOLS, JFS

THERAPISTS NOTED THAT CHILDREN ARE PRESENTING WITH INCREASINGLY COMPLEX

BEHAVIORS THAT WOULD BENEFIT FROM ADDITIONAL TREATMENT MODALITIES. TO

ADDRESS THIS TREND, JFS APPLIED FOR AND RECEIVED A GRANT TO TRAIN OUR

CLINICAL STAFF IN 2022 IN DIALECTICAL BEHAVIORAL THERAPY (DBT), WHICH

WILL PROVIDE ADDITIONAL SUPPORT TO CHILDREN AND FAMILIES.

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OLDER ADULT SERVICES CONTINUED FROM PAGE 2:

CAREGIVERS NAVIGATE NEW STAGES OF LIFE. ALL CALLERS ARE OFFERED A  
 COMPREHENSIVE ASSESSMENT AND CUSTOMIZED INFORMATION AND REFERRALS BASED  
 ON THEIR INDIVIDUAL NEEDS, SUCH AS TRANSPORTATION TO MEDICAL  
 APPOINTMENTS, FOOD DELIVERY, UTILITY ASSISTANCE, AFFORDABLE AND SAFE  
 HOUSING INFORMATION, SOCIALIZATION OPPORTUNITIES, AND MORE.

ST. LOUIS NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) ENRICHES THE  
 LIVES OF OLDER ADULTS THROUGH MEANINGFUL COMMUNITY INVOLVEMENT AND  
 INCREASED ACCESS TO SUPPORT SERVICES. SINCE ITS INTEGRATION INTO JFS IN  
 2022, NORC'S STAFF HAVE CONNECTED HUNDREDS OF OLDER ADULTS WITH  
 MEANINGFUL ACTIVITIES AND SOCIAL EVENTS, AND THEIR VETTED AND TRAINED  
 VOLUNTEERS HAVE PROVIDED MINOR HOME REPAIRS AND TECHNOLOGY  
 TROUBLESHOOTING.

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

HARVEY KORNBLUM JEWISH FOOD PANTRY CONTINUED FROM PAGE 2:

ONE IN EVERY SIX INDIVIDUALS IN ST. LOUIS LIVES IN POVERTY AND  
 EXPERIENCES FOOD INSECURITY. AS MORE FAMILIES, CHILDREN, AND OLDER  
 ADULTS STRUGGLE TO MAKE ENDS MEET, THE HARVEY KORNBLUM JEWISH FOOD  
 PANTRY REMAINS A CONSTANT SOURCE OF NUTRITIOUS FOOD AND SUPPORT FOR OUR  
 COMMUNITY.

THE ECONOMIC FLUCTUATIONS FOLLOWING THE COVID-19 PANDEMIC CONTINUE TO  
 AFFECT MANY IN OUR COMMUNITY. IN 2022, MORE THAN 19,600 INDIVIDUALS  
 VISITED THE FOOD PANTRY. THE DRIVE-THROUGH FOOD DISTRIBUTION MODEL IS  
 STILL BEING OPERATIONALIZED TO MEET THIS HIGH NEED.

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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IN 2022, A STUDY WAS COMPLETED TO EXPLORE OPPORTUNITIES TO MODERNIZE AND/OR INNOVATE PANTRY OPERATIONS TO SERVE AND RESPOND TO PANTRY GUESTS' FUTURE GROCERY AND NUTRITIONAL NEEDS AND MAINTAIN ITS REPUTATION FOR EXEMPLARY SERVICE TO THE COMMUNITY. RECOMMENDATIONS INCLUDE A HYBRID-MODEL WHERE GUESTS CAN SHOP INDOORS OR DRIVE-THROUGH BASED ON THEIR PREFERENCE, INVESTING IN TECHNOLOGY TO STREAMLINE OPERATIONS AND ONLINE ORDERING TO ENHANCE CLIENT CHOICE.

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

FINANCIAL ASSISTANCE: JFS FINANCIAL ASSISTANCE SUPPORTS INDIVIDUALS AND FAMILIES FACING FINANCIAL HARDSHIPS. OUR KNOWLEDGEABLE CASE MANAGERS CONNECT INDIVIDUALS TO COMMUNITY RESOURCES, GOVERNMENT BENEFITS, AND EMERGENCY FUNDS FOR BASIC LIVING EXPENSES, INCLUDING HOUSING, UTILITIES, AND MEDICAL COSTS.

