Pilc & Moseley, LLC 4312 Grove Avenue Richmond, VA 23221

Jewish Family Services, Inc. 6718 Patterson Avenue Richmond, VA 23226

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CLIENT'S COPY



Pilc & Moseley, LLC 4312 Grove Avenue Richmond, VA 23221

February 20, 2023

Jewish Family Services, Inc. 6718 Patterson Avenue Richmond, VA 23226

Jewish Family Services, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

William C. Pilc

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $\ JUL\ 1$, 2021, and ending $\ JUN\ 30$, 20 22

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN Jewish Family Services, Inc. 54-0526201 Wendy Kreuter Name and title of officer or person subject to tax Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ ▶ X ___ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ___ 5 , 310 , 869 . 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 7a Form 4720 check here > 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize Pilc & Moseley, LLC 56321 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54140602455 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print Jewish Family Services, Inc. 54-0526201 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 6718 Patterson Avenue return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Richmond, VA 23226 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 07 Form 990-T (corporation) Jewish Family Services, The books are in the care of ► 6718 Patterson Avenue - Richmond, VA 23226 Telephone No. ► 804-282-5644 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. May 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

ax year beginning JUL 1 . 2021 and ending JUN 30 . and ending JUN 30

Open to Public

_	1 01 111		a enaing	00N 50, 2022	
В	Check if applicab	le: C Name of organization		D Employer identifi	cation number
	Addre				
	Name chan			54-05262	01
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone numbe	er
	Final	6718 Dattorgon Arrongo		804-282-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,311,729.
	Amen	ided Dichmond III 22226		H(a) Is this a group r	eturn
	Appli			for subordinates	
	pend		23226	H(b) Are all subordinates i	—
$\overline{\Gamma}$	Tax-ex	rempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52		list. See instructions
		te: www.JFSRichmond.Org	,	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Yea		M State of legal domicile: VA
	art I				, otato or logar dominono,
	1	Briefly describe the organization's mission or most significant activities: JFS	trans	forms the li	ves of
ဥ	1.	individuals and families and strengthen	our	community by	providing
na.	2	Check this box if the organization discontinued its operations or disp			
Š	3	·		3	17
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b			17
<u>ფ</u>	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			197
iŧie	6			_	34
Activities & Governance	1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 	The difference business taxable income from 10111 0111 330-1,1 art 1, iii e 11		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		1,755,417.	1,753,546.
ηe	9			3,113,171.	3,458,136.
Revenue	10			68.	84.
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143,354.	99,103.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,012,010.	5,310,869.
	13			52,736.	40,772.
	14			0.	0.
"			. –	3,556,222.	3,829,608.
Ses	160	Professional fundraising fees (Part IV solumn (A) line 11a)	"·····-	0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	983.		0.
ă	1,7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		504,582.	623,061.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,113,540.	
		Revenue less expenses. Subtract line 18 from line 12		898,470.	
<u> </u>	19 	Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year
Net Assets or	200	Total accests (Dart V. line 16)	<u> </u>	7,171,035.	7,674,191.
ASS Rall	20	Total assets (Part X, line 16)		358,094.	280,887.
let /	21	Total liabilities (Part X, line 26)		6,812,941.	7,393,304.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		0,012,541.	7,333,304.
		alties of perjury, I declare that I have examined this return, including accompanying schedu	lee and etate	ments, and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			iy kilowicuye allu bellel, it is
uu	, сопе	Ligand complete. Declaration of preparer (other than officer) is based on an information of	willon prepai	Thas any knowledge.	
C:-		Signature of officer		I Date	
Sig		Wendy Kreuter, CEO		2410	
He	re	Type or print name and title			
_		17 31 1		Date Check	X PTIN
Pai	d	Print/Type preparer's name William C. Pilc		l if	<u></u>
				self-employ	20-1826687
	parer Only	Firm's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue		FITTI S EIN	70-1070001
US	Unity	Richmond, VA 23221		Dhana na Q N	4-918-8490
	٠ -اد.			Prilone no. 6 0	
ıvıa	y tne I	RS discuss this return with the preparer shown above? See instructions			X Yes Mo

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	JFS transforms the lives of individuals and families and strengthens
	our community by providing the best options in care, counseling and
	adoption regardless of income, age, religion and race.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 2,868,587. including grants of \$ 38,987.) (Revenue \$ 2,693,126.)
	Care Services: JFS provides exceptional care to the Greater Richmond
	community serving older adults, individuals with disabilities and
	anyone needing help navigating the challenges of life. Our professional
	team of care managers, nurses, social workers and nursing assistants
	promote our clients' best quality of life through home care, care
	management and guardianship services.
4b	
	Counseling Services: JFS offers experienced therapists who assist
	individuals of all ages, couples and families, children and
	adolescents, older adults and those with special needs to work through
	life's challenges.
4c	(Code:) (Expenses \$ 54,887. including grants of \$) (Revenue \$)
	Adoption: at JFS, our social workers serve as guides though the
	adoption process whether you're hoping to adopt a child or considering
	placing a child for adoption.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 132,106 • including grants of \$ 1,785 •) (Revenue \$ 0 •)
<u>4e</u>	Total program service expenses ► 3,769,652.
	Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		22
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2021) Jewish Family Services, Inc.	54-0526201	- Р	age
Pai	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's	current		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	e		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	as of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the complete state of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the year, the year is the year of the year.	lete		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de	fease		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	ar, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compared to the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	plete		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key em	ployee,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%	6 controlled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,	Part III 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part	t IV,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva	ation		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,	and		
	Part V, line 1		X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or	ganization?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19	?		
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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	·····		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
		ΛΙ		

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2004	12-09-21			Form	990	2021)

Form 990 (2021) Jewish Family Services, Inc.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		Х
	to file Form 8282?	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans That the ground of records and health			
C 140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		Х
14a	15 10 1 10 10 10 10 10 10 10 10 10 10 10 1	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
.5	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		Х					
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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	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	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
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?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Jewish Family Services, Inc 804-282-5644								
	6718 Patterson Avenue, Richmond, VA 23226								

