efile Public Visual Render ObjectId: 202303189349309440 - Submission: 2023-11-14 TIN: 95-1319015 OMB No. 1545-0047

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inspection

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Internal Revenue Service For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022 C Name of organization JEWISH FEDERATION OF SAN DIEGO COUNTY D Employer identification number B Check if applicable: Address change 95-1319015 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 4950 MURPHY CANYON ROAD O Application pending (858) 571-3444 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 921234325 **G** Gross receipts \$ 5,373,334 Name and address of principal officer: H(a) Is this a group return for HEIDI GANTWERK ☐Yes ✓ No subordinates? 4950 MURPHY CANYON ROAD H(b) Are all subordinates SAN DIEGO, CA 921234325 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► WWW.JEWISHINSANDIEGO.ORG L Year of formation: 1941 M State of legal domicile: CA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: JEWISH FEDERATION OF SAN DIEGO COUNTY IS DEDICATED TO BUILDING A VIBRANT, CARING, CONNECTED, AND ENDURING JEWISH COMMUNITY. Activities & Governance Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . 27 27 Number of independent voting members of the governing body (Part VI, line 1b) 5 28 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 300 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 5,558,368 5,032,042 Revenue **9** Program service revenue (Part VIII, line 2g) . . . 220,284 290,965 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 69,330 50,327 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 5,847,982 5,373,334 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,866,363 2,916,837 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 2,117,745 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,189,123 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . **b** Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$558,866 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 889.881 1,228,035 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 5,945,367 6,262,617 -889,283 19 Revenue less expenses. Subtract line 18 from line 12 . -97.38 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . . . 21,912,767 19,018,903 21 Total liabilities (Part X, line 26) . . . . . 2,491,947 2,860,936 22 Net assets or fund balances. Subtract line 21 from line 20 . 19,051,831 16,526,956

Signature Block

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

12/3/24,	1:51	РМ
any kno	owied	ige.

	II.				2023-10-16	
Sign	Sig	nature of officer			Date	_
Here		IDI GANTWERK CFO				
		pe or print name and title				_
		Print/Type preparer's name	Preparer's signature	Date	Check if PTI	N 735101
Paic		_			self-employed	
	parer	Firm's name EISNER ADVISORY	GROUP LLC		Firm's EIN F 87-13	53108
Use	Only	Firm's address ► 4225 EXECUTIVE S	QUARE SUITE 1150		Phone no. (858) 558	3-9200
		LA JOLLA, CA 920	37			
May t	he IRS disc	uss this return with the preparer s	shown above? (see instruction	s)		✓ Yes □ No
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat	. No. 11282Y	Form <b>990</b> (2021)
			Page 2			
Form	990 (2021)					Dage 3
Par	, ,	atement of Program Servic	e Accomplishments			Page <b>2</b>
ı aı		eck if Schedule O contains a respo	•	Dart III		
1		cribe the organization's mission:	ilse or note to any line in this	raitiii	<u> </u>	0
_ JEWIS	SH FEDERAT	TION OF SAN DIEGO COUNTY IS D	EDICATED TO BUILDING A VI	BRANT, CARING, CONI	NECTED, AND ENDUF	RING JEWISH COMMUNITY.
2		ganization undertake any significa		e year which were not	listed on	
		orm 990 or 990-EZ?				🗆 Yes 🔽 No
3	·	escribe these new services on Sch ganization cease conducting, or m		, it conducts, any prog	ram	
3			ake significant changes in nov			🗆 Yes 🗸 No
		escribe these changes on Schedule	e O.			_ 165 <b>_</b> 116
4		he organization's program service		its three largest progra	am services, as meas	ured by expenses.
	Section 50	11(c)(3) and 501(c)(4) organizatioue, if any, for each program service	ns are required to report the a			
	and revent	de, il ally, for each program servic	e reported.			
4a	(Code:	) (Expenses \$	5,444,113 including grant	s of \$ 2,916,8	37 ) (Revenue \$	290,965 )
		DERATION OF SAN DIEGO COUNTY ("FE EN AND DEEPEN ENGAGEMENT IN JEWI:				
	JEWS IN NE	ED. WE MOBILIZE OUR COMMUNITY'S I	RESOURCES, LEADERS, AND ORGA			
	CREATING F	PROFOUND IMPACT LOCALLY, IN ISRAEL	, AND AROUND THE WORLD.			
4b	(Code:	) (Expenses \$	including grant	s of \$	) (Revenue \$	)
	(	, (E. P. 1000 1			, ( c +	,
4c	(Code:	) (Expenses \$	including grant	s of \$	) (Revenue \$	)
4d	Other prog	gram services (Describe in Schedu	le O.)	) (Revenue		

4e Total program service expenses ▶

5,444,113

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Form 990 (2021) Page **3** 

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	4.51		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	_	

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	Yes	

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Par	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		No
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
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 defease 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		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del>. i</del>	Yes	No
			162	140

	,	J	' '			
<b>1</b> 0	Enter the number reported in box 3 or form 1030. Enter 0 in not applicable 1	1 4	10	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 (gambling) winnings to prize winners?			1c	Yes	_
				F	orm <b>99</b>	<b>0</b> (2021)

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orm	990 (2021)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			
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.)			
12a	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			

2/3/24	, 1:51 PM	Jewish Federation Of San Diego County - Full F	Filing - Nonprofit Explorer - ProP	ublica		
С	Enter the amount of reserves on hand		13c	1		
14a	Did the organization receive any paymen	ts for indoor tanning services during the tax year		14a		No
b	If "Yes," has it filed a Form 720 to report	these payments? If "No," provide an explanation	n in Schedule O	14b		
15		4960 tax on payment(s) of more than \$1,000,	000 in remuneration or excess	15		No
16		tion subject to the section 4968 excise tax on n	et investment income?	16		No
17		d the trust, any disqualified person, or mine ope excise tax under section 4951, 4952, or 4953?		17		
	ii ies, complete roini 0009.			F	orm <b>99</b>	<b>0</b> (2021
		Page 6				
Form	990 (2021)					Da
Par	` '	<b>Disclosure.</b> For each "Yes" response to lines 2	through 7h helow, and for a "N	lo" recr	onse to	Page <b>6</b>
	lines 8a, 8b, or 10b below, describ Check if Schedule O contains a res	e the circumstances, processes, or changes in Sponse or note to any line in this Part VI	Schedule O. See instructions.			<b>✓</b>
Se	ction A. Governing Body and Man	agement				NI -
4-	Fatou the acceptance of voting an amplication of the	the consuming heady at the and of the try year	<b>1a</b>   27		Yes	No
Ia	If there are material differences in voting	the governing body at the end of the tax year grights among members of the governing broad authority to an executive committee or	1a 27			
b		luded in line 1a, above, who are independent	<b>1b</b> 27			
2		mployee have a family relationship or a busines?	ss relationship with any other	2	Yes	
3		er management duties customarily performed by employees to a management company or other		3		No
4	Did the organization make any significant	t changes to its governing documents since the	prior Form 990 was filed? .	4		No
5	Did the organization become aware during	ng the year of a significant diversion of the orga	nization's assets? .	5		No
6	Did the organization have members or st	ockholders?		6		No
7a		skholders, or other persons who had the power	to elect or appoint one or more	7a		No
b	Are any governance decisions of the orga persons other than the governing body?	anization reserved to (or subject to approval by)	) members, stockholders, or	7b		No
8	$\label{eq:def:Did} \mbox{Did the organization contemporaneously the following:}$	document the meetings held or written actions	undertaken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on	behalf of the governing body?		8b	Yes	
9		key employee listed in Part VII, Section A, who c provide the names and addresses in Schedule C		9		No
Se	ction B. Policies (This Section B red	quests information about policies not requ	ired by the Internal Revenu	e Code		Al -
10-	Did the averagination have local shoutage	hunnahan ay affiliatan?		10-	Yes	No
		n policies and procedures governing the activities are consistent with the organization's exempt p		10a 10b	Yes	
11a	·	e copy of this Form 990 to all members of its go	·	11a	Yes	
b		ny, used by the organization to review this Form	1990.	-1a	163	
	·	ict of interest policy? If "No," go to line 13.		12a	Yes	
	-	key employees required to disclose annually int				
	conflicts?	tently monitor and enforce compliance with the		12b	Yes	
13				12c	Yes Yes	
14	-			14	Yes	
15	Did the process for determining compens	sation of the following persons include a review poraneous substantiation of the deliberation an	and approval by independent		. 50	
а	The organization's CEO, Executive Direct	or, or top management official		15a	Yes	
b	Other officers or key employees of the or	ganization		15b	Yes	

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

12/3/2	4, 1:51 PM	lewish Federation	on Of S	an Di	ego	Cou	ınty -	Full	Filing - Nonprofit Explorer	- ProPublica	ì	
	taxable entity during the year?				•					. 16	a	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal ta:	x law, a	nd ta	ike s	teps	s to sa	afegi	tion to evaluate its partici uard the organization's ex •	pation empt		
Se	ection C. Disclosure											
17	List the states with which a copy of this Fo	rm 990 is requi	red to l	be file	ed▶		CA					
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspec					24-	A, if a			ection		
	✓ Own website ☐ Another's website	Upon red	uest		Othe	r (ex	xplain	in S	Schedule O)			
19	Describe in Schedule O whether (and if so policy, and financial statements available to						vernir	ng de	ocuments, conflict of inter	rest		
20	State the name, address, and telephone n SUZANNE SLATKIN 4950 MURPHY CANY	umber of the pe	erson w	ho po	sse	sses				ds:		
											Form <b>990</b>	(2021)
				Page	2							
Form	990 (2021)											Page <b>7</b>
	t VII Compensation of Officers, D	irectors,Tru	stees,	Key	/ Er	npl	oyee	es, I	Highest Compensate	d Employ		rage 7
	and Independent Contracto	rs		_		-	-				•	
	Check if Schedule O contains a resp											
	ection A. Officers, Directors, Truste			•							annization's	tov
year.	omplete this table for all persons required to	·									yanızatıon s	lax
	List all of the organization's <b>current</b> officers mpensation. Enter -0- in columns (D), (E), a							or	organizations), regardless	of amount		
• L	ist all of the organization's <b>current</b> key em	ployees, if any.	See the	e inst	ruct	ions	for d	efini	tion of "key employee."			
who	ist the organization's five <b>current</b> highest or received reportable compensation (box 5 of hization and any related organizations.										,000 from th	ıe
	ist all of the organization's <b>former</b> officers, portable compensation from the organization						sated	emį	oloyees who received mor	e than \$100	,000	
	ist all of the organization's <b>former directo</b> nization, more than \$10,000 of reportable of									ustee of the		
_	he instructions for the order in which to list	•		orgai	iizat	1011	anu a	ily i	elated organizations.			
	Check this box if neither the organization no	•		tion c	omp	ens	ated a	any	current officer, director, or	r trustee.		
	(A)	(B)			(C)				(D)	(E)	(F)	
	Name and title	Average hours per	Position	•			eck m ınless			portable pensation	Estimat amount of	
		week (list	pers	on is	botl	n an	office	er	from the from	n related	compensa from th	ation
		any hours for related					ustee		2/1099- (W	anizations -2/1099-	organizatio	on and
		organizations below dotted	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	MISC/1099- MIS NEC)	SC/1099- NEC)	relate organizat	
		line)	10 di	Institutional	Φ.	emp	est	Œ,	1120)	1120)	or garnza	
			or st	onal		oloy	e com					
			uste uste	Truste		96	per					
			Φ	stee			ns at					
							ье					
(1) JA	CK MAIZEL	5.00	х		Х				0	0		c
BOAR	D CHAIR		,						, and the second			
·····	AVID BRAMZON DIATE PAST BOARD CHAIR	1.00	х		х				0	0		C
	RRY KATZ  CHAIR AND SECRETARY/T	1.00	Х		х				0	0		C
	ETH KROSNER	1.00										
	CO-CHAIR		Х		Х				0	0		(
	ILVANA CHRISTY	1.00		1	<del>                                     </del>							
·····	CO-CHAIR		Х		Х				0	0		C
	EIDI GANTWERK	50.00	х		х				21,000	0		19,073

