Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

		400000000000000000000000000000000000000				
nning	JUL	1	, 2022, and ending	JUN	30	. 20 2 3

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year begi Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

EIN or SSN 95-1985444

Jerome Van Amburg Name and title of officer or person subject to tax Chief Financial Officer

Part	Type of Return and Retur	n Information	<u> </u>	
Form 5 or 10a whiche	he box for the return for which you are us 330 filers may enter dollars and cents. For pelow, and the amount on that line for the ver is applicable, blank (do not enter -0-). I e line in Part I.	r all other forms, enter whole dollars only e return being filed with this form was bla	v. If you check the box on line 1a, 2a, ank, then leave line 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a		Total revenue, if any (Form 990, Part \	VIII, column (A), line 12)	ъ12,037,378.
2a		Total revenue, if any (Form 990-EZ, lin		
3a		Total tax (Form 1120-POL, line 22)		
4a		Tax based on investment income (Fo		
5a		Balance due (Form 8868, line 3c)		
6a		Total tax (Form 990-T, Part III, line 4)		
7a		Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here b	FMV of assets at end of tax year (For	rm 5227, Item D)	8b
9a	Form 5330 check here b	Tax due (Form 5330, Part II, line 19)		9b
10a		Amount of credit payment requested		10b
Part		e Authorization of Officer or P		
Under	penalties of perjury, I declare that $oxtime X$ I a			
of entit	ectronic return and accompanying sched	, (EIN)		
of any entry to financia ater the paymen person PIN: ch	ledgement of receipt or reason for rejectic fund. If applicable, I authorize the U.S. The financial institution account indicated institution to debit the entry to this account 2 business days prior to the payment (at of taxes to receive confidential informal alidentification number (PIN) as my signateck one box only	Treasury and its designated Financial Agd in the tax preparation software for pay unt. To revoke a payment, I must contastition settlement) date. I also authorize the finition necessary to answer inquiries and return for the electronic return and, if appliance is the settlement of the electronic return and the settlement is a settlement of the electronic return and the the electr	ent to initiate an electronic funds with ment of the federal taxes owed on the ct the U.S. Treasury Financial Agent is ancial institutions involved in the processolve issues related to the payment.	ndrawal (direct debit) is return, and the at 1-888-353-4537 no cessing of the electronic I have selected a s withdrawal.
	Tradulonze amortana de Will	ERO firm name	to enter my r	Enter five numbers, but do not enter all zeros
		electronically filed return. If I have indicat rities as part of the IRS Fed/State progra een.		
	return. If I have indicated within this re	with respect to the entity, I will enter my turn that a copy of the return is being file PIN on the return's disclosure consent s	ed with a state agency(ies) regulating screen.	charities as part of the
Signature Part	of officer or person subject to tax Certification and Authent	rication	Date	313112024
	EFIN/PIN. Enter your six-digit electronic f (EFIN) followed by your five-digit self-sele	_	33794592618 Do not enter all zeros	
submit	that the above numeric entry is my PIN, ing this return in accordance with the request Returns.			
ERO's s	gnature		Date	
		O Must Retain This Form - Semit This Form to the IRS Unles		

Form **8879-TE** (2022)

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

Date Accepted	

2022

California e-file Return Authorization for Exempt Organizations

8453-EO

Exempt Organizations		
Exempt Organization name		Identifying number
LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY		95-1985444
Part I Electronic Return Information (whole dollars only)		
1 Total gross receipts (Form 199, line 4)	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	1 12,270,906
2 Total gross income (Ferm 100 line 9)		2 12,270,906
3 Total expenses and disbursements (Form 199, line 9)	***************************************	3 16,216,161
Part II Settle Your Account Electronically for Taxable Year 2022		
4 Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/	yyyy)
Part III Banking Information (Have you verified the exempt organization	n's banking information?)	
5 Routing number6 Account number	7 Type of account: Checkin	g Savings
Part IV Declaration of Officer		
I authorize the exempt organization's account to be settled as designated in Part II. I on line 4a.	f I check Part II, box 4, I authorize an electronic f	unds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organiz transmitter, or intermediate service provider and the amounts in Part I above agree v California electronic return. To the best of my knowledge and belief, the exempt orga a balance due return, I understand that if the Franchise Tax Board (FTB) does not recorganization will remain liable for the fee liability and all applicable interest and penal statements be transmitted to the FTB by the ERO, transmitter, or intermediate service delayed, I authorize the FTB to disclose to the ERO or intermediate service provides.	with the amounts on the corresponding lines of the anization's return is true, correct, and complete. I ceive full and timely payment of the exempt organ lties. I authorize the exempt organization return a e provider. If the processing of the exempt orga	ne exempt organization's 2022 f the exempt organization is filing nization's fee liability, the exempt nd accompanying schedules and