132006 12-09-21

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

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

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

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

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

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

(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week			ess pe nd a d				compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Wendy Kreuter	40.00									
CEO				X				224,693.	0.	16,470.
(2) Steve Parkins	40.00									
Past CFO			4	Х				91,655.	0.	4,673.
(3) Ludwig William Shirey CFO	40.00		E	X				20,192.	0.	7,515.
(4) Sandra Sisisky	1.00									
Immediate Past President		Х		Х				0.	0.	0.
(5) Eric Shoenfeld	1.00									
President		X	4	Х				0.	0.	0.
(6) Michael Sievers	1.00									
2nd Vice President		Х		Х				0.	0.	0.
(7) Dr. Michael Mandel	1.00									
1st Vice President		Х		Х				0.	0.	0.
(8) Rosemary Seltzer	1.00									
Director		Х		Х				0.	0.	0.
(9) Rabbi Martin P. Beifield, Jr	1.00									
Director		Х						0.	0.	0.
(10) Cindy Boswell	1.00									
Secretary		Х		Х				0.	0.	0.
(11) Ken Golden	1.00									
Director		Х						0.	0.	0.
(12) Jake Hughes	1.00								_	
Director		Х						0.	0.	0.
(13) Shanaye La Beaud	1.00	ļ								
Director		Х						0.	0.	0.
(14) Sara Griebel	1.00	ļ								
Director		Х						0.	0.	0.
(15) John Myers	1.00	ļ								
Director	1 00	Х				<u> </u>		0.	0.	0.
(16) Seon Rockwell	1.00	۱.,							_	_
Director	1 1 00	Х		<u> </u>			<u> </u>	0.	0.	0.
(17) Jessica Samet	1.00	,,							_	_
Director		Х						0.	0.	0. Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
	week (list any	_	CCI ai	lu a u	liecio)/uus	100)	from	from related			other	41
	hours for	or director						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	truste	al trus		yee	mper		1099-NEC)	,			d relat	
	below	In divid ual trustee	Institutional trustee	e.	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indj	Insti	Officer	Key	High	Former						
(18) Tom Topinka	1.00	Į ,,						0.		^			^
Director (19) Cheri Yochelson	1.00	Х				-		0.		0.			0.
Director	1.00	x						0.		0.			0.
(20) Martin J. Miller	1.00	 						3.0					
Treasurer		Х		х				0.		0.			0.
		-											
						L							
		-											
				4									
)					
dh. Cubtatal								336,540.		0.	2	8,6	5.8
1b Subtotal								0.		0.		0,0	0.
d Total (add lines 1b and 1c)								336,540.		0.	2	8,6	
2 Total number of individuals (including but r							no re	-	,000 of reportab	le			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the si								her compensation from			3		
and related organizations greater than \$15								•	•		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest countries the organization. Report compensation for										npens	sation 1	rom	
(A)	tric calcridar y	car	criai	ng v	VILII	01 11		(B)	ycar.		(0		
Name and business	address	N	INC	Ξ				Description of s	ervices	C	compe		n
							_						
2 Total number of independent contractors (ot li	mite	d to		se li:	stec	l above) who received n	nore than				
\$100,000 of compensation from the organi	zation >										Гогт	000 //	2004)

Pa	πv	/								
			Check if Schedule O	contains a respo	nse	or note to any li			(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue		from tax under
40						105 000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a		125,000.				
Sra Iou		b	Membership dues	1b						
S, (С	Fundraising events	1c						
a it			Related organizations			201,004.				
s, (mil			Government grants (contr							
ioi		f	All other contributions, gifts,	grants, and						
but			similar amounts not included		1,	427,542.				
ᅙ로		a	Noncash contributions included in			12,000.	-			
Sor		_	Total. Add lines 1a-1f				1,753,546.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11			Business Code	1773373100			
4	_	_	Home Health C	'aro			2,025,037.	2 025 037		
je Je	2		Counseling Pr		_	621610		738,310.		_
je.			Care Manageme			624100	489,594.			
m Sen							178,495.			
Jra Re		d	Public Guardi			621610				
Program Service Revenue		е	Adoption Prog			621610	26,700.	26,700.		
а.			All other program service				2 450 436			
		g	Total. Add lines 2a-2f				3,458,136.			
	3		Investment income (include	- ·			0.4			0.4
			other similar amounts)				84.			84.
	4		Income from investment of	of tax-exempt bo	nd p	roceeds				
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory	7a						
		h	Less: cost or other basis							
ē		~	and sales expenses	7b						
ē		_	Gain or (loss)				1			
Revenue		4	Net gain or (loss)	10						
er	۰		Gross income from fundraisi							
듇	٥			•						
•			contributions reported on							
			•	•	8a	19,951.				
		L	Part IV, line 18		8b	860.				
			Less: direct expenses				19,091.			19,091.
	_		Net income or (loss) from	-		······	19,091.			19,091.
	9	а	Gross income from gamin							
			Part IV, line 19		9a		-			
			Less: direct expenses		9b					
			Net income or (loss) from		s					
	10	а	Gross sales of inventory, I							
			and allowances		10a					
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from	sales of invento	ry	>				
<u>0</u>						Business Code				
eon Ie	11	а	Miscellaneous	.		900099	80,012.			80,012.
en en		b			_					
Ş.e		С			_					
Miscellaneous Revenue		d	All other revenue							
		е	Total. Add lines 11a-11d				80,012.			00 10=
	12		Total revenue. See instruction	ons			5,310,869.	ც,458,136 .	0.	99,187.

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).	
--	--

Do i	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	40,772.	40,772.		
_	individuals. See Part IV, line 22	40,772.	40,772.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	205 172	250 064	17 (25	26 57
	trustees, and key employees	295,172.	250,964.	17,635.	26,573
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.006.740	0 750 150	100 000	124 200
7	Other salaries and wages	2,986,749.	2,752,159.	100,208.	134,382
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	200 604	102 222	100 110	10 00
9	Other employee benefits	302,684.	183,229.	107,147.	12,308
0	Payroll taxes	245,003.	184,735.	49,832.	10,436
1	Fees for services (nonemployees):				
а	Management				
b	Legal	15 110			
С	Accounting	17,413.	8,023.	9,070.	320
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	75,158.	34,642.	39,152.	1,364
2	Advertising and promotion				
3	Office expenses	121,428.	19,362.	94,534.	7,532
4	Information technology				
5	Royalties				
6	Occupancy	261,163.	206,078.	44,048.	11,037
7	Travel	28,163.	24,072.	4,091.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,898.	2,007.	7,891.	
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	46,973.	23,089.	21,698.	2,186
23	Insurance	42,355.	32,574.	7,882.	1,899
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	Miscellaneous	20,510.	7,946.	11,618.	946
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,493,441.	3,769,652.	514,806.	208,983
26	Joint costs. Complete this line only if the organization		- •	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πλ	Balance Sheet				
		Check if Schedule O contains a response or note to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,334,816.	1	877,983
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		113,149.	3	58,613
	4	Accounts receivable, net		195,686.	4	348,080
	5	Loans and other receivables from any current or former offi				
		trustee, key employee, creator or founder, substantial contr	ibutor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified person				
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9			16,683.	9	21,926
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,798,921.			
	b	Less: accumulated depreciation 10b	1,058,526.	730,942.	10c	740,395
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,779,759.	15	5,627,194
	16	Total assets. Add lines 1 through 15 (must equal line 33)		7,171,035.	16	7,674,191
	17	Accounts payable and accrued expenses		343,831.	17	251,013
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of So	hedule D		21	
es	22	Loans and other payables to any current or former officer, of	lirector,			
Ě		trustee, key employee, creator or founder, substantial contr	ibutor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third pa	arties		23	
	24	Unsecured notes and loans payable to unrelated third parti	es		24	
	25	Other liabilities (including federal income tax, payables to re	lated third			
		parties, and other liabilities not included on lines 17-24). Co	mplete Part X			
		of Schedule D		14,263.	25	29,874
	26	Total liabilities. Add lines 17 through 25		358,094.	26	280,887
s		Organizations that follow FASB ASC 958, check here	X			
e)C		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		1,741,534.	27	4,319,764
Net Assets or Fund Balances	28	Net assets with donor restrictions		5,071,407.	28	3,073,540
		Organizations that do not follow FASB ASC 958, check I	nere ▶ Ш			
≍ ≖		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
Ϋ́	31	Retained earnings, endowment, accumulated income, or ot	· · · · · · · · · · · · · · · · · · ·	6 010 011	31	T 202 224
ž	32	Total net assets or fund balances		6,812,941.	32	7,393,304
	33	Total liabilities and net assets/fund balances		7,171,035.	33	7,674,191