(7) MICHAEL JESER

50.00

22,896

183,117

12/3/24, 1:51 PM J PRESIDENT & CEO (DEC)	ewish Federatio	n Of Sa	an Dieç	go C	ounty -	Full	Filing - Nonprofit Ex	oplorer - ProPublica	a 
(8) SUSAN HALLIDAY CFO (DEC)	35.00	Х		х			142,764	0	16,723
(9) JANET ACHEATEL DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(10) LISA KORNFELD DIRECTOR-AT-LARGE	3.00	Х					0	0	0
(11) JUDI GOTTSCHALK DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(12) BRIAN TAUBER DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(13) MYRA GEISENER DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(14) BETH SIRULL DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(15) BRITNEY EWING DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(16) CARYN VITERBI DIRECTOR-AT-LARGE	1.00	Х					0	0	0
(17) DAVID BARK DIRECTOR-AT-LARGE	1.00	Х					0	0	0

Form **990** (2021)

– Page 8 *–* 

Form 990 (2021)

Page **8** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on son is	e bo botl ecto	t che ox, u h an or/tr	eck minless office ustee) Highest compensated	er )	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ELLIOT SCOTT  DIRECTOR-AT-LARGE	1.00	х						0	0	0
(19) GURI STARK DIRECTOR-AT-LARGE	1.00	хх						0	0	0
(20) JEFF SCHINDLER DIRECTOR-AT-LARGE	1.00	×						0	0	0
(21) LAURA TAUBER DIRECTOR-AT-LARGE	1.00	×						0	0	0
(22) LAURA VAINER-MEKLER DIRECTOR-AT-LARGE	1.00	×				_		0	0	0
(23) LORI POLIN DIRECTOR-AT-LARGE	1.00	×				_		0	0	0
(24) OLGA WORM DIRECTOR-AT-LARGE	1.00	×						0	0	0
(25) ROBERT RUBENSTEIN DIRECTOR-AT-LARGE	1.00	×						0	0	0
	-	1	+	+-	+	_	1	i	i e	

2/3/24, 1:51 PM	Jewish Federation	n Of S	San Die	go Cou	nty - I	Full Fili	ing - Nonprofi	t Explorer - Prof	Publica		
(26) SIMONE ABELSOHN	1.00	x				I		٥	0		0
DIRECTOR-AT-LARGE		^						O .	U		0
(27) THERESA DUPUIS	1.00	х						0	0		0
DIRECTOR-AT-LARGE		^						O .	U		0
(28) URI FELDMAN	1.00	X						0	0		0
DIRECTOR-AT-LARGE		^						U	U		0
(29) KIRA FINKENBERG	1.00										
DIRECTOR-AT-LARGE		×						0	0		0
(30) JODIE GRABER	40.00										
CHIEF DEVELOPMENT OFFICER					Х		133,4	.33	0		8,396
(21) DADDEN CCHWADT7	40.00										
CHIEF PLANNING & STRATEGY	40.00				Х		135,1	83	0		22,060
1b Sub-Total				•	1				<del>- T '</del> -		
c Total from continuation sheet day and 1c) .	ts to Part VII, Section A .			<b>&gt;</b>			615,497		0		89,148
2 Total number of individuals (in of reportable compensation from		ose lis	sted ab	ove) wl	no rec	eived	more than \$1	00,000			
										Yes	No
3 Did the organization list any fo	ormer officer, director or tru	ıstee,	key em	ployee	, or hi	ghest	compensated	employee on			
line 1a? If "Yes," complete Sch	nedule J for such individual								3		No
4 For any individual listed on line	e 1a is the sum of reportab	le com	nensat	ion and	l othe	r comr	nensation from	n the			
organization and related organ											
individual			•		•				4	Yes	
5 Did any person listed on line 1	a receive or accrue compen	sation	from a	iny unr	elated	organ	nization or ind	ividual for			
services rendered to the organ	nization? <i>If "Yes," complete S</i>	Schedu	le J for	such p	erson				5		No
Section B. Independent Cor	ntractors									ı	
Complete this table for your five		enend	ent cor	ntractor	s that	receiv	ved more that	s \$100,000 of c	ompens	ation	
from the organization. Report									op co	a	
	(A)						D	(B)		()	
	Name and business address						Desc	cription of services	+	Compe	isation
2 Total number of independent cor compensation from the organizar		imited	to tho	se liste	d abo	ve) wh	no received m	ore than \$100,0	000 of		
compensation from the organiza	tion = 0								1	Form <b>99</b>	<b>0</b> (2021)
										101111 33	<b>O</b> (2021)
			Page	a —							
			rage	9							
Form 990 (2021)											Page <b>9</b>
Part VIII Statement of Rev	/enue										
	contains a response or note	to anv	line in	this Pa	art VIII						
Check in Concount of	sometime a response or mote	10 0.1.7		(A)	1		(B)	(C)	<u> </u>	(D	)
			Tota	l reven	ue		elated or	Unrelated		Reve	nue
							exempt function	business revenue		excluded	d from sections
							revenue	revenue		512 -	
Federated campaigns	1a										
Contributions,											
Sifts, Grants, ar <b>h</b> l Membership dues	1b										
DtherAmt											
Similar Anolyngiraising events	l 10										
	1c										
25,000 <b>d</b> Related organizations	1d										
_											
e Government grants (contributions)	1e										
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f_										
and similar amounts not included	 										

lines 1a - 1f:\$	1g				
27,878 <b>h Total.</b> Add lines 1a-1f		_			
n Iotal. Add lilles 1a-11 .		3,032,012			1
		Business Code			
2a FEDERATION PROGRAMS		561000	290,965	290,965	
<u>a</u>					
Ę ,					
New Year					
Program Service Revenue					
Se					
E					
E .					
٥ <u>٠</u>					
1					
<b>f</b> All other program service	e revenue.				
<b>9 Total.</b> Add lines 2a-2f.		290,965			
3 Investment income (inclu		terest, and other	20 ==:		 20 == :
similar amounts)		•	38,781		38,781
4 Income from investment	of tax-exempt bor	nd proceeds			
<b>5</b> Royalties		▶			
	(i) Real	(ii) Personal	=		
		. ,			
<b>6a</b> Gross rents <b>6a</b>					
<b>b</b> Less: rental					
expenses 6b					
c Rental income					
or (loss) 6c					
<b>d</b> Net rental income or (lo	oss)				
	(i) Securities	(ii) Other			
<b>7a</b> Gross amount					
from sales of 7a		11,546			
assets other than inventory					
b Less: cost or other basis and 7b		0			
sales expenses					
c Gain or (loss) 7c		11 546			
<b>G</b> ,		11,546	11.546	II	44.546
<b>d</b> Net gain or (loss) .		•	11,546		11,546
Gross income from fundraisi					
(not including \$ contributions reported on lin See Part IV, line 18 b Less: direct expenses c Net income or (loss) from	25,000 of				
See Part IV, line 18		0			
ě	Oa				
<b>b</b> Less: direct expenses		0			
c Net income or (loss) from	m fundraising eve	nts 🕨	0		
₹					
Gross income from gamin	g activities.				
See Part IV, line 19 .	· · 9a				
<b>b</b> Less: direct expenses	9b				
<b>c</b> Net income or (loss) from	m gaming activitie	es			
10aGross sales of inventory	, less				
returns and allowances	10a				
<b>b</b> Less: cost of goods sold	<b>├</b>				
	L	_			
c Net income or (loss) from					
Miscellaneous Re	evenue	Business Code			
11a					
b					

d All other revenue	1					
e Total. Add lines 11a-11d		•				
<b>12 Total revenue.</b> See instructions		•	5,373,334	290,965	0	50,327

Form **990** (2021)

—— Page 10 —

Form 990 (2021)				Page <b>10</b>
Part IX Statement of Functional Expenses		All abbas assassination		(A)
Section 501(c)(3) and 501(c)(4) organizations must co	·		•	mn (A).
Check if Schedule O contains a response or note to an	•	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,916,837	2,916,837		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	664,572	400,466	81,074	183,032
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,152,943	1,001,781	34,095	117,067
7 Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,649	29,818	2,449	6,382
<b>9</b> Other employee benefits	128,308	98,992	8,130	21,186
<b>10</b> Payroll taxes	133,273	102,823	8,445	22,005
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	12,000		12,000	
<b>c</b> Accounting	33,276		33,276	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	506,097	408,806	16,300	80,991
<b>12</b> Advertising and promotion	27,958	27,958		
<b>13</b> Office expenses	20,550	15,855	1,302	3,393
<b>14</b> Information technology	163,524	126,162	10,362	27,000
<b>15</b> Royalties				
<b>16</b> Occupancy	126,996	97,980	8,047	20,969
<b>17</b> Travel	31,383	27,088	1,720	2,575
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	33,192	17,671	4,861	10,660
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,093	23,217	1,907	4,969
23 Insurance	30,307		30,307	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS	75,582	75,582		
b BANK FEES	43,977		+	43,977

c PRINTING	33,710	26,008	2,136	5,566
d DUES AND SUBSCRIPTIONS	22,774	17,901	1,158	3,715
e All other expenses	36,616	29,168	2,069	5,379
<b>Total functional expenses.</b> Add lines 1 through 24e	6,262,617	5,444,113	259,638	558,866
<b>26 Joint costs.</b> 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).				