Sign Here



3131124 Date

CHIEF FINANCIAL OFFICER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature		Date	also paid preparer	—, I	if self- employed		ENOSFIIIV	
Must	Firm's name (or yours	HASKELL & WHITE LLP		1-			Firm's FE	IN 33-031	0569
Sign	if self-employed) and address	5080 SHOREHAM PLACE SUI	TE 103						
	SAN DIEGO, CA					ZIP code 92122			
Under pe and belief	Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Paid	Paid		Date		Check		Paid	d preparer's PTIN	
Prepai	rer signature				if self- employe			P025108	
Must	Must Firm's name (or yours NASKELL & WHITE LLP			Firm's FEIN 33-0310569		0569			
if self-employed) Sign and address		300 SPECTRUM CENTER DRIVE, SUITE 300							
		IRVINE, CA					ZIP code 92618		

FTB 8453-EO 2022

EPO's DTIN

Product: Exempt

Name: LAWRENCE FAMILY JEWISH

COMMUNITY CENTERS OF SAN DIEGO

COUNTY

FEIN: *****5444

IRS Message:

Bank Info: Fiscal Year Begin Date: 7/1/2022

Category:

IRS Center: Ogden

e-Postmark: 3/31/2024 1:24 PM

Plan Number:

Fiscal Year End Date: 6/30/2023

eSigned:

Notification:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/29/2024	22X:1372.100:V1	Upload Started				
03/29/2024	22X:1372.100:V1	Ready to Release by Customer				
03/31/2024	22X:1372.100:V1	Released for Transmission - Validation in Progress			pmehta@hwcpa.com	
03/31/2024	22X:1372.100:V1	Ready to transmit - Validation Complete				
03/31/2024	22X:1372.100:V1	Transmitted to CA	33794520240910320n01			
03/31/2024	22X:1372.100:V1	Transmitted to FD	3379452024091032ae01			
03/31/2024	22X:1372,100:V1	Accepted by FD on 3/31/2024				
03/31/2024	22X:1372.100:V1	Accepted by CA - on 3/31/2024				

ID

Status Date

Status

State/Other

State Category

FBAR

FBAR BSA ID



THE VALUE OF EXPERIENCE

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY EXECUTIVE DRIVE LA JOLLA, CA 92037

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2024.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED ON OR BEFORE MAY 15, 2024 TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$400.00, PAYABLE TO



DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:

1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703: Government Code section 12586.1. IRS extensions will be honored,

(For Registry Use Only)

LAWRENCE FAMILY JEWISH CENTERS OF SAN DIEGO C		ange of address ended report	- 6		
Name of Organization					
List all DBAs and names the organization uses or has used					
EXECUTIVE DRIVE		State Cha	arity Registration Number CT 04208		_
Address (Number and Street) LA JOLLA, CA 92037 City or Town, State, and ZIP Code		Corporati	ion or Organization No. 0200297		_
(858) 457-3161 Telephone Number Telephone Number Telephone Number		Federal E	imployer ID No. 95-1985444		_
	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart	Code Reg	s. sections 301-307, 311, and 312)		
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fee	
Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millio Between \$5,000,001 and \$20 millio	\$100 n \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million	\$800 \$1,0 \$1,2	000
PART A - ACTIVITIES					
For your most recent full accounting	g period (beginning $07/01/20$	22 end	ding <u>06/30/2023</u>) list:		
Total Revenue (including noncash contributions; \$12,037,	378 Noncash Contributions\$		0 Total Assets \$ 19,889 enses \$ 15,982,633	8:	32
PART B - STATEMENTS REGARDING OR		OF THIS R	EPORT		
Note: All questions must be answered. I providing an explanation and deta	if you answer "yes" to any of the que tils for each "yes" response. Please	estions per review RRF		Yes	No
During this reporting period, were there and any officer, director or trustee there any financial interest?	e any contracts, loans, leases or other eof, either directly or with an entity in	financial tra which any s	ansactions between the organization uch officer, director or trustee had		х
During this reporting period, was there or funds?	any theft, embezzlement, diversion or	misuse of t	the organization's charitable property		х
3. During this reporting period, were any	organization funds used to pay any pe	enalty, fine o	or judgment?		х
During this reporting period, were the scommercial coventurer used?	services of a commercial fundraiser, fu	ndraising c	ounsel for charitable purposes, or		х
5. During this reporting period, did the or	ganization receive any governmental f	unding?			х
6. During this reporting period, did the on	ganization hold a raffle for charitable p	ourposes?			х
7. Does the organization conduct a vehic	ele donation program?				х
Did the organization conduct an indep generally accepted accounting princip		ncial staten	nents in accordance with	х	
			reporting negative unrestricted net assets?		x
I declare under penalty of perjury that I had and belief, the content is true, correct an		sign.		wied	lge
	EROME VAN AMBURG		CHIEF FINANCIAL OFFICER Date		
Signature of Authorized Agent P	rinted Name		Title Date		