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,49	3,4	41.
3	Revenue less expenses. Subtract line 2 from line 1	3			7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,81	2,9	41.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-23	7,0	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7	, 39	3,3	04.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Jewish Family Services, Inc. 54-0526201 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (ff) Total and the foliation of the public support percentage from 2020 Schedule A, Part II, line 14 (a) 33 1/3% support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets.	Section A. Public Support							
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		more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		•		-	•			>
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2021

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.)

Sec	etion A. Public Support	ciow, piedec comp	noto i uit iii,				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-7	(-, : :	(-)	(-,	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1053400.	1091943.	1150923.	1755417.	1753546.	6805229.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2832555.	2622834.	2930826.	3139821.	3478087.	15004123.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	21,917.	44,200.	67,211.	117,137.	80,012.	330,477.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3907872.	3758977.	4148960.	5012375.	5311645.	22139829.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						22139829.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3907872.	3758977.	4148960.	5012375.	5311645.	22139829.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	13.	5.	358.	68.	84.	528.
	and income from similar sources Unrelated business taxable income	13.	<u>J•</u>	330•	00.	04.	320.
L	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	13.	5.	358.	68.	84.	528.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13.	5.	330•	00.	04.	320.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3907885.	3758982.	4149318.	5012443.	5311729.	22140357.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13,	column (f))		15	100.00 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2020 Schedule A, I	Part III, line 17			18	%
	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support tests - 2020. If the	•			•		
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
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	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ماددا	A (Earr		2021

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organ	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		II how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
2		vised, or controlled the supporting organization.	2		
sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sec		upported organization(s). D. All Type III Supporting Organizations	1		
-		5.7 All Type III Supporting Significations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
-		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	^-		
J.		tes of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations			
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.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_ 7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Je	ewish Family Services, Inc.	54-0526201
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 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	s covered by the General Rule or a Special Rule .	
• •	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. line 1. Complete Parts I and II.	d that received from any one
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e o) instead of the contributor name and address), II, and III.	ntering
year, contributions is checked, enter he purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •

Name of organization

Employer identification number

Jewish Family Services, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$66,822.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Jewish Family Services, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,131.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Jewish Family Services, Inc.

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
13		\$\$11,440.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$30,000.	Person X Payroll

Name of organization Employer identification number

Jewish Family Services, Inc.

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
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIP 4 4	\$ 498,854.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll

Name of organization Employer identification number

Jewish Family Services, Inc.

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
25		\$14,985.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,344 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll

Name of organization

Employer identification number

Jewish Family Services, Inc.

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
31		\$6,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,061.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Jewish Family Services, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Jewish Family Services, Inc.

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
36	2017 Subaru Forester		
		\$	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100450 11 11		\$	Sahadula B /Farra 000) (0001)

Name of organization **Employer identification number** Jewish Family Services, Inc. 54-0526201

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Jewish Family Services, Inc. **Employer identification number** 54-0526201

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		' '
2	If the organization received or held works of art, historical tre		' <u>-</u>
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

Complete if the digaritzation and words. The control of the contro							
Description of property	(c) Accumulated depreciation	(d) Book value					
1a Land		197,544.		197,544.			
b Buildings		1,351,220.	869,202.	482,018.			
c Leasehold improvements							
d Equipment		250,157.	189,324.	60,833.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	740,395.						

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(6) (7) (8) (9)

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) Equity Interest - Foundation	5,343,526.
(2) Beneficial Interest in Trust	237,668.
(3) Due from JFSSF	46,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,627,194.

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) Other current liabilities	29,874
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 29,874

^{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... X

Schedule D (Form 990) 2021

Da	rt VI Decencilistics of Devenue per Audited Einensiel State	monto Wit	Davanua nar D	0	· · · · · · · · · · · · · · · · · · ·
Pai	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		i Revenue per R	eturi	1.
_				1	5,073,804.
1				1	3,073,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا			
_	Net unrealized gains (losses) on investments			-	
b				-	
	Recoveries of prior year grants		-237,065.	-	
d	7	2d	-237,003.		227 065
	Add lines 2a through 2d			2e	-237,065. 5,310,869.
3	Subtract line 2e from line 1			3	3,310,009.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_5_	5,310,869.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	4,493,441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	41			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,493,441.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	-		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,493,441.
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1	and 2b; Part V. line	4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, , ,
?a:	rt X, Line 2:				
	•				
JFS	S recognizes the effect of income tax pos	sitions	only if th	ose	positions
	1		<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>
are	e more likely than not of being sustained	d. Mana	agement bel	iev	es that no
	<u> </u>				
suc	ch uncertain tax positions exist for JFS	for the	e vear ende	d J	une 30,
	Production Control Control		7		
20:	22.				
) a 1	rt XI, Line 2d - Other Adjustments:				
. u.	to MI, Bine Ma Cener Adjustments.				
201	venue Amounts Included in Financials - O	ther			
, c	venue Amounts included in Financials - O	CITET			
٦h.	ange in beneficial interest in trust	/ ት .	12,724)		
~110	ange in beneficial interest in trust	()	±4,144)		
٦h:	ange in equity interest - JFS	ر خ ر	194,341)		
	ALIGO TIL CHUTCY TILCETEDE OLD	١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١	_ノエ , ノエエ /		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	Jewish Family	Services,	Inc.	54-0526201	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)				
	(1111)				
			, , , , , , , , , , , , , , , , , , ,		
				· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Jewish Family Services, Inc. 54-0526201 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