Form **990** (2021)

Page 11 -Form 990 (2021) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 142,300 215.819 1 1 Cash-non-interest-bearing . . . . . 2,340,504 2 1,579,847 2 Savings and temporary cash investments . 1,551,090 1,913,581 3 Pledges and grants receivable, net . 3 122,560 160,298 4 4 Accounts receivable, net . Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... 6 7 Notes and loans receivable, net . Assets Inventories for sale or use . . 8 30,001 9 47,486 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other 10a 10a basis. Complete Part VI of Schedule D 752.610 84 914 53 933 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 12 Investments—program-related. See Part IV, line 11 . 13 13 14 14 Intangible assets . . . . 17,567,879 15,121,458 15 Other assets. See Part IV, line 11 . 15 21,912,767 19,018,903 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . 16 17 Accounts payable and accrued expenses 262,931 17 534,869 2,598,005 18 1,356,885 Grants payable . . 18 600,193 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 . 2.860.936 26 2.491.947 Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 3,842,735 3,411,952 27 Net assets without donor restrictions . 27 15.209.096 28 13,115,004 Net assets with donor restrictions . Fund Organizations that do not follow FASB ASC 958, check here complete lines 29 through 33.

Capital stock or trust principal, or current funds

29

# Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

efile Public Visual Render

ObjectId: 202303189349309440 - Submission: 2023-11-14

TIN: 95-1319015

OMB No. 1545-0047

2021

#### SCHEDULE A (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

		<b>he organization</b> ERATION OF SAN DIEGO COL	INTV				Employer identific	ation number
JEWIS	ח רבטב	ERATION OF SAN DIEGO COL	JINTT				95-1319015	
	rt I			us (All organization			See instructions.	
The c	rganiz	zation is not a private for	undation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)		
1		A church, convention o	f churches, or as	ssociation of churches	described in <b>s</b> e	ection 170(b)(1)	(A)(i).	
2		A school described in s	ection 170(b)(	(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(	iii).	
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital des	cribed in <b>section</b> 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat  170(b)(1)(A)(iv). (C			rsity owned or	operated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca	al government o	r governmental unit de	scribed in <b>sec</b>	tion 170(b)(1)(A	a)(v).	
7	<b>~</b>	An organization that no section 170(b)(1)(A			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust des	cribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		An agricultural researc non-land grant college	of agriculture. S	See instructions. Enter	the name, city	, and state of the o	college or university:	
10		An organization that no from activities related investment income and 30, 1975. See <b>section</b>	to its exempt fur I unrelated busir	nctions—subject to cer ness taxable income (le	tain exceptions	s, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organi	zed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organi more publicly supporte on lines 12a through 1	d organizations	described in section 5	<b>09(a)(1)</b> or s	section 509(a)(2)	). See section 509(a	
а		Type I. A supporting organization(s) the pov complete Part IV, Se	organization oper wer to regularly	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	giving the supported nization. <b>You must</b>
b		Type II. A supporting management of the su must complete Part	organization sup pporting organiz	pervised or controlled i cation vested in the sar				
c		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated instructions). You must	The organization The or	on generally must satis rt IV, Sections A and	fy a distributio I <b>D, and Part</b>	n requirement and <b>V.</b>	an attentiveness requ	uirement (see
е		Check this box if the or integrated, or Type III				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	•		-		<u> </u>	
g	Provi	de the following informa	tion about the s	upported organization(	s).			
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			+					
For F	aperv	work Reduction Act No or 990-EZ.	otice, see the I	l nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2021						Poge 3
	rt II	Support Schedu		zations Described				

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

	/24, 1:51 PM	Jewish Feder	ration Of San Dieg	o County - Full Fili	ing - Nonprofit Exp	lorer - ProPublica	
(0	r fiscal year beginning in) Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not include any "unusual grant.")	11,064,229	5,079,893	5,678,712	5,558,368	5,032,042	32,413,244
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3							
4	Total. Add lines 1 through 3	11,064,229	5,079,893	5,678,712	5,558,368	5,032,042	32,413,244
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,062,904
6	Public support. Subtract line 5 from line 4.						31,350,340
	Section B. Total Support		T	I	T		
	r fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	11,064,229	5,079,893	5,678,712	5,558,368	5,032,042	32,413,244
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	460,173	112,228	64,787	69,330	50,327	756,845
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11							33,170,089
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>	<u></u>		<u> </u>		▶□	
9	Section C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2021 (lin	ie 6, column (f) d	ivided by line 11,	column (f))		14	94.510 %
15	Public support percentage for 2020 Sch					15	94.530 %
16	a <b>33</b> 1/3% support test— <b>2021.</b> If the	organization did n	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	
	and <b>stop here.</b> The organization quality						
ŀ	33 1/3% support test—2020. If the box and stop here. The organization						
17	a 10%-facts-and-circumstances test and if the organization meets the "fact	<b>—2021.</b> If the or s-and-circumstan	ganization did not ces" test, check th	check a box on lii is box and <b>stop h</b>	ne 13, 16a, or 16b <b>nere.</b> Explain in Pa	, and line 14 is 10 rt VI how the orga	% or more, anization
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets tl	<b>t—2020.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						Form 990) 2021
			Page 3				
Sch	nedule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule fo	r Organizatio	ns Described i	n Section 509	(a)(2)		
	(Complete only if you						er Part II. If
_	the organization fails to Section A. Public Support	to quality under	the tests listed	below, please of	complete Part II.	)	
	lendar year	( ) 2017	(1.) 2010	( ) 2010	/ IN 2020	( ) 2024	(C) T
	r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
_	include any "unusual grants.") .			1	1		<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3				1			
	under section 513			1			

12/3/2	4, 1:51 PM	Jewish Federa	ation Of San Dieg	County - Full Filin	ng - Nonprofit Exp	lorer - ProPublica	1		
4	organization's benefit and either paid		1						
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ь	Amounts included on lines 2 and 3						1		
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b						-		
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ction B. Total Support		•	•	•	•			
	ndar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
(or 1	fiscal year beginning in)  Amounts from line 6	(1)				(-, -	+ ,		
10a	Gross income from interest,						1		
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.			1	1				
C	Add lines 10a and 10b.  Net income from unrelated business								
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or			†					
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.)					504( )(2)	1		
14	First 5 years. If the Form 990 is for t								
	this box and stop here							!	
15	Public support percentage for 2021 (lin	ne 8, column (f) d	divided by line 13	, column (f))		15			
16	Public support percentage from 2020 S		-			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20:	<b>21</b> (line 10c, colu	mn (f) divided by	line 13, column (	(f))	17			
18	Investment income percentage from 2	<b>020</b> Schedule A,	Part III, line 17 .			18			
19a	<b>33</b> 1/3% <b>support tests-2021.</b> If the							_	
	more than 33 1/3%, check this box and	stop here. The	organization qua	ifies as a publicly	supported organiz	ation	•	▶ 🗆	
b	33 1/3% support tests—2020. If the	=							18 is
20	not more than 33 1/3%, check this box	=	=					_	
20	<b>Private foundation.</b> If the organization	on did not check a	a box on line 14,	19a, or 19b, chec	k this box and see	Schedule A	l	<u>000)</u>	2021
						Schedule A	(101111	990)	2021
			Page 4						
			raye 4						
C - '	dula A (Farma 000) 2024								
	dule A (Form 990) 2021							Р	age <b>4</b>
Par	t IV Supporting Organization (Complete only if you checked a		e Damb T. Tellian ab		F Dawk T. aamamlaka	Castiana A and D	76	ام مام	امما
	box 12b, of Part I, complete Se								
	12d, of Part I, complete Section		omplete Part V.)		·				
Se	ction A. All Supporting Organiz	ations					Т	1	
								Yes	No
1	Are all of the organization's supported If "No," describe in <b>Part VI</b> how the sa								
	describe the designation. If historic an			ncu. II uesiyilalel	i by class of purpt	,,,,	1	-	
2	Did the organization have any support	ed organization th	hat does not have	an IDS determin	ation of status und	lor section			
_	509(a)(1) or (2)? If "Yes," explain in <b>F</b>								
	309(a)(1) 01 (2): 11 Tes, explain in <b>F</b>	<b>Part VI</b> how the o	ngamzadon acter	minea that the su	pporteu organizat	ion was			
	described in section 509(a)(1) or (2).	<b>Part VI</b> how the o	ngamzation acter	mined that the su	ррогтей огданіzat	ion was	2		
3a							2		
3a	described in section 509(a)(1) or (2).						2 3a		
3a b	described in section 509(a)(1) or (2).  Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), or	(6)? If "Yes," ansv	wer lines 3b and			
	described in section 509(a)(1) or (2).  Did the organization have a supported 3c below.  Did the organization confirm that each the public support tests under section	organization desc	cribed in section	501(c)(4), (5), or under section 501(	(6)? <i>If "Yes," ans</i> ((c)(4), (5), or (6)	wer lines 3b and and satisfied			
	described in section 509(a)(1) or (2).  Did the organization have a supported 3c below.  Did the organization confirm that each	organization deso supported organ 509(a)(2)? <i>If "Ye</i>	cribed in section ization qualified u s," describe in <b>P</b> a	501(c)(4), (5), or under section 501( art <b>VI</b> when and h	(6)? If "Yes," answ (c)(4), (5), or (6) yow the organization	wer lines 3b and and satisfied on made the			

Jewish Federat	ion Of San	Diego County	- Full Filing	Monnrofit	Evolorer -	DroPublic
Jewish Federal	ion of San	Diedo County	- Full Filina :	- INONDROIII	- xbiorer -	· ProPublic

Pail a b c Sec 1	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	No No
111 a b c Sec 1	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11b 11c	Yes	No
11 a b c See	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised or controlled the supporting	11b 11c	Yes	No
11 a b c See	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Exction B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No
11 a b c	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Ection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b 11c	Yes	No
11 a b c	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations	11b	Yes	No
11 a b c	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b	Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b		
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	11a		
11	· · · · · · · · · · · · · · · · · · ·			
	,			
			F	age 3
Caha	t IV Supporting Organizations (continued)			Page <b>5</b>
	dula A (Farma 200) 2021			
	Page 5			
	Schedule A	(Form	ı 990)	2021
	the organization had excess business holdings).	10b	000	222
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
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.			
С	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 <b>Part VI.</b>	9c		
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
b	provide detail in <b>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	9a		
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			
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).	8		
	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).	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6		
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 <b>Part VI</b> .			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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?	5b		
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 <b>Part VI</b> , 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).	5a		
С	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 <b>Part VI</b> 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.	4c		
_	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
ь	checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			-