JFS CASE MANAGERS UNDERSTAND THAT FINANCIAL STATUS CAN CHANGE OVERNIGHT AND CAUSE TEMPORARY DISRUPTIONS, AND THAT PERSISTENT MEDICAL AND MENTAL HEALTH ISSUES CAN CAUSE ONGOING FINANCIAL CHALLENGES. WORKING IN PARTNERSHIP WITH CLIENTS, WE ESTABLISH A PLAN OF ACTION TO HELP INDIVIDUALS MOVE TOWARD SELF-SUFFICIENCY AND FINANCIAL STABILITY.

REQUESTS FOR FINANCIAL ASSISTANCE REMAINED HIGH IN 2022 AS THE ECONOMY CONTINUED TO FLUCTUATE AND JFS PROVIDED FINANCIAL RELIEF FOR 298 PEOPLE IN 147 FAMILIES. ALSO IN 2022, JFS JOINED THE UNITED WAY OF GREATER ST. LOUIS UNITED FOR FAMILIES (UFF) PILOT PROGRAM TO PROVIDE CASE MANAGEMENT, FINANCIAL COACHING, AND EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES WITH SCHOOL-AGE CHILDREN. UFF'S OBJECTIVES ARE TO HELP

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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STABILIZE AND SUPPORT FAMILIES ON THEIR ROAD TO INCREASED FINANCIAL SECURITY; PREVENT HOMELESSNESS AND DISPLACEMENT; AND ENSURE CHILDREN STAY IN ONE CONSISTENT SCHOOL COMMUNITY.

EXPENSES \$ 317,315. INCLUDING GRANTS OF \$ 172,142. REVENUE \$ 295.

CHILD ABUSE PREVENTION PROGRAM (CAPP): OUR TEAM OF CHILD ABUSE PREVENTION PROGRAM SPECIALISTS WORK WITH MORE THAN 150 SCHOOLS THROUGHOUT THE ST. LOUIS REGION TO ANNUALLY TEACH MORE THAN 35,000 CHILDREN, TEACHERS, AND CAREGIVERS ABOUT BODY SAFETY, THE WARNING SIGNS OF ABUSE, AND SAFE INTERNET SKILLS. USING DEVELOPMENTALLY APPROPRIATE PRACTICES, CAPP TEACHES CHILDREN HOW TO DISTINGUISH BETWEEN APPROPRIATE AND INAPPROPRIATE TOUCHING; LEARN RESPONSE SKILLS; AND UNDERSTAND GROOMING TACTICS. WHILE THE GOAL OF CAPP IS PREVENTION, OUR EXPERT STAFF ALSO TEACH CHILDREN WHO HAVE SEEN OR EXPERIENCED ABUSE THE IMPORTANCE OF REPORTING TO A TRUSTED ADULT, LEADING TO TREATMENT AND HEALING.

IN ORDER TO MEET THE GROWING DEMAND FOR CAPP EDUCATION, JFS LAUNCHED "TRAIN THE PRESENTER," A PROGRAM DESIGNED TO TEACH EDUCATORS AND SCHOOL COUNSELORS TO PROVIDE ABUSE PREVENTION PRESENTATIONS AT THEIR SCHOOLS. THE INITIATIVE INCREASED THE NUMBER OF STUDENTS REACHED IN 2022 BY MORE THAN 4,000.

EXPENSES \$ 306,397. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Name of the organization JEWISH FAMILY SERVICES OF ST. LOUIS	Employer identification number 43-0790330
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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 IX, LINE 11G, OTHER FEES:

COUNSELING SERVICES:

PROGRAM SERVICE EXPENSES	381,340.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	381,340.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	40,593.
MANAGEMENT AND GENERAL EXPENSES	119,515.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	160,108.

RECRUITING:

PROGRAM SERVICE EXPENSES	32,385.
MANAGEMENT AND GENERAL EXPENSES	63,008.
FUNDRAISING EXPENSES	15,476.
TOTAL EXPENSES	110,869.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	652,317.
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