132081 10-21-21

Schedule G (Form 990) 2021

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

Sche	dule G	G (Form 990) 2021 Jewish	Family Servi	ces, Inc.	54-	0526201 Page 2
Par	rt II	Fundraising Events. Complete if the	ne organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	ross income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1 Giving Tuesday	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
ام			(event type)	(event type)	(total number)	COI. (C))

a)			(event type)	(event type)	(total number)	COI. (C))
Revenue			40.0-4			40.0-4
Rev	1	Gross receipts	19,951.			19,951.
	2	Less: Contributions				+
	3	Gross income (line 1 minus line 2)	19,951.			19,951.
	Ť	aross meeme (international inter)				
	4	Cash prizes				
"	5	Noncash prizes				
JSe		5 . //				
хре	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	'	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses	860.			860.
		Direct expense summary. Add lines 4 through				860.
Do		Net income summary. Subtract line 10 from li				19,091.
Pa	ITLI	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		ψ10,000 0111 01111 000 E2, iii10 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
\dashv						
ses	2	Cash prizes				
ens	2	Nanagah prizas				
Direct Expenses	3	Noncash prizes				
rect	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	_	Divert average average. Add lines Others who	- F : (-1)			
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		· · · · · · · · · · · · · · · · · · ·				•
9	En	er the state(s) in which the organization condu	ıcts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
100	\\\	ere any of the organization's gaming licenses re	avoked suspended orto	erminated during the tax	vear?	Yes No
		Yes," explain:			yoar:	. L. 163 L. INU
		, 100000				

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 Jewish Family Services, Inc.	54-0526201 Page 3
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 for	
to administer charitable gaming?	L Yes L 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 ar	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reven	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and t	the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
c ii res, entername and address of the third party.	
Name	
Address ▶	
16 Gaming manager information:	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
carring manager compensation p	
Description of continuous manifold	
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 o	r 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	G (Form 990)	Jewish Fami.	ly Services,	Inc.	54-0526201 Page 4
Part IV	Supplemental Info	Jewish Fami. ermation (continued)			
		· · · · · · · · · · · · · · · · · · ·			
				7	
_					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization Tewish Fa	milv Serv	rices, Inc.					Employer identification number $54-0526201$
Part I		_	1005, 1110					31 0320201
2 D	ooes the organization maintain records riteria used to award the grants or assi bescribe in Part IV the organization's pro-	stance? ocedures for moni	toring the use of grant	funds in the Unite	ed States.			X Yes No
Part I	Grants and Other Assistance to recipient that received more than					anization answered	res" on Form 990, Par	TIV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					8			
2 E	nter total number of section 501(c)(3) a	and government or	rganizations listed in th	ne line 1 table				>

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(DOOK, FIVIV, appraisal, other)	
					Direct financial assistance
Direct financial assistance	57	39,772.	0.	Book (Cash)	for low-income families
					Scholarships for
Scholarships	1	1,000.	0.	Book (Cash)	post-secondary education
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Jewish Family Services, Inc. Part I Questions Regarding Compensation

Employer identification number 54-0526201

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
	Receive a severance payment or change-of-control payment?	4a		<u> </u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
	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:			X
a	The organization?	6a		X
b	Any related organization?	6b		Λ
-	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	7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6		Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		- 41
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Wendy Kreuter (i)	199,693.	25,000.	0.	8,688.	7,782.	241,163.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)			4				
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Page 3

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Jewish Family Services, Inc.

Employer identification number 54-0526201

Form 990, Part I, Line 1, Description of Organization Mission: the best options in care, counseling and adoption regardless of income, age, religion and race. Form 990, Part I, Line 6 Volunteers visit JFS clients, call JFS clients, serve as receptionists and perform various administrative functions. Form 990, Part III, Line 4d, Other Program Services: All Other Accomplishments Other program services include volunteer services. Expenses \$ 132,106. Revenue \$ 0. including grants of \$ 1,785. Form 990, Part VI, Section B, line 11b: Organization's Process to Review Form 990 The CFO reviews the 990 in detail prior to filing. The CEO does a review of the 990 at a summary level also prior to filing. Form 990, Part VI, Section B, Line 12c: Enforcement of Conflicts Policy The conflict of interest policy is reviewed with Directors, Trustees and key employees annually. No conflicts of interest have been reported.

Form 990, Part VI, Section B, Line 15:

Compensation Process for Top Officials

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

Schedule O (Form 990) 2021

Name of the organization **Employer identification number** Jewish Family Services, Inc. 54-0526201 The compensation for the CEO is confirmed by the executive committee annually. The compensation for the CFO and COO are approved by the Board during the budgeting process. Compensation for the three positions are compared to market information annually. Form 990, Part VI, Section C, Line 19: Governing Documents Disclosure Explanation The Organization does not make its governing documents, conflict of interest policy or financial statements available to the public. Form 990, Part XI, line 9, Changes in Net Assets: Change in beneficial interest in trust -42,724.Change in equity interest - JFS -194,341.Total to Form 990, Part XI, Line 9 -237,065.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 54-0526201 Jewish Family Services, Inc. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			•		

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Jewish Family Services Supporting Foundation							1
- 54-1715275, 6718 Patterson Avenue,							1
Richmond, VA 23226	Investment	Virginia	501C	7	N/A		X