1	were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how	ı contr	ol or management of the	1		
	supporting organization was vested in the same persons that controlled or managed to	ne sup	ported organization(s).			
Se	ction D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?		gamzation's governing	1	<del> </del>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "	No," e	xplain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the support	ed org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	tion's i	ncome or assets at all times	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			Ь	<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			-		
b	The organization is the parent of each of its supported organizations. Complete	line	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supi	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		, ,			ı
_	Did substantially all of the averagination/s activities duving the tay, your dispath, fouthour	*** **	rament million and af the		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp	Part \	/I identify those supported how the organization was			
	responsive to those supported organizations, and how the organization determined th substantially all of its activities.	at tries	se activities constituted	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the orgof the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization or the organization of the organization or the organization of the organization or the organization of the organization of the organization or the organization of the organization or the o	' expla	in in <b>Part VI</b> the reasons for			
	organization's involvement.	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
a	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, d	directors, or trustees of each of	За		
b	Did the organization exercise a substantial degree of direction over the policies, progr					
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations	ation ii	n this regard.	3b		
			Schedule A	(Forn	n 990)	2021
	David C					
	Page 6 ————					
C - l	dula A (Farma 000) 2004					_
	dule A (Form 990) 2021				F	Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	r
_	Not short torm conital cain	1		(opti	onal)	
1 	Net short-term capital gain  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	6				
	production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				

1d

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d Total (add lines 1a, 1b, and 1c)

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е	<b>Discount</b> claimed for blockage or othe (explain in detail in <b>Part VI</b> ):	er factors			
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. En instructions).	ter 0.015 of line 3 (for greater amount, see	4		
5	Net value of non-exempt-use assets (	subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035		6		
7	Recoveries of prior-year distributions		7		
8	Minimum Asset Amount (add line 7	to line 6)	8		
	Section C - Distributable Amo	ınt			Current Year
1	Adjusted net income for prior year (fro	m Section A, line 8, Column A)	1		
2	Enter 85% of line 1		2		
3	Minimum asset amount for prior year	from Section B, line 8, Column A)	3		
4					
	Enter greater of line 2 or line 3		4		
	Enter greater of line 2 or line 3  Income tax imposed in prior year		4 5		
5	Income tax imposed in prior year	5 from line 4, unless subject to emergency			

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Page 7

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

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

Reference  Data			Explanation	Schedule A (Form 990) 2  Return to Form
deference			Explanation	Schedule A (Form 990) 2
Reference			Explanation	Schodule A (Form 000)
	Fac	ts And Circumstanc	es Test	
n A, lines 1, 2, 3b, 3 /, Section D, lines 2	3c, 4b, 4c, 5a, 6, 9a, 9b and 3; Part IV, Section	o, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, li a and 3b; Part V, line 1;	ines 1 and 2; Part IV, Section C, line 1 Part V, Section B, line 1e; Part V
90) 2021		——— Page 8 ——		Pa
021				Schedule A (Form 990) (2
020				
019				
018				
-	<b>2022.</b> Add lines			
from line 1. If the	amount is greater			
ubtract lines 3g and	4a from line 2.			
otract lines 4a and 4	b from line 4.			
1 distributable amou	ınt			
	otract lines 4a and 4 rdistributions for ye ubtract lines 3g and s greater than zero, s. rdistributions for 20 of from line 1. If the s ain in Part VI. See utions carryover to  1017 1018 1020 1021 1020 1021 1030 1040 1050	In distributable amount  Intract lines 4a and 4b from line 4.  Indistributions for years prior to subtract lines 3g and 4a from line 2.  In greater than zero, explain in Part VI.  In greater line 1. If the amount is greater than in Part VI.  In greater lines arryover to 2022. Add lines  Interest lines arryover to 2022. Add lines  Interest lines arryover lines line	I distributable amount  Otract lines 4a and 4b from line 4.  Irdistributions for years prior to bibtract lines 3g and 4a from line 2. Is greater than zero, explain in Part VI. Is. Irdistributions for 2021. Subtract of from line 1. If the amount is greater than in Part VI. Is en in in Part VI. See instructions.  Intions carryover to 2022. Add lines  Intions carryover to 20	Page 8  Page 8

Schedule of Contributors   Post Property   Post of the Verwill Service   Post Property   Pos	efile Public Visual Render	ObjectId: 202303189349309440	- Submission: 2023-11-14		TIN: 95-1319015			
Section   Post	Schedule B	Schedu		OMB No. 1545-0047				
Organization type (check one):  Filers of:  Section:  Form 990 or 990-EZ    501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt private foundation   527 political organization   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) exempt private foundation   501(c)(3) exempt private foundation   601(c)(3) taxable private foundation   601(c)(3) taxable private foundation   701(c)(3) taxable private foundation   701(c)(4) taxable private foundation fo	Department of the Treasury		2021					
Programization type (check one):  Filters of:  Section:  Form 990 or 990-EZ    501(c)() (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) exempt private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   601(c)(7) (6) (7) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Name of the organization JEWISH FEDERATION OF SAN	DIEGO COUNTY						
Form 990 or 990-EZ   501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   501(c)(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  Special Rules   For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33'3% support test of the regulations under sections \$09(a)(1) and 7(0)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Fe 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts I and II.    For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, colaributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.    For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contribution	Organization type (check o	ne):		33 1313013	,			
301(c)(7) (enter intimited) organization     4947(a)(1) nonexempt charitable trust not treated as a private foundation     527 political organization     527 political organization     4947(a)(1) nonexempt charitable trust treated as a private foundation     4947(a)(1) nonexempt charitable trust treated as a private foundation     501(c)(3) taxable private foundation     501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.     For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.    For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33's% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(w), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 16b, and the received from any one contributor, during the year, lotal contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Fe 990, Part VIII, line 11, or (ii) Form 990-EZ, line 1. Complete Parts I and II.    For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts II, and III.    For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions of more than \$1,000 exclusively for religious, charitable, etc., purposes, but no such contributions to late of the section of the parts unless the General Rule applies to this organization because it received anonexclusively religious, charitable, etc., purposes, but no such contribution	Filers of:	Section:						
527 political organization   501(c)(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   See instructions.   General Rule and section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   See instructions.   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   For an organization described in section \$01(c)(3) filing Form 990 or 990-EZ that met the 33/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) For 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Form 990 or 990-EZ	501(c)( ) (enter number) or	ganization					
Solicol(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   Seeinstructions of the General Rule and a Special Rule   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33';% support test of the regulations under sections 509(a)(1) and 170(b)(1)(a)(v), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) For 990, Part VIII, line 11, or (ii) Form 990-EZ, line 1. Complete Parts I and II.   For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1,01 fil his box is checked, enter here the total contributions that were received during the year for a localization because it received nonexclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1,01 fil his box is checked, enter		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   See instructions.   General Rule   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Fc 990, Part VIII, ine 1, no (iii) Form 990-EZ, line 1. Complete Parts I and II.   For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,001 ft this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, Dunt complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year		☐ 527 political organization						
Check if your organization is covered by the General Rule or a Special Rule.  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  Special Rules  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) For 990-Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, III, and III.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,001 fit this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1,01 fit this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1,01 fit this box	Form 990-PF	501(c)(3) exempt private fou	ındation					
Check if your organization is covered by the General Rule or a Special Rule.  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  Special Rules  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Forgon, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,00 filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions totaled more than \$1,00 filing Form 990 or 990-EZ or general Rule applies to this organization because it received nonexclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1,00 filing Form 990. Port complete any of the parts unless the General Rule applies to this organization bec		4947(a)(1) nonexempt charitable trust treated as a private foundation						
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  Special Rules  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and the received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) For 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,0 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaled more than \$1,0 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.  Caution: An organ		☐ 501(c)(3) taxable private foundation						
during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,01 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year	under sections 509(a received from any or 990, Part VIII, line 1h	a)(1) and 170(b)(1)(A)(vi), that checone contributor, during the year, total n, or (ii) Form 990-EZ, line 1. Comp	cked Schedule A (Form 990 or 990-EZ) contributions of the greater of <b>(1)</b> \$5,0 lete Parts I and II.	), Part II, line 13 000 or <b>(2)</b> 2% of	, 16a, or 16b, and that the amount on (i) Form			
during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,00 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, expurpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year	during the year, total	contributions of more than \$1,000	exclusively for religious, charitable, so	received from a sientific, literary,	ny one contributor, or educational			
990-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.  Cat. No. 30613X  Schedule B (Form 990) (2	during the year, cont If this box is checked purpose. Don't comp	ributions exclusively for religious, on I, enter here the total contributions solete any of the parts unless the <b>Ge</b>	haritable, etc., purposes, but no such that were received during the year for neral Rule applies to this organization	contributions tot an exclusively r because it rece	aled more than \$1,000. eligious, charitable, etc eived <i>nonexclusively</i>			
for Form 990, 990-EZ, or 990-PF.	990-EZ, or 990-PF), but it <b>m</b> or on its Form 990PF, Part I,	ust answer "No" on Part IV, line 2,	of its Form 990; or check the box on li	ne H of its Form	rm 990, 990-EZ			
Page 2			Cat. No. 30613X	Sc	chedule B (Form 990) (2021			
			— Page 2 ————					

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EMISH I EDELWITON OF SAN DIEGO COONLE		シハ-エコエシロエコ	

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
'		\$ RESTRICTED	Payroll
	,	<u> </u>	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
		•	Schedule B (Form 990) (2021)
	Page 3 ———		
Schedule E	s (Form 990) (2021)		Page <b>3</b>
Name of org		Employer identificati	
		95-1319015	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	7.5
No. from	(b) Description of noncash property given	FMV (or estimate)	(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)			(c)	<u> </u>
No. from Part I	(b) Description of noncash	property given	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
-				Schedule B (Form 990) (2021)
Schedule	B (Form 990) (2021)	Page 4		Page <b>4</b>
Name of or JEWISH FE	rganization EDERATION OF SAN DIEGO COUNTY			dentification number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insubsequence) Use duplicate copies of Part III if additional specific parts.	tributor. Complete columns (a) e total of exclusively religious, etructions.)	through (e) and the follow	), (8), or (10) that total more wing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transfero	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transfero	or to transferee
(a)	(h) Purnose of gift	(c) Use of nift	(d) Dos	crintion of how aift is held