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRs filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charit			details on t	the electronic	
Automatic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All corporations required to file an income tax return other than Formust use Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	•
Type or Name of exempt organization or other filer, see instru- print LAWRENCE FAMILY JEWISH COMM CENTERS OF SAN DIEGO COUNTY	TINUM	Y	Taxpayer	axpayer identification number (TII $95-1985444$	
File by the due date for filling your EXECUTIVE DRIVE Number, street, and room or suite no. If a P.O. box, so EXECUTIVE DRIVE	ee instruc	tions.			
instructions. City, town or post office, state, and ZIP code. For a for LA JOLLA, CA 92037					1011
Enter the Return Code for the return that this application is for (file	e a separa	ate application for each return)		***************	0 1
Application	Return	Application			Return
Is For Code Is For				Code	
Form 990 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual) 03 Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11	
Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07					12
Telephone No. 858-457-3030 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit box If it is for part of the group, check this box	Group Ex		lf this is for	the whole g	roup, check this sion is for.
 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization calendar year or tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, or the control of the control of the control of time until the organization is for the organization. If the tax year entered in line 1 is for less than 12 months, or the control of time until the organization named above. The extension of time until the organization named above. If the tax year entered in line 1 is for less than 12 months, or the organization named above. 	anization'	s return for: nd ending JUN 30, 2023		- 1 7 6	on retum for
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	9, enter th	e tentative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
estimated tax payments made. Include any prior year over			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: If you are going to make an electronic funds withdrawal			3453-TE ar	d Form 8879	3-TE for payment

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

Form 8868 (Rev. 1-2022)

Extended to May 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or the	2022 calendar year, or tax year beginning JUL I, 2022 and a	enaing U	UM 30, 2023			
B C	heck if policable	LAWRENCE FAMILY JEWISH COMMUNITY		D Employer identific	cation number		
\vdash	Addre: chang Name	CENTERS OF SAN DIEGO COUNTY		05 10054	A A		
	Name chang Initial		Dana /avita	95-1985444			
\vdash	_return Final	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Room/suite	E Telephone number (858) 457-3161			
	return/ termin ated			G Gross receipts \$	12,270,906.		
	Amen						
	□return □Applic □tion	LA COLLA, CA 92037		H(a) Is this a group re			
	⊒tiòn pendir		037	for subordinates	10772777		
				H(b) Are all subordinates in			
	ax-exi	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c e: WWW.LFJCC.ORG	JI 321	H(c) Group exemptio	list. See instructions		
		organization: X Corporation Trust Association Other	I Voar		1 State of legal domicile: CA		
	irt I	Summary	L I cai	or tormation. 1945 N	State of legal dofficie. C11		
		Briefly describe the organization's mission or most significant activities: The	nissio	n of LEJCC	is to		
Activities & Governance	'	connect the community to Jewish heritage	. ider	tity, exper	iences and		
ieu.		Check this box if the organization discontinued its operations or dispose					
Ver	ı			3	27		
G		Number of independent voting members of the governing body (Part VI, line 1b)			27		
S S		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			379		
itie		Total number of volunteers (estimate if necessary)			400		
cţi		Total unrelated business revenue from Part VIII, column (C), line 12		001000490430047444504514	0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
a	8	Contributions and grants (Part VIII, line 1h)		5,961,320.	4,250,512.		
Ĭ		Program service revenue (Part VIII, line 2g)		5,545,061.	6,987,515.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,320.	187,243.		
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570,768.	612,108.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,107,469.	12,037,378.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2222	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,442,632.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,772,2		0.	0.		
хр	b	Total fundraising expenses (Part IX, column (D), line 25)	41.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,629,098.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,071,730.			
	19	Revenue less expenses. Subtract line 18 from line 12		35,739.			
Net Assets or Fund Balances			B	eginning of Current Year	End of Year		
SSE	20	Total assets (Part X, line 16)		21,964,906.	19,889,832.		
etA	21	Total liabilities (Part X, line 26)		3,756,457. 18,208,449.	5,091,967.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		10,200,445.	14,757,005.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etator	nents, and to the hest of m	w knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			y kilowidago allo odilol, icio		
,	COLLEC	gard complete, busined on or property (office than officer) is based on an information of the	non propare	rius uny kinowiougo.			
Sigr	n	Signature of officer		Date			
Her		Jerome Van Amburg, Chief Financial Offic	er				
	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	1	David Brownstein		if self-employ	P02510877		
	агег	Firm's name HASKELL & WHITE LLP			3-0310569		
	Only	Firm's address 300 Spectrum Center Drive, Suite	300				
		Irvine, CA 92618		Phone no. 9 4	9-450-6200		
Мау	the II	RS discuss this return with the preparer shown above? See instructions		***************************************	X Yes No		
_							

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Lawrence Family Jewish Community Centers of San Diego County ("LFJCC")
	is a California 501(c)3)Not-For-Profit organization that was
	incorporated in November 1945. The Mission of LFJCC is to connect the
	community to Jewish heritage, identity, experiences and values to
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,294,808 · including grants of \$) (Revenue \$ 561,212 ·)
	Qualcom sports, fitness & aquatics complex:
	Individual lessons, tournaments and socials and summer camps.
	* Friedenberg Olympic Pool is an outdoor heated pool. In addition,
	there is a jacuzzi, wading pool for children, masters swim program and
	youth swim