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad an Fours 000 Doubly line 04 honours it had annous nelated
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										Ш	
				4						Ш	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1	10	l	I					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	I in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>				1a		X
b	Gift, grant, or capital contribution to related organization(s)					1b		Х
С	Gift, grant, or capital contribution from related organization(s)					1c	X	
	Loans or loan guarantees to or for related organization(s)					1d		X
	Loans or loan guarantees by related organization(s)					1e		Х
f	Dividends from related organization(s)					1f		Х
g	Sale of assets to related organization(s)					1g		Х
	Purchase of assets from related organization(s)					1h		Х
i	Exchange of assets with related organization(s)					1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		Х
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)				1n		Х
0	Sharing of paid employees with related organization(s)		,			10		Х
	3 1 1 7 3 (7							
р	Reimbursement paid to related organization(s) for expenses					1p		Х
	Reimbursement paid by related organization(s) for expenses					1q		Х
•	, , , , , , , , , , , , , , , , , , , ,							
r	Other transfer of cash or property to related organization(s)					1r	Х	
	Other transfer of cash or property from related organization(s)					1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						•	
	(a)	(b)	(c)	·	(d)			
	Name of related organization	Transaction	Amount involved	Method o	of determining amount inv	olved		
		type (a-s)			-			
	Tewish Family Services Supporting							
(1) E	oundation -	С	201,004.	Book (Cash)				
```	Tewish Family Services Supporting							
	oundation	R	1,050,000.	Book (Cash)				
`								
(3)								
<u>, ,                                   </u>								
(4)								
. ,								
(5)								
. ,								
(6)								
`-,								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec	Share of	Share of	Dispropo	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20 of Schedule K-1?	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	1
	1									
	1				4					
	4									
							1		+ + -	
	_									
					, v					
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Form 990 Page 10

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
1	Wiring - 6716 Patterson	08/16/07	SL	5.00		16	3,367.				3,367.	3,367.		0.	3,367.
2	Duct Work - 3716 Patterson Ave	06/01/09	SL	5.00		16	1,097.				1,097.	1,097.		0.	1,097.
3	Building	04/10/89	SL	30.00		16	301,482.				301,482.	301,482.		0.	301,482.
4	Building improvements	11/19/89	SL	31.50		16	64,036.		<b>V</b>		64,036.	64,036.		0.	64,036.
5	building improvements	01/01/90	SL	31.50		16	1,350.				1,350.	1,350.		0.	1,350.
6	outdoor ac unit	08/24/94	SL	10.00		16	1,700.				1,700.	1,700.		0.	1,700.
7	window alarm system	06/26/96	SL	10.00		16	520.				520.	520.		0.	520.
8	emergency lights	07/14/97	SL	31.50		16	873.				873.	665.		28.	693.
9	heat pump	08/06/98	SL	10.00		16	2,216.				2,216.	2,216.		0.	2,216.
10	alarm system	09/15/98	SL	10.00		16	303.				303.	303.		0.	303.
11	carpet	09/16/98	SL	10.00		16	5,050.				5,050.	5,050.		0.	5,050.
12	heat pump - unit 2	06/30/99	SL	5.00		16	2,313.				2,313.	2,313.		0.	2,313.
13	woman's room renovations	11/29/99	SL	10.00		16	882.				882.	882.		0.	882.
14	heat pump - 2.5 ton carrier	05/12/00	SL	5.00		16	3,430.				3,430.	3,430.		0.	3,430.
15	8x10 storage shed	11/29/01	SL	15.00		16	1,047.				1,047.	1,047.		0.	1,047.
16	air handler/zone control duct ma	06/27/02	SL	5.00		16	9,260.				9,260.	9,260.		0.	9,260.
17	patterson office paving	08/14/02	SL	7.00		16	7,865.				7,865.	7,865.		0.	7,865.

990

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	grills, registers, moniters	08/26/02	SL	15.00	1	16	525.				525.	525.		0.	525.
19	building improvements	04/15/04	SL	30.00	1	16	86,262.				86,262.	49,600.		2,875.	52,475.
20	fire door on ladies bathroom	04/05/04	SL	10.00	1	16	926.				926.	926.		0.	926.
21	fire and security system	04/15/04	SL	10.00	1	16	2,820.				2,820.	2,820.		0.	2,820.
22	new building additional closet	07/01/04	SL	39.00	MM1	16	1,800.				1,800.	785.		46.	831.
23	phone install	06/01/09	SL	5.00	1	16	583.				583.	583.		0.	583.
24	sound proof panels	06/12/09	SL	5.00	1	16	2,038.				2,038.	2,038.		0.	2,038.
	move - 6716 patterson ave	06/01/09	SL	5.00	1	16	1,500.				1,500.	1,500.		0.	1,500.
26	interior painting - 6718 patterson a	06/01/09	SL	5.00	1	16	2,300.				2,300.	2,300.		0.	2,300.
	building - 6716 patterson avenue	12/15/08	SL	30.00	1	16	608,321.				608,321.	255,157.		20,277.	275,434.
28	space planning - 6716 patterson av	06/01/09	SL	30.00	1	16	4,402.				4,402.	1,773.		147.	1,920.
29	carpet - 6716 patterson ave.	06/01/09	SL	5.00	1	16	4,710.				4,710.	4,710.		0.	4,710.
30	renovations - 6716 patterson ave	06/01/09	SL	30.00	1	16	40,586.				40,586.	16,347.		1,353.	17,700.
31	carpet renovations - 6716	05/27/09	SL	5.00	1	16	391.				391.	391.		0.	391.
	renovations - 6716 patterson ave	07/20/09	SL	30.00	1	16	21,612.				21,612.	8,585.		720.	9,305.
	interior painting - 6716 patterson a	07/22/09	SL	5.00	1	16	688.				688.	688.		0.	688.
34	concrete walkway/steps - 6716	09/03/09	SL	30.00	1	16	1,000.				1,000.	394.		33.	427.
35	exterior painting - 6718	09/02/09	SL	5.00	1	16	1,754.				1,754.	1,754.		0.	1,754.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	replacement windows - 6718	03/29/10	SL	30.00	1	.6	7,775.				7,775.	2,916.		259.	3,175.
37	4-ton heat pump - 6716	03/29/10	SL	5.00	1	.6	2,350.				2,350.	2,350.		0.	2,350.
38	1-ton condenser/evaporator - comp	06/16/10	SL	5.00	1	.6	2,450.				2,450.	2,450.		0.	2,450.
39	4-ton heat pump - 6716	06/25/10	SL	5.00	1	.6	2,750.				2,750.	2,750.		0.	2,750.
40	3-ton heat pump - 6718	06/03/11	SL	5.00	1	.6	4,325.				4,325.	4,325.		0.	4,325.
41	2 1/2 ton heat pump - 6716	09/12/11	SL	5.00	1	.6	1,750.				1,750.	1,750.		0.	1,750.
42	4 ton heat pump - 6716	12/22/11	SL	5.00	1	.6	6,990.				6,990.	6,990.		0.	6,990.
43	replacement windows	11/14/11	SL	30.00	1	.6	6,949.				6,949.	2,239.		232.	2,471.
44	4 ton heat pump - 6718	06/05/12	SL	5.00	1	.6	6,990.				6,990.	6,990.		0.	6,990.
45	4 ton heat pump - 6718	07/19/13	SL	5.00	1	.6	6,835.				6,835.	6,835.		0.	6,835.
46	carpet and installation - 6718	08/20/13	SL	5.00	1	.6	14,162.				14,162.	14,162.		0.	14,162.
47	office renovations	08/19/14	SL	30.00	1	.6	6,540.				6,540.	1,490.		218.	1,708.
48	security system - richmond alarm	09/01/17	SL	5.00	1	.6	9,899.				9,899.	7,590.		1,980.	9,570.
49	HVAC unit 6718	06/28/17	SL	5.00	1	.6	5,920.				5,920.	4,736.		1,184.	5,920.
50	ruud 4-ton heat pump	06/25/19	SL	5.00	1	.6	6,977.				6,977.	2,791.		1,395.	4,186.
51	carpe and installation - counseling	10/15/19	SL	5.00	1	.6	3,886.				3,886.	1,360.		777.	2,137.
52	roof replacement - 6716 & 6718	09/27/19	SL	20.00	1	.6	44,054.				44,054.	3,855.		2,203.	6,058.
53	light replacement project	05/01/21	SL	10.00	1	.6	2,420.				2,420.	40.		242.	282.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date	Method	Life	Con	ne Unadjusted	Bus	Section 179	Reduction In	Basis For	Beginning	Current	Current Year	Ending
140.	Возоприон	Acquired	Wicthiou	LIIO	n ''	S. Cost of Bas	s % Excl	Expense	Basis	Depreciation	Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
54	electronic door lock project 1	06/01/21	SL	10.00	1	2,962				2,962.	25.		296.	321.