2/3/24, 1:51 PM Part I	Jewish	Federation O		Diego County - Full Filing		r - ProPublica
. <u>=</u>	Transferee's name, address, a	nd ZIP 4	(e	) Transfer of gift Relatio	onship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift			(c) Use of gift	(d) Des	scription of how gift is held
·  =	Transferee's name, address, a	nd ZIP 4	(e	) Transfer of gift Relatio	onship of transfer	or to transferee
			<u>-</u> -			Schedule B (Form 990) (2021)
Addition	al Data					Return to Form

Software ID: Software Version:

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ObjectId: 202303189349309440 - Submission: 2023-11-14

TIN: 95-1319015

**SCHEDULE D** 

(Form 990)

## **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.

OMB No. 1545-0047

	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/Forn</u>	Attach to Form	990.		rmatio	on.	-	n to Public spection
	me of the organ					Em	oloyer ider	tification	number
JEW	VISH FEDERATION O	F SAN DIEGO COUNTY				95-:	1319015		
Pa		izations Maintaining Donor Adviete if the organization answered "Ye				or Acc	counts.		
	Сотпріс	the in the organization answered Te			sed 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	e at end of year							
5		ation inform all donors and donor adviso property, subject to the organization's ex					funds are th	_	Yes No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor '	r or donor advisor, o	or for	any other purpose of			issible	Yes 🗌 No
Pa		rvation Easements.  ete if the organization answered "Ye	es" on Form 990	Part	IV line 7				100 - 110
1		onservation easements held by the organ							
		on of land for public use (e.g., recreation	-		Preservation of an	histor	rically impor	tant land	area
		of natural habitat	,		Preservation of a				
					Preservation of a	certine	u mstoric si	liucture	
_		on of open space	and the state of t		and the street of the street				
2		2a through 2d if the organization held a ne last day of the tax year.	qualified conservat	cion co	ontribution in the fo	rm or a			of the Year
а	Total number of	conservation easements				2a	Ticia ac	the Life	or the real
b	Total acreage re	estricted by conservation easements				2b			
С	Number of cons	ervation easements on a certified histori	ic structure include	d in (a	1)	2c			
d		ervation easements included in (c) acqui	ired after 7/25/06,	and n	ot on a historic	2d			
3	Number of constax year ▶	servation easements modified, transferre	ed, released, exting	uishe	d, or terminated by	the or	ganization (	during the	
4	Number of state	es where property subject to conservation	on easement is loca	ted 🕨					
5	Does the organ and enforcemen	ization have a written policy regarding the state of the conservation easements it holds	he periodic monitor s?	ing, ir	nspection, handling	of viol		☐ Yes	□ No
	Staff and volun	teer hours devoted to monitoring, inspec	cting handling of v	iolatio	ns and onforcing o	oncon			
6		teer nours devoted to monitoring, inspec	cting, nanding or v	iolatio	ris, and emorcing c	onser v	ation easen	ients dum	ig the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ons, a	nd enforcing conser	vation	easements	during th	e year
8		servation easement reported on line 2(d) 0(h)(4)(B)(ii)?				70(h)(		☐ Yes	□ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the or						
Par	rt III Organi	izations Maintaining Collections ete if the organization answered "Ye	of Art, Historic			er Si	milar Ass	ets.	
1a		cion elected, as permitted under FASB AS				nt and	balance she	eet works	of art,
Ia	historical treasu Part XIII, the te	ures, or other similar assets held for pub ext of the footnote to its financial statem	lic exhibition, educated that the strain is that describes	ation, these	or research in furthe items.	erance	e of public s	ervice, pro	ovide, in
b	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub nts relating to these items:							
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1					▶ \$		
		d in Form 990, Part X							
2	If the organizat	ion received or held works of art, histori nts required to be reported under FASB <i>i</i>	ical treasures, or ot	her si	milar assets for fina			e the	
а	Revenue include	ed on Form 990, Part VIII, line 1					. ▶\$		
b	Assets included	l in Form 990, Part X · · · · · · · ·					. <b>&gt;</b> \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2021

----- Page 2 ------

Sche	dule D	(Form 990) 2021								Page <b>2</b>
Par	t III	<b>Organizations Maintaining Coll</b>	ections of Art, H	istorical Tre	easures, o	r Other S	Similar Asse	<b>ts</b> (conti	nued)	
3		the organization's acquisition, accession (check all that apply):	, and other records, o	check any of t	ne following t	hat are a s	significant use	of its coll	ection	
а		Public exhibition		d 🗌	Loan or exch	ange progr	ams			
b		Scholarly research		е 🗌	Other					
С		Preservation for future generations								
4	Provid Part X	le a description of the organization's coll (III.	ections and explain h	ow they furthe	er the organiz	ation's exe	empt purpose i	n		
5		g the year, did the organization solicit or s to be sold to raise funds rather than to						Yes		o
Pai	rt IV	Escrow and Custodial Arranger Complete if the organization answ line 21.	<b>ments.</b> ered "Yes" on Forn	n 990, Part I	V, line 9, or	reported	an amount o	on Form	990,	Part X,
1a		organization an agent, trustee, custodia ed on Form 990, Part X?						Yes	□ N	o
b	If "Ye	s," explain the arrangement in Part XIII	and complete the foll	owing table:	,		Amo	unt		_
c	Begin	ning balance				1c				_
d	Additi	ons during the year $\ldots$				1d				_
е	Distril	outions during the year $\dots$ . $\dots$ .				1e				_
f	Endin	g balance				1f				_
2a	Did th	e organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow	or custodial a	ccount liab	oility?	Yes		0
b	If "Yes	s," explain the arrangement in Part XIII.	Check here if the exp	planation has l	peen provided	d in Part XI	ш С	1		
Pa	rt V	Endowment Funds.	ared "Vee" on Fern	000 Dowt I	V line 10					
		Complete if the organization answ	(a) Current year	(b) Prior year		ears back	(d) Three years b	ack (e) F	our yea	rs back
1a	Beginni	ng of year balance	2,431,977	2,064,	996	2,259,799	2,170		2,	255,120
b	Contrib	utions				441,588				317,629
c	Net inv	estment earnings, gains, and losses	-235,368	595,	448	17,513	91	130		225,989
d	Grants	or scholarships								
е		expenditures for facilities ograms	290,000	226,	000	651,588			1	625,629
f	Admini	strative expenses	2,643	2,	467	2,316	2	014		2,426
g	End of	year balance	1,903,966	2,431,	977	2,064,996	2,259	799	2,	170,683
2 a b c	Board Perma Term The p	le the estimated percentage of the curre designated or quasi-endowment endowment endowment endowment endowment ercentages on lines 2a, 2b, and 2c should be endowment funds not in the possessions.	d equal 100%.		. , ,		the			
	-	ization by:							Yes	No
		nrelated organizations						3a(i) 3a(ii)	Yes	No
b	• •	elated organizations		· · · · · · · · · · · · · · · · · · ·				3b		110
4		ibe in Part XIII the intended uses of the						L		
Pai	rt VI	Land, Buildings, and Equipmen	ıt.							
	Descri	Complete if the organization answ ption of property (a) Cost or oth (investment)	er basis (b) Cost o	n 990, Part I or other basis (ot		See Forn umulated de			ok value	e
		gs								
		old improvements			0,618		359,618			0
		ent			3,456		158,294			162
		ines 1a through 1e. (Column (d) must e	qual Form 900 Part		line 10(c)		234,698			53,771
ıota	ıı. Auu l	mes ta umough te. (Column (a) must e	quai i Uilli 330, Paft /	n, colulliii (B),	mie 10(C).)	· · · '		ıle D (Fo	rm 99	53,933

Schedule D (Form 990) 2021 Page **3** 

Complete if the organization answered "Yes" on Form 990, P  (a) Description of security or category	(b)		(c) Method of	f valuation:
(including name of security)	Book value		t or end-of-ye	ar market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (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, P	Part IV,			
(a) Description of investment		(b) Book value		ethod of valuation: nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.	۰			
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, I	ine 11d. See For	rm 990, Part	X, line 15. (b) Book value
(1)INVESTMENTS HELD AT JEWISH COMM FDN				2,185,07
(2)BENEFICIAL INTEREST IN ASSET HELD BY JCF (2)				12,936,38
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			>	15,121,45
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part Yes' on Form 990, Part X		ine 11e or 11f.S	ee Form 990	
(a) Description of liability     (1) Federal income taxes	/			(b) Book valu

,						
	-					
	must equal Form 990, Part X, col.(B) line .				<b>•</b>	
•	certain tax positions. In Part XIII, pr			-		
anization's ilai	oility for uncertain tax positions und	er FIN 48 (ASC 740). Check	nere ir the	text of the foothole has		(Form 990) 2021
					Schedule E	) (101111 330) 2021
		Page 4 -				
edule D (Form	990\ 2021					Da
	conciliation of Revenue per	Audited Financial State	ements	With Revenue ner R	eturn	Page <b>4</b>
	mplete if the organization answ					
Total reven	ue, gains, and other support per au	dited financial statements .			1	3,737,742
	cluded on line 1 but not on Form 99	·	i			
	zed gains (losses) on investments		2a	-1,635,592	2	
	ervices and use of facilities		2b		4	
	of prior year grants		2c		-	
,	cribe in Part XIII.)		2d		-	1 625 502
	<b>a</b> through <b>2d</b>				2e 3	-1,635,592 5,373,334
	icluded on Form 990, Part VIII, line				3	3,373,334
	expenses not included on Form 990	•	4a			
	cribe in Part XIII.)		4b		1	
,	<b>a</b> and <b>4b</b>				4c	0
Total reven	ue. Add lines <b>3</b> and <b>4c.</b> (This must o	equal Form 990, Part I, line 1	12.) .		5	5,373,334
	conciliation of Expenses per				Return.	
	mplete if the organization answ uses and losses per audited financial			ne 12a.	1	6,262,617
•	ises and losses per addited illiantial icluded on line 1 but not on Form 99				-	0,202,017
	ervices and use of facilities		2a			
	adjustments		2b			
•	s		2c			
Other (Des	cribe in Part XIII.)		2d		1	
Add lines 2	a through 2d				2e	0
Subtract lir	ne <b>2e</b> from line <b>1</b>				3	6,262,617
Amounts in	cluded on Form 990, Part IX, line 25	5, but not on line <b>1:</b>				
Investmen	expenses not included on Form 990	O, Part VIII, line 7b	4a			
Other (Des	cribe in Part XIII.)		4b			
	a and 4b				4c	0
	nses. Add lines 3 and 4c. (This must	equal Form 990, Part I, line	18.) .		5	6,262,617
	Supplemental Information					
	criptions required for Part II, lines 3, and Part XII, lines 2d and 4b. Also				t V, line 4; Pa	rt X, line 2; Part XI,
-5 -5 and +0;	Return Reference	proces and pare to provide	- u, uuul	Explanation		
T V, LINE 4:	NOTALLI NOTELETICE	FEDERATION HAS A PO	LICY OF A	PPROPRIATING FOR DIS	TRIBUTION FA	ACH YEAR AN AMOUN
,:		7% OF THE FAIR VALUE	OF THE	WELVE-QUARTER ROLLI	NG AVERAGE	OF THE ASSETS
				TENT AS OF THE QUARTE		ΓHE YEAR END. IN RM EXPECTED RETUF
		LO IADLIO IIIIO IIIIO I C		LIVALION CONSIDERED		
		ITS ENDOWMENT. OVER	R THE LON	G-TERM, FEDERATION E MEET THE NEEDS OF TH	XPECTS THE (	CURRENT SPENDING

Additional Data	Return to Form
	Schedule D (Form 990) 2021
PART IX, LINE 2:	FEDERATION HAS A BENEFICIAL INTEREST IN CERTAIN ENDOWMENT FUNDS HELD BY JCF, IN WHICH FEDERATION HAS RECORDED THIS ASSET IN THE FINANCIAL STATEMENTS AS FEDERATIO MAINTAINS VARIANCE POWER OVER THESE FUNDS. JCF'S SPENDING POLICY IS TO DISBURSE 5% ANNUALLY, BASED UPON ENDOWMENT PRINCIPAL MARKET VALUE. IF THE MARKET VALUE OF THE ENDOWMENT PRINCIPAL OF ANY FUND, AT THE END OF EACH MONTH, IS LESS THAN THE INITIAL VALUE OF ALL CONTRIBUTIONS MADE TO THE ENDOWMENT PRINCIPAL, THEN DISTRIBUTIONS WILL BE LIMITED TO INTEREST AND DIVIDENDS RECEIVED. THE DISTRIBUTIONS ARE USED TO FURTHER FEDERATION'S MISSION. FEDERATION RECEIVED DISTRIBUTIONS OF \$697,253 AND \$657,127, FROM THESE FUNDS FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, RESPECTIVELY. THE FAIR VALUE OF THE BENEFICIAL INTEREST IN THESE FUNDS AT THE JCF TOTALED \$12,936,384 AND \$14,981,779 AT JUNE 30, 2022 AND 2021, RESPECTIVELY.
PART X, LINE 2:	FEDERATION IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE EXCEPT FOR TAXES ON NET UNRELATED BUSINESS INCOME. SINCE FEDERATION HAS NO OBLIGATION FOR UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES HAVE BEEN MADE. IN ACCORDANCE WITH FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, FEDERATION EVALUATES ANNUALLY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN BY APPLYING A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION. MANAGEMENT EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022 AND 2021. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS TAX EXPENSE IN THE STATEMENTS O ACTIVITIES.
	RETURNS, AS WELL AS PROVIDE A FUNDING SOURCE FOR INVESTMENT IN FEDERATION PROGRAMS AND SERVICES. THE INTENDED USES OF ALL THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR FUTURE PROGRAMS AND OPERATING EXPENSES. THE BOARD CAN ELECT TO END ITS RESTRICTION ON THESE ASSETS AND REMOVE THE ASSETS FROM THE QUASI-ENDOWMENT AT ANY TIME IT CHOOSES. THE BOARD PERFORMS AN ANNUAL ANALYSIS OF ITS DESIGNATED ASSETS IN COMPARISON TO THE ASSETS AVAILABLE FOR DESIGNATION TO DETERMINE IF RESTRICTIONS SHOULD BE AMENDED. IN FYE JUNE 30, 2022, THE BOARD RELEASED \$290,000 FROM THE BOARD RESTRICTED QUASI-ENDOWMENT TO OPERATIONS, AND TRANSFERRED \$0 FOR ADDITIONAL FUNDING OF THE ENDOWMENT. IN FYE JUNE 30, 2021, THE BOARD RELEASED \$226,000 FROM THE BOARD RESTRICTED QUASI-ENDOWMENT TO OPERATIONS, AND TRANSFERRED \$0 FOR ADDITIONAL FUNDING OF THE ENDOWMENT.
2/3/24, 1:51 PM	Jewish Federation Of San Diego County - Full Filing - Nonprofit Explorer - ProPublica

**Software ID: Software Version:**  efile Public Visual Render

ObjectId: 202303189349309440 - Submission: 2023-11-14

TIN: 95-1319015 OMB No. 1545-0047

**SCHEDULE G** (Form 990)

# **Supplemental Information Regarding**

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Part II

2021

Department of the Treasury Internal Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. instructions and the latest ir			Open to Public Inspection
Name of the organization JEWISH FEDERATION OF S	AN DIEGO (	COUNTY					Employer ide	ntification number
22.110.1.122.10.1120.1.20	51200						95-1319015	
		es. Complete if not required to	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.
1 Indicate whether the	organizatio	n raised funds th	rough an	y of the fo	ollowing activities. Check	all that a	oply.	
<b>a</b> Mail solicitations				•	Solicitation of nor	-governm	ent grants	
<b>b</b> Internet and ema	il solicitatio	ns		1	Solicitation of gov	ernment g	rants	
<b>c</b> Phone solicitation	S			g	Special fundraisin	g events		
<b>d</b> In-person solicita	tions							
					vidual (including officers, on with professional fund		vices?	es 🗆 No
<b>b</b> If "Yes," list the 10 h to be compensated a				draisers)	pursuant to agreements	under whi	ch the fundraise	er is
(i) Name and address of in or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in tol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				. ▶				
<b>3</b> List all states in which licensing.	the organiza	ation is registered	d or licens	sed to sol	icit contributions or has l	peen notifi	ed it is exempt 1	rom registration or
For Paperwork Reduction Ad	t Notice, se	e the Instructions	for Form			50083H	Se	chedule G (Form 990) 2021
Schedule G (Form 990) 20	21			<b>——</b> Ра	ge 2 ————			Page <b>2</b>

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

https://projects.propublica.org/nonprofits/organizations/951319015/202303189349309440/full

gross receipts greater than \$5,000.

12/3/2	24, 1:51 PM	Jewish Federation Of San I	Diego County - Full Filing -	Nonprofit Explorer - ProP	ublica
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		MEN'S EVENT	CORNERSTONE		(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
en.					
Revenue					
šve					
ž					
					<u> </u>
	1 Gross receipts	25,000			25,000
	<b>2</b> Less: Contributions	25,000			25,000
	<b>3</b> Gross income (line 1 minus				
	line 2)	<u> </u>		<u> </u>	<u> </u>
	4 Cash prizes				
60	5 Noncash prizes				
386	6 Rent/facility costs				
e e	<b>7</b> Food and beverages				
Щ	8 Entertainment				
Direct Expenses					
ā	l l l l l l l l l l l l l l l l l l l				
	<b>10</b> Direct expense summary. Add lines 4				
	11 Net income summary. Subtract line 10			•	
Pa	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	I more than \$15,000
(D)	on roini 330 EZ, iiie dd.				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul><li>(d) Total gaming (add col.</li><li>(a) through col.(c))</li></ul>
eve					
~	1 Gross revenue				
98	2 Cash prizes				
eus					
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
ä					
	5 Other direct expenses				
		☐ Yes%	☐ Yes %		
	6 Volunteer labor	☐ No	☐ No	☐ No	
	<b>7</b> Direct expense summary. Add lines 2	through 5 in column (d)			
	birect expense summary. Add lines 2	unough 5 in column (a)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	<u> </u>	
9	Enter the state(s) in which the organizat	ion conducts gaming activ	ties:		
а	Is the organization licensed to conduct g				☐ Yes ☐ No
b	If "No," explain:				
100	Were any of the organization's gaming li				
10a b	If "Yes," explain:				☐ Yes ☐ No
_					
				Schedule G (	(Form 990) 2021

dule G (Form 990) 2021				Pa	ige 3
Does the organization conduct gamir	g activities with nonmember	s?	· Over	□ No	
		·			
Indicate the percentage of gaming a	tivity conducted in:			∪ NO	
The organization's facility			3a		%
An outside facility			3b		%
Enter the name and address of the p	erson who prepares the orga	nization's gaming/special events books and recor	ds:		
Name					
Address		om the organization receives gaming		 □ No	
If "Yes," enter name and address of	he third party:				
Name					
Address					
Name Name					
Description of services provided					
☐ Director/officer	☐ Employee	☐ Independent contractor			
Mandatory distributions: Is the organization required under st retain the state gaming license? .	ate law to make charitable d 	istributions from the gaming proceeds to	· Yes	□ No	
	to the second se				
Return Reference		Explanation			
	-	Schedule	G (Form 990) 20	021	
					_
lditional Data			Return t	to Form	
	Does the organization conduct gamin Is the organization a grantor, benefici formed to administer charitable gami Indicate the percentage of gaming ac The organization's facility An outside facility Enter the name and address of the percentage Name  Address  Does the organization have a contract revenue?  If "Yes," enter the amount of gaming amount of gaming revenue retained to If "Yes," enter name and address of to Name  Gaming manager information:  Name  Gaming manager compensation  \$	Does the organization conduct gaming activities with nonmember Is the organization a grantor, beneficiary or trustee of a trust or a formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in: The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization that a third party from who revenue?  Address  Does the organization have a contract with a third party from who revenue?  If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:  Name  Gaming manager information:  Name  Gaming manager compensation  \$ \$  Description of services provided  Director/officer  Employee  Mandatory distributions:  Is the organization required under state law to make charitable diretain the state gaming license?  Enter the amount of distributions required under state law distrib in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanar III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app  Return Reference	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Inter the name and address of the person who prepares the organization's gaming/special events books and record or the name and address of the person who prepares the organization's gaming/special events books and record or the name and address of the person who prepares the organization's gaming/special events books and record or the name and address of the person who prepares the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization be \$	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  13a  Independent special events books and records:  Name   Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "ves," enter the amount of gaming revenue received by the organization   \$ _ and the amount of gaming revenue retained by the third party   \$ _ and the amount of gaming revenue retained by the third party:  Name   Address   Gaming manager information:  Name   Gaming manager compensation   \$ benefit and address of the third party:  Name   Description of services provided   □ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   **Et **Y** Supplemental Information.** Provide the explanations required by Part 1, line 2b, columns (iii) and (v); at III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See inst	Does the organization conduct gaming activities with nonmembers?