	New Heatpump - 6718 Patterson	08/01/21	SL	15.00	1	6,751				6,751.			413.	413.
118	security project - Richmond Alarm	10/01/21	SL	5.00	1	9,476				9,476.			1,421.	1,421.
	* 990 Page 10 Total Buildings					1,351,220				1,351,220.	833,103.		36,099.	869,202.
	Furniture & Fixtures													
55	2 picnic tables with benches	04/12/10	SL	5.00	1	5 546				546.	546.		0.	546.
56	(3) virtical file cabinets	07/08/11	SL	5.00	1	1,770	4			1,770.	1,770.		0.	1,770.
60	conference room furniture	06/30/18	SL	7.00	1	4,528				4,528.	1,941.		647.	2,588.
62	hp elite desk	12/01/20	SL	5.00	1	3,269				3,269.	381.		654.	1,035.
63	hp elite desk 705	01/01/21	SL	5.00	1	1,286				1,286.	129.		257.	386.
65	furniture - skilled care	04/03/98	SL	7.00	1	4,925				4,925.	4,925.		0.	4,925.
66	furniture skilled care	04/13/98	SL	7.00	1	1,529				1,529.	1,529.		0.	1,529.
67	hon laminate desk – skilled care	10/13/98	SL	10.00	1	290				290.	290.		0.	290.
91	6 Lacasse Executive Desks	11/17/89	SL	7.00	1	2,163				2,163.	2,163.		0.	2,163.
92	24 thonet jazz arm chairs	11/28/89	SL	7.00	1	3,887				3,887.	3,887.		0.	3,887.
93	artwork	03/01/90	SL	7.00	1	1,636				1,636.	1,636.		0.	1,636.
94	2 cabinets and table top	12/01/01	SL	7.00	1	1,056				1,056.	1,056.		0.	1,056.
95	2 work tops and pedestal in recep	06/30/02	SL	7.00	1	3,947				3,947.	3,947.		0.	3,947.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
96	Conference room tables	08/01/02	SL	7.00	1	L6	2,682.				2,682.	2,682.		0.	2,682.
97	table and chair for larry's office	08/23/02	SL	7.00	1	L6	1,010.				1,010.	1,010.		0.	1,010.
98	shelving unit	04/19/04	SL	7.00	1	L6	589.				589.	589.		0.	589.
99	pal desk and hutch-cherry	04/19/04	SL	7.00	1	L6	1,114.				1,114.	1,114.		0.	1,114.
100	sofa w mahogany finish	04/27/04	SL	7.00	1	L6	899.				899.	899.		0.	899.
101	Lounge Chair	04/27/04	SL	7.00	1	L6	1,557.				1,557.	1,557.		0.	1,557.
102	Apollo Table Set	04/27/04	SL	7.00	1	L6	274.				274.	274.		0.	274.
103	Workstation	04/29/04	SL	7.00	1	L6	1,029.				1,029.	1,029.		0.	1,029.
104	WFI Settee - Stone w/Mahogany	05/05/04	SL	7.00	1	L6	795.				795.	795.		0.	795.
105	Cast Bronze Plaque	05/07/04	SL	7.00	1	L6	559.				559.	559.		0.	559.
106	Furniture Front office	05/30/04	SL	7.00	1	L6	5,134.				5,134.	5,134.		0.	5,134.
107	jfs fabric sign	08/24/04	SL	7.00	1	L6	325.				325.	325.		0.	325.
108	sign for main office building	09/01/04	SL	7.00	1	L6	539.				539.	539.		0.	539.
109	shelvinf units	03/15/04	SL	7.00	1	L6	296.				296.	296.		0.	296.
110	desks(katy and melissa)	04/01/07	SL	5.00	1	L6	2,410.				2,410.	2,410.		0.	2,410.
111	CEO Desk and file cabinet	07/01/09	SL	5.00	1	L6	1,663.				1,663.	1,663.		0.	1,663.
112	4 tables, 20 chairs	07/22/09	SL	5.00	1	L6	1,240.				1,240.	1,240.		0.	1,240.
	* 990 Page 10 Total Furniture & Fixtures						52,947.				52,947.	46,315.		1,558.	

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment														
57	comcast cable installation	04/01/15	SL	5.00	į	16	2,233.				2,233.	2,233.		0.	2,233.
58	hp computers and moniters	07/01/15	SL	5.00		16	6,946.				6,946.	6,946.		0.	6,946.
59	computer network switches	07/31/16	SL	5.00	į	16	3,347.				3,347.	3,292.		55.	3,347.
61	3 hp prodesk computers	03/10/20	SL	5.00	į	16	2,154.				2,154.	574.		431.	1,005.
64	dell laptop	02/01/21	SL	5.00		16	1,494.				1,494.	125.		299.	424.
71	etapestry software - annual giving	08/28/01	SL	3.00		16	5,025.				5,025.	5,025.		0.	5,025.
	home complete software - counsel	05/15/02	SL	3.00		16	15,000.				15,000.	15,000.		0.	15,000.
73	custom report writer/va medicaid	11/07/08	SL	3.00		16	3,000.				3,000.	3,000.		0.	3,000.
77	Dell network security	03/29/15	SL	3.00		16	5,019.				5,019.	5,019.		0.	5,019.
78	nextstep software	06/01/18	SL	3.00		16	50,841.				50,841.	50,841.		0.	50,841.
79	clearcare software	06/01/18	SL	3.00		16	4,741.				4,741.	4,741.		0.	4,741.
80	firewall/install/lic	06/19/18	SL	3.00		16	5,141.				5,141.	5,141.		0.	5,141.
81	nextstep warren whitney	12/18/18	SL	3.00		16	788.				788.	657.		131.	788.
82	clearcare warren whitney	12/18/18	SL	3.00		16	787.				787.	656.		131.	787.
	office365 implementation project	02/01/21	SL	3.00		16	4,810.				4,810.	668.		1,603.	2,271.
113	Intacct Implementation Project	08/01/21	SL	5.00		16	17,097.				17,097.			3,134.	3,134.
	computer	11/30/21	SL	3.00		16	1,638.				1,638.			319.	319.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
115	computer	03/23/22	SL	3.00	1	16	2,500.				2,500.			208.	208.
116	computer	06/10/22	SL	3.00	1	16	2,197.				2,197.			61.	61.
	* 990 Page 10 Total Machinery & Equipment						134,758.				134,758.	103,918.		6,372.	110,290.
	Transportation Equipment														
87	1998 ford escort	07/08/08	SL	3.00	1	16	4,034.				4,034.	4,034.		0.	4,034.
88	2005 hyundai elantra	03/21/11	SL	3.00	1	16	5,696.				5,696.	5,696.		0.	5,696.
89	ford fiesta	07/28/15	SL	5.00	1	16	9,478.				9,478.	9,476.		0.	9,476.
90	2013 ford cmax hatchback	07/31/16	SL	5.00	1	16	10,555.				10,555.	10,379.		176.	10,555.
119	2017 subaru (donated)	02/28/22	SL	5.00	1	16	21,000.				21,000.			1,400.	1,400.
	* 990 Page 10 Total Transportation Equipment						50,763.				50,763.	29,585.		1,576.	31,161.
	Land														
84	land	04/10/89	L				71,178.				71,178.			0.	
85	land - 6186 building	12/15/08	L				126,366.				126,366.			0.	
	* 990 Page 10 Total Land						197,544.				197,544.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						1,787,232.				1,787,232.	1,012,921.		45,605.	1,058,526.
	Current Year Activity														
	Beginning balance						1,726,573.			0.	1,726,573.	1,012,921.			1,051,570.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Acquisitions						60,659.			0.	60,659.	0.			6,956.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						1,787,232.			0.	1,787,232.	1,012,921.			1,058,526.
	Ending accum depr											1,058,526.			
	Ending book value											728,706.			

# Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

Jev	wish Family Service	s, Inc.		Form 990 I			54-0526201
Pai	rt   Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have a	any listed property	, complete Par	t V before y	
<b>1</b> N	Maximum amount (see instructions)					1	1,050,000.
<b>2</b> T	otal cost of section 179 property pla	ced in service (see	instructions)			2	
<b>3</b> T	hreshold cost of section 179 propert	y before reduction	in limitation				2,620,000.
<b>4</b> F	Reduction in limitation. Subtract line 3	3 from line 2. If zero	o or less, enter -0				
<b>5</b> D	Pollar limitation for tax year. Subtract line 4 from li	ne 1. If zero or less, enter	-0 If married filing separat	tely, see instructions		5	
6	(a) Description of p	property	(b) Cos	t (business use only)	(c) Elected	cost	
	isted property. Enter the amount from					$\dashv$	
	otal elected cost of section 179 prop			A.			
	entative deduction. Enter the <b>smalle</b>						
	Carryover of disallowed deduction fro						
	Business income limitation. Enter the Section 179 expense deduction. Add						
	Carryover of disallowed deduction to					12	
	: Don't use Part II or Part III below fo						
Pai				nclude listed prope	erty )		
	Special depreciation allowance for qu						
	he tax year	, ,		771	J	14	
	Property subject to section 168(f)(1) e						
							45,605.
	rt III MACRS Depreciation (Don'					10	
	(2 )		Section A				
17 N	MACRS deductions for assets placed	in service in tax ve	ears beginning before	e 2021		17	
	you are electing to group any assets placed in se						
			e During 2021 Tax			ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	use (d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
	B : 1 : 1 : 1 : 1	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2021 Tax Ye	ear Using the Alte	rnative Depre	ciation Sys	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Pai	rt IV Summary (See instructions.)						
<b>21</b> L	isted property. Enter amount from lin	ne 28				21	
22 T	<b>「otal.</b> Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 20 in colu	mn (g), and line 21.			
Е	Enter here and on the appropriate line	s of your return. Pa	artnerships and S co	rporations - see ins	str	22	45,605.
<b>23</b> F	For assets shown above and placed in	n service during the	e current year, enter	the			
r	ortion of the basis attributable to sec	tion 263A costs		23			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (	a) through (d	c) of Section A, a	Il of Section B,	an:	d Section	n C if app	licable.	o oxpono	o, oom	51515 <b>51119</b> 2 14,		
	Section A -	Depreciation	on and Other In	formation (Cau	tic	<b>n:</b> See t	he instruc	tions for li	mits for pa	asseng	er automobiles.	)	
24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?		Yes	□ No	<b>24b</b> If "Y	es," is the	evider	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		Basis for (business	(e) depreciation s/investment e only)	(f) Recovery period	( <b>g</b> ) Meth Conver	od/	(h) Depreciation deduction	Ele sectio	( <b>i)</b> cted n 179 ost
25	Special depreciation allo	wance for q	ualified listed pr	operty placed in	ารเ	ervice du	uring the t	ax year an	d				
	used more than 50% in	a qualified b	usiness use							25			
26	Property used more that	n 50% in a c	ualified busines	s use:		_		-	_			-	
		: :	%										
		: :	%										
		: :	%										
27	Property used 50% or le	ess in a qual	fied business us	se:									
		: :	%						S/L -				
		: :	%						S/L -				
		: :	%						S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and on I	ine	21, pag	je 1			28			
	Add amounts in column										29		
				ction B - Inform							•	•	
Cor	nplete this section for ve	hicles used							or related	person	. If you provided	d vehicle	3
	our employees first ans												

<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)	(a Veh	•	(I Veh	o) iicle	(d Veh	•	(c Veh	•	(€ Veh	•	(1 Veh	
<ul><li>31 Total commuting miles driven during the year</li><li>32 Total other personal (noncommuting) miles</li></ul>												
driven												
33 Total miles driven during the year.  Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more												
than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

# Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
P	art VI Amortization		
		/ e\	

(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section		(f) Amortization for this year
ur 2021 tax yea	ar:			
1 1				
1 1				
ır 2021 tax yea	ır			13
structions for	where to report			14
	begins ur 2021 tax yea	Date amortization Amortizable	Date amortization begins Amortizable amount Section  ur 2021 tax year:  ::::::::::::::::::::::::::::::::::	Date amortization begins Amortizable amount Section Amortization period or percents  ur 2021 tax year:  ::::::::::::::::::::::::::::::::::

116252 12-21-21

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

	wish Family Services						age 10		54-0526201
Pa	art I Election To Expense Certain Prope	rty Under Section 1	<b>79 Note:</b> If yo	u have any li	sted pr	operty,	complete Parl	V before	
1	Maximum amount (see instructions)							1	1,050,000.
2	Total cost of section 179 property place	ed in service (see	instructions)					2	
3	Threshold cost of section 179 property	before reduction	in limitation					3	2,620,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				4	
5	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married fili	ng separately, se	e instruct	ions		5	
6	(a) Description of pro	operty		(b) Cost (busin	ness use o	only)	(c) Elected	cost	
	Listed property. Enter the amount from				-	7			
	Total elected cost of section 179 prope								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from					1			
	Business income limitation. Enter the s								
	Section 179 expense deduction. Add li							12	
	Carryover of disallowed deduction to 2				<b>&gt;</b>	13			
	te: Don't use Part II or Part III below for		•						
	Operation 2 option attended		•						1
14	Special depreciation allowance for qua						-		
4-	the tax year								
	Property subject to section 168(f)(1) ele								
	Other depreciation (including ACRS)  art III MACRS Depreciation (Don't	include listed pro						16	
	WACHS Depreciation (Don't	include listed pro		ction A					
			- 00	otion A					
17	MACDS doductions for assots placed i	n convice in tax ve	are boginnin	a hoforo 202	1			1 17	
	MACRS deductions for assets placed in sen	-		~			▶ □	17	
	If you are electing to group any assets placed in serv	vice during the tax year	into one or more	general asset acc	ounts, ch	eck here	▶ □		tem
	If you are electing to group any assets placed in service Section B - Assets	Placed in Service (b) Month and	e During 20	general asset acc 21 Tax Year depreciation	ounts, ch	eck here the Gei	neral Depreci	ation Sys	
	If you are electing to group any assets placed in serv	vice during the tax year	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year	Using (d) F	eck here	▶ □	ation Sys	tem  (g) Depreciation deduction
	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
<u>18</u>	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  3-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
18 19a	Section B - Assets  (a) Classification of property  3-year property  5-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
18 19a	Section B - Assets  (a) Classification of property  a 3-year property  5-year property  7-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
19a	If you are electing to group any assets placed in services Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property 1 10-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
19a	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 15-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Using (d) F	neck here the Gei Recovery	neral Depreci	ation Sys	
19a	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	counts, ch	neck here the Gei Recovery	neral Depreci	ation Sys	
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Counts, ch	the Ger	neral Depreci	ation Sys (f) Method	
19a	Section B - Assets  (a) Classification of property  a 3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	Counts, chounts, chou	neck here the Ger Recovery period	neral Deprecia (e) Convention	(f) Method	
19a bb cc	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Placed in Service (b) Month and year placed	e During 20:  (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation evestment use	25 27	Recovery period  5 yrs. 5 yrs.	neral Deprecial (e) Convention	(f) Method	