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TIN: 95-1319015

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Employer identification number JEWISH FEDERATION OF SAN DIEGO COUNTY 95-1319015

#### General Information on Grants and Assistance

2 Describe in Part IV the organ			-		ganization answered "Vs-"	on Form 000 Bask IV II	21 for any reginient
		estic Organizations an can be duplicated if addi		nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC)	13-1656634	501(C)(3)	31,000	0			SERVING THE NEEDY
220 E 42ND STREET NO 400 NEW YORK, NY 10017							
(2) BEIT BERL COLLEGE 630 THIRD AVE STE 1501 NEW YORK, NY 10017	13-2887431	501(C)(3)	65,000	0			EDUCATION/YOUTH SERVICES
(3) BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE 10TH FL NEW YORK, NY 10017	13-4092050	501(C)(3)	235,000	0			EDUCATION
(4) CAMP RAMAH IN CALIFORNIA INC 17525 VENTURA BLVD 310 ENCINO, CA 91316	95-1843131	501(C)(3)	9,100	0			GENERAL ASSISTANCE
(5) CONGREGATION BETH ISRAEL 9001 TOWNE CENTER DR SAN DIEGO, CA 92122	95-1660341	501(C)(3)	36,000	0			YOUTH SERVICES
(6) FOUNDATION FOR JEWISH CAMP 253 WEST 35TH STREET 4TH FLOOR NEW YORK, NY 10001	22-3551013	501(C)(3)	6,000	0			SCHOLARSHIPS
(7) HILLEL OF SAN DIEGO 8976 CLIFFRIDGE DR LA JOLLA, CA 92037	33-0519225	501(C)(3)	22,000	0			GENERAL ASSISTANCE
(8) HONEYMOON ISRAEL FOUNDATION INC 1417 MAYSON ST ATLANTA, GA 30324	47-1291052	501(C)(3)	50,000	0			GENERAL ASSISTANCE
(9) IMPACT CUBED 441 SAXONY ROAD ENCINITAS, CA 92123	83-2215503	501(C)(3)	15,000	0			SERVICES
(10) INFORMING CHANGE 1841 BERKELEY WAY BERKELEY, CA 94703			8,775	0			TEEN SERVICES
(11) JEWISH AGENCY FOR ISRAEL - NORTH AMERICAN COUNCIL 633 THIRD AVE 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	92,000	0			YOUTH SERVICES
(12) JEWISH COMMUNITY CAMP & RETREAT CENTER (CAMP MOUNTAIN CHAI) 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	91-2150831	501(C)(3)	41,684	0			YOUTH SERVICES
(13) JEWISH COMMUNITY FOUNDATION OF SAN DIEGO 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2504044	501(C)(3)	489,370	0			SERVING THE NEEDY
(14) JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	33,500	0			SERVICES
(15) JEWISH FEDERATIONS OF NA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	1,458,388	0			SERVING THE NEEDY
(16) KAVOD 225 S KRAMERIA ST DENVER, CO 80224	47-5495289	501(C)(3)	68,794	0			SERVING THE NEEDY
(17) KEN JEWISH COMMUNITY CENTER 11860 CARMEL CREEK RD SUITE G SAN DIEGO, CA 92130	33-0070645	501(C)(3)	34,432	0			YOUTH SERVICES
(18) KINDNESS INITIATIVE 9404 GENESEE AVENUE SUITE 200 LA JOLLA, CA 92037	87-1083852	501(C)(3)	10,000	0			SERVING THE NEEDY
(19) LAWRENCE FAMILY JEWISH COMMUNITY CENTER (LFJCC) 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	95-1985444	501(C)(3)	37,360	0			EDUCATION/YOUTH SERVICES
(20) LEICHTAG FOUNDATION 441 SAXONY ROAD ENCINITAS, CA 92024	33-0466189	501(C)(3)	45,000	0			SECURITY
(21) CAN DIECO JENICH	05 2207745	F01/C\/3\	20,000	^	1		CENEDAL ACCICTANCE

		001110111	ederation of San L	Diego County - Fo	uli Filing	- Nonpront Explo	161 - 1 101	ublica
(21) SAIN DIEGO JEWISH ACADEMY 11860 CARMEL CREEK ROAD	93-320//43	201(C)(3)	30,000					GENERAL ASSISTANCE
SAN DIEGO, CA 92130								
(22) SEACREST FOUNDATION 211 SAXONY ROAD ENCINITAS, CA 92024	30-0119295	501(C)(3)	10,000	0				SERVING THE NEEDY
(23) SOILLE SD HEBREW DAY SCHOOL 3630 AFTON ROAD SAN DIEGO, CA 92123	95-2305570	501(C)(3)	30,000	0				DAY SCHOOL ASSISTANCE/SCHOLARSH
2 Enter total number of section	on 501(c)(3) and g	overnment organizations	listed in the line 1 table .				•	22
3 Enter total number of other	organizations liste	d in the line 1 table					▶	1
or Paperwork Reduction Act Notice	e, see the Instructio	ns for Form 990.		Cat. No. 50055	iP			Schedule I (Form 990) 2021
		Dage 1						
		Page 2						
Schedule I (Form 990) 2021								Page 2
Part III Grants and Other A Part III can be duplic		nestic Individuals. Compace is needed.	plete if the organization a	answered "Yes" on Forr	n 990, Part	: IV, line 22.		
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance		od of valuation (book, appraisal, other)	(f) Descr	iption of noncash assistance
1)								
2)								_
3)								
(4)								_
(5)								
(6)								
(7)								_
Part IV Supplemental	Information.	Provide the information	n required in Part I, lir	ne 2; Part III, colum	ın (b); an	d any other addition	al information	on.
Return Reference	Explanation							
PART I, LINE 2:	GRANTS REQUI	IRE DOCUMENTATION BEF						RECORDS BEING MAINTAINED, MA ISHMENTS AND FINANCIAL
	I EIG OIG WATCE						S	chedule I (Form 990) 2021
Part IV Supplemental Return Reference PART I, LINE 2:	Explanation THE ORGANIZA	ITION HAS PROCEDURES	IN PLACE TO MONITOR T	HE USE OF GRANT FU	NDS IN THI	E UNITED STATES. IN A	DDITION TO OF ACCOMPLI	RECORDS BEING MAINTA ISHMENTS AND FINANCI

Software ID: Software Version: Department of the Treasury

(Form 990)

efile Public Visual Render ObjectId: 202303189349309440 - Submission: 2023-11-14 TIN: 95-1319015 **Compensation Information** OMB No. 1545-0047 Schedule J

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2021 **Open to Public** 

Internal Revenue Service Inspection Name of the organization JEWISH FEDERATION OF SAN DIEGO COUNTY Employer identification number 95-1319015 Part I **Questions Regarding Compensation** 

					163	140
1a	Check the appropiate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to prov					
	First-class or charter travel		Housing allowance or residence for personal use			
	☐ Travel for companions		Payments for business use of personal residence	l		
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organi reimbursement or provision of all of the expenses describ			1b		
2	Did the organization require substantiation prior to reimbudirectors, trustees, officers, including the CEO/Executive I			2		
3	Indicate which, if any, of the following the filing organizati organization's CEO/Executive Director. Check all that appl used by a related organization to establish compensation	y. Do n	ot check any boxes for methods			
	✓ Compensation committee	<b></b>	Written employment contract			
	Independent compensation consultant	<b></b>	Compensation survey or study			
	Form 990 of other organizations	<b>~</b>	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part \related organization:	/II, Sed	ction A, line 1a, with respect to the filing organization or a			
а	Receive a severance payment or change-of-control payme	ent? .		4a	Yes	
b	Participate in, or receive payment from, a supplemental n	onqual	fied retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based of		5	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide t	he app	licable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1 compensation contingent on the revenues of:	a, did t	the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of:	a, did t	the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ			7		No
8	Were any amounts reported on Form 990, Part VII, paid of subject to the initial contract exception described in Regul in Part III	lations	section 53.4958-4(a)(3)? If "Yes," describe			N-
				8		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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 are not 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 (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC columns (B)(i)-(D) and other benefits deferred column (B) (i) Base (iii) Other (ii) reported as compensation Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 MICHAEL JESER PRESIDENT & CEO (DEC) 165,117 (i) 18,000 0 700 22,196 206,013 0 - - -(ii) -------------0 0 0 0 0 0 2 SUSAN HALLIDAY 142,764 0 0 7,056 159,487 0 (i) 9,667 CFO (DEC) 0 (ii) 0 ----0 0 0 0 3 DARREN SCHWARTZ CHIEF PLANNING & STRATEGY 135,183 (i) 0 0 19,500 2,560 157,243 0 (ii) ----0 0 0

Page 2

2/3/24, 1:51 PM	Jewish Fed	lera	ation Of San D	Diego County	- Full Filing - N	lonprofit Explo	rer - ProPub	olica	
							9	Schedule J (Fo	rm 990) 2021
			D	200.2					
			P	age 3 ———					
Schedule J (Form 990) 2021									Page <b>3</b>
Part III Supplemental Informatio					10 16 0	** 41		1100	
Provide the information, explanation, or described Return Reference	riptions required for Part I, lines 1	.a, 1	b, 3, 4a, 4b, 4c, 5		and 8, and for Part xplanation	II. Also complete	this part for any	additional infor	mation.
							9	Schedule J (Fo	rm 990) 2021
								•	-
Additional Data								Reti	ırn to Form

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TIN: 95-1319015

SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
JEWISH FEDERATION OF SAN DIEGO COUNTY

Employer identification number

J_ 111.	SITTED ENVIRON OF SAME DIEGO COOM!				95-13190	015			
Pa	rt I Types of Property								
	Art. Wester of art	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	<b>(d</b> Method of d ncash contrib	etermi		:S
	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	2	27,878	HI-LOW	MARKET VAI	LUE		
10	Securities—Closely held stock .			,					
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ ()								
26	Other ► ()								
27	Other ▶ ()								
28	Other ► ()								
29	Number of Forms 8283 received by t for which the organization completed				29				
								Yes	No
30a	<ul> <li>During the year, did the organization hold for at least three years from the</li> </ul>	n receive by	/ contribution any property r	eported in Part I, lines 1 thr	ough 28,	that it must	•		1
	purposes for the entire holding period	od?	ie illicial contribucion, and wi			•			1
	, , , , , , , , , , , , , , , , , , ,						30a		No
b	If "Yes," describe the arrangement i	n Part II.						_	
31	Does the organization have a gift ac		, ,	•			31		No
	Does the organization hire or use the contributions?			olicit, process, or sell nonca	sh • •		32a		No
	If "Yes," describe in Part II.								i
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prope	erty for which column (a) is	checked	,			
For F	Paperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 51227J		Schedule M	1 (Form	990) (	(2021)

Page 2

Page 2

Schedule M (Form 990) (2021)

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2021)

**Additional Data** 

**Return to Form** 

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TIN: 95-1319015 OMB No. 1545-0047

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 990-EZ.

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

2021

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF SAN DIEGO COUNTY

Employer identification number

95-1319015

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRIAN TAUBER, A DIRECTOR, AND LAURA TAUBER, DIRECTOR, ALSO HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT FOR ACCURACY AND COMPLETENESS. A FULL FILING COPY IS ALSO PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING PARTIES TO FURNISH A DISCLOSURE STATEMENT UPON BECOMING A COVERED PARTY AND AT RE-ELECTION OF TERMS, AS APPLICABLE. ALL COVERED PARTIES ARE REQUIRED TO FURNISH AN UPDATED DISCLOSURE STATEMENT PRIOR TO ENGAGING IN ANY POTENTIAL CONFLICT OF INTEREST SITUATION.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE ORGANIZATION'S CEO IS SET BY THE PERSONNEL/EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND IS THEN APPROVED BY THE BOARD. TO AID IN DETERMINING THE COMPENSATION OF THE CEO, AN ANNUAL SALARY SURVEY CONDUCTED BY THE JEWISH FEDERATIONS OF NORTH AMERICA IS USED. THE SURVEY PROVIDES NATIONAL SALARY DATA AND IS USED TO ENSURE COMPARABILITY FOR SIMILAR POSITIONS THROUGHOUT THE NATION. COMPENSATION DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE PERSONNEL COMMITTEE MEETINGS IN WHICH THE DECISIONS ARE MADE. THE CEO DETERMINES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES WHICH IS APPROVED BY THE FINANCE COMMITTEE AS PART OF THE ANNUAL BUDGET SETTING PROCESS. TO AID IN DETERMINING THE AMOUNT OF COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES, AN ANNUAL SALARY SURVEY CONDUCTED BY THE JEWISH FEDERATIONS OF NORTH AMERICA IS USED. THE SURVEY PROVIDES NATIONAL SALARY DATA AND IS USED TO ENSURE COMPARABILITY FOR SIMILAR POSITIONS THROUGHOUT THE NATION. COMPENSATION DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE FINANCE COMMITTEE MEETINGS, IN WHICH THE DECISIONS ARE MADE. ALL MANAGEMENT POSITIONS WERE REVIEWED BY THE FINANCE COMMITTEE AS PART OF THE BUDGET PROCESS FOR THE FISCAL YEAR END.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, 990, AND TAX EXEMPTION LETTER ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

**Return to Form** 

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**SCHEDULE R** 

efile Public Visual Render ObjectId: 202303189349309440 - Submission: 2023-11-14

TIN: 95-1319015

OMB No. 1545-0047

2024

**Related Organizations and Unrelated Partnerships** 

(Form	990)	<b>▶</b> 0	omplete if	the organiz	zation ans	wered "Yes' Attach to F	on Form	990, Pa	art IV, li	ne 33, 3	4, 35b, 30	6, or 37.				20	<b>2</b> 1		
Department of			▶ 6	io to <u>www.</u>		<u>orm990</u> for i			he lates	t inform	ation.				0	pen to Inspe		ic	
Name of th	e organization ERATION OF SAN DIEGO	) COUNTY												fication	n numbe	er			
Part I	Identification	of Disregarded E	<b>ntities.</b> Co	mplete if t	he organi	zation answ	ered "Yes	" on Fo	rm 990,	Part IV		95-1319	015						
		(a) I EIN (if applicable) of disre				<b>(b)</b> Primary ac		Legal d	(c) omicile (st	ate	(d) Total incom	e En	(e) d-of-year a	assets	ı	(f) Direct cont entit	trolling		
Part II		of Related Tax-Ex			. Complet	te if the org	anization	answer	ed "Yes	" on For	m 990, P	art IV, li	ine 34 b	ecause	it had	one or r	nore		
		npt organizations du (a) d EIN of related organization		x year.		(b) y activity	Legal don	c) nicile (stat n country)		(d) npt Code s		(e) ublic charit section 50	ty status	Dir	(f) irect contro entity		Section (13) co	ontrolle itity?	
(1)UJF HOL 4950 MURPI	DINGS CORP HY CANYON ROAD				SUPPORT		,	CA	501(0	C)(3)	LIN	E 12A, I		N/A			Yes	No	
33-0972999																			
														<u> </u>			<u> </u>		
																		-	
For Paper	work Reduction Ac	ct Notice, see the Ins	tructions f	<b>→</b> Page 2			Ca	t. No. 50	135Y			_		Sche	edule R	(Form 9	190) 2	021	
	(Form 990) 2021	(B.1.1.10									1 1157 11		000 B	. 73 / 1:	24.1			ge <b>2</b>	
Part III		of Related Organizated organizations to		partnersh	ip during	the tax year	:				a res o								
	Name, add related	(a) ress, and EIN of organization		(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom income(r unrela excluded t under se 512-5	elated, sted, from tax ections	(f) Share of total income	(g) Share of end-of- year assets	allo	(h) roprtionate ocations?	e Cod am bo: Sche (For	(i) le V-UBI nount in x 20 of edule K-1 m 1065)	Gene man	eral or aging tner?	Perce	( <b>k)</b> entage ership	
																	<u> </u>		
Part IV	because it had o	of Related Organia one or more related	organizatio	ns treated			rust durir	ng the ta				ed "Yes"	on For	n 990,	Part IV,				
	(a) Name, address, and EI related organization	in of	Primary a	) activity	do (state	(c) egal micile or foreign	Direct c	<b>d)</b> ontrolling itity	Type of (C cor corp	entity S p, S o,	(f) hare of total income	of-y	g) of end- /ear sets	(h Percen owner	ntage	contro	(i) n 512(b) olled ent	(i) n 512(b)(13) olled entity?	
-	Ferateu Organization				COL	untry)	+		or tru	ist)		+				Yes	+	No	

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										Sch	edule R	(Form 9	90) 2	.021
	·	Page 3 -												
Schedule R (Form 990) 2021													Pag	ge <b>3</b>
Part V Transactions With Related Organ	izations. Com	plete if th	he organizati	on answe	ered "Yes" o	n Form 9	990, Part	IV, line 34,	35b, or	36.				
<b>Note.</b> Complete line 1 if any entity is listed in Pa													Yes	No
1 During the tax year, did the organization engage i												1a		No
<ul><li>a Receipt of (i) interest, (ii) annuities, (iii) royalt</li><li>b Gift, grant, or capital contribution to related org</li></ul>												1b		No
c Gift, grant, or capital contribution from related of												1c		No
<b>d</b> Loans or loan guarantees to or for related organ	nization(s) .											1d		No
e Loans or loan guarantees by related organization	n(s)											1e		No
• Dividends from valated even-iti(-)												1f		No
<ul><li>f Dividends from related organization(s)</li><li>g Sale of assets to related organization(s)</li></ul>												1g		No
h Purchase of assets from related organization(s)												1h		No
i Exchange of assets with related organization(s)												1i		No
<b>j</b> Lease of facilities, equipment, or other assets to	related organizat	ion(s) .										1j		No
Le Lange of facilities againment or other assets for	om volated evens	ization(s)										1k	Voc	<b>—</b>
<ul><li>k Lease of facilities, equipment, or other assets fr</li><li>l Performance of services or membership or fundr</li></ul>												11	165	No
m Performance of services or membership or fundi												1m		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or	other assets with	related or	rganization(s)									1n		No
Sharing of paid employees with related organization	ation(s)											10		No
p Reimbursement paid to related organization(s)	for expenses											1p		No
<ul><li>Reimbursement paid to related organization(s)</li><li>Reimbursement paid by related organization(s)</li></ul>													Yes	
r Other transfer of cash or property to related org												1r		No
s Other transfer of cash or property from related												1s		No
2 If the answer to any of the above is "Yes," see the		r informati	ion on who mu	st comple		cluding c		ationships an		tion threshold	ds. (d)			
Name of relate						Transact	ion	Amount involv		Method of de		amount in	volved	
(1)UJF HOLDINGS CORP					K	type (a-	-5)	126,996	COS	Т				
(2)UJF HOLDINGS CORP					Q			83,004	COS	Т				
										Sch	edule R	(Form 9	90) 2	021
	r	Page 4 -												
Schedule R (Form 990) 2021													Pag	ge <b>4</b>
Part VI Unrelated Organizations Taxable														
Provide the following information for each entity taxed was not a related organization. See instructions regard					nducted more	e than five	e percent o	of its activitie	s (measu	red by total a	ssets or o	gross rev	enue)	that
(a) Name, address, and EIN of entity	(b) Primary	(c) Legal	(d) Predominant	Aro al	(e) I partners	(f) Share of	(g) Share of	(h Disprop	ı)	(i) Code V-UBI		j) eral or		(k) entage
Name, address, and EIN OF endry	activity	domicile	income	se	ection	total	end-of-yea	ar alloca	tions?	amount in	mana	aging		nership
		(state or foreign	(related, unrelated,		1(c)(3) nizations?	income	assets			box 20 of Schedule	part	tner?		
		country)	excluded from tax under					1		K-1 (Form 1065)				
			sections 512- 514)	Vac	No			Vac	N.c.	-	Vec	N-	1	
	+		1	Yes	No			Yes	No	+	Yes	No		
								1						
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								1						
	1		1	1	1		1	1	1	1	1	1	1	

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					1					Sch	edule R (I	orm 990)	2021	
		- Page 5												
Schedule R (Form 990) 2021												,	Page <b>5</b>	
Part VII Supplemental Inform	ation												age 3	
Provide additional informati		stions on Sch	nedule R. See	instructions	i.									
Return Reference					E	xplanatio	n							
											Schedule	R (Form 9	90) 2021	
Additional Data											Return to Form			

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