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  a 3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27	5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	stion Sys (f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a bb cc	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27	5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	stion Sys (f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a bb cc	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property d 15-year property 20-year property 20-year property Residential rental property  Nonresidential real property  Section C - Assets F	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27	5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	stion Sys (f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property d 15-year property d 20-year property d 25-year property d Residential rental property  Nonresidential real property  Section C - Assets F	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27 38	5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	stion Sys (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
18 19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any assets placed in service Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property 20-year property 20-year property Residential rental property  Nonresidential real property  Section C - Assets F  a Class life	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27 38	5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	s/L S	(g) Depreciation deduction
18 19a	Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property c 10-year property c 20-year property c 25-year property d Nonresidential rental property Nonresidential real property Class life c 12-year d 40-year	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 2 yrs.	MM	stion Sys (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
18 19a	Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property c 10-year property c 20-year property c 25-year property d Residential rental property Nonresidential real property  Section C - Assets F c Class life c 12-year c 30-year	placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // / / /	into one or more e During 20. (c) Basis for (business/ir only - see	general asset acc 21 Tax Year  r depreciation vestment use instructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs.	MM	S/L	(g) Depreciation deduction
18	Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property c 10-year property c 20-year property c 25-year property d Residential rental property Nonresidential real property  Section C - Assets F c Class life d 12-year c 30-year d 40-year  Listed property. Enter amount from line	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // // // // // // // // // 228	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 21 Tax Year depreciation expectation expectation destructions)	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	S/L	(g) Depreciation deduction
18	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets F a Class life 12-year 30-year 40-year  Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // // // // // // // // // 228	During 202  During 202  Color is a second of the second of	general asset acc 21 Tax Year 21 Tax Year 21 depreciation 21 depreciation 22 depreciation 23 depreciation 24 depreciation 25 depreciation 26 depreciation 27 depreciation 28 depreciation 29 depreciation 20 depreciation 20 depreciation 20 depreciation 20 depreciation 20 depreciation 20 depreciation 21 depreciation 21 depreciation 21 depreciation 22 depreciation 23 depreciation 24 depreciation 25 depreciation 26 depreciation 26 depreciation 27 depreciation 28 depreciation 28 depreciation 29 depreciation 20 depreciation 20 depreciation 20 depreciation 20 depreciation 20 depreciation 21 depreciation 21 depreciation 22 depreciation 23 depreciation 24 depreciation 25 depreciation 26 depreciation 27 d	25 27 27 36 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	stion Sys  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
18 19a	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets F a Class life 12-year 30-year 40-year  Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // // // // // // // // // // // /	During 202  During 202  During 202  During 202	general asset acc 21 Tax Year 21 Tax Year 3 depreciation 3 vestment use 3 instructions)  1 Tax Year U  2 in column (g 3 nd S corpora	25 27 27 36 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	stion Sys  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
18 19a	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets F a Class life 12-year 30-year 40-year  Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // // // // 228	During 202  During 202  During 202  During 202  During 202	general asset acc 21 Tax Year depreciation vestment use instructions)  1 Tax Year U  1 in column (g  nd S corpora r, enter the	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	stion Sys  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)														
77														☐ No	
	(a) Type of property (list vehicles first)	(b) (c) Date Business/ placed in investment service use percenta		Ot!	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		<b>(h)</b> Depreciation deduction		(i) Elected section 179 cost	
25	Special depreciation alle	owance for a	ualified listed	oroperty	placed in	serv	rice durino	the t	ax vear an	d .					
	used more than 50% in				•		•	-	•		. 25				
26	Property used more that														
Vε	ehicles	hicles 120710			⁷ / ₆ 33,721.				SL/SL		L				
		1 1	9												
		: :	9			$\top$									
27	Property used 50% or less in a qualified business											•			
	: : 9								S/L -						
	· · ·		%		$\top$	1			S/L -						
		: :	9,							S/L -					
28	Add amounts in column	(h) lines 25			e and on li	ne 2	1 page 1		<u>I</u>		28				
										<u> </u>	. 29				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles															
	mplete this section for ve your employees, first ans														S
30		otal business/investment miles driven during the			a) ricle		(b) Vehicle		(c) 'ehicle	(d) Vehicle		<b>(e)</b> Vehicle		<b>(f)</b> Vehicle	
		ar ( <b>don't</b> include commuting miles)													
31	Total commuting miles														
32	Total other personal (noncommuting) miles driven														
33	Total miles driven during														
	Add lines 30 through 32	<u>2</u>					_								
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used primarily by a more														
	than 5% owner or related person?														
36	Is another vehicle available for personal														
	use?														
			- Questions f	or Empl	oyers Wh	o Pro	ovide Vel	nicles	for Use b	y Their I	Employe	es			
Ans	swer these questions to	determine if y	you meet an e	xception	to compl	eting	Section I	B for v	ehicles us	ed by e	mployee	s who <b>a</b>	ren't		
mo	re than 5% owners or re	lated persons	S.												
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										Yes	No			
38	Do you maintain a writte										our/				
	employees? See the ins	structions for	vehicles used	by corp	orate offic	cers,	directors,	or 1%	or more	owners				X	
39	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?														X
	Do you provide more th														
	the use of the vehicles,														X
41	Do you meet the require														X
	Note: If your answer to														•
P	art VI Amortization		•		•										
				(b) amortization begins	А	(c) mortiza amoui	(c) ortizable mount		(d) Code section		(e) Amortization period or percentage		Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du		-	ır:			•		-	F. T.	<u> </u>			
43	43 Amortization of costs that began before your 2021 tax year 43														
	Total. Add amounts in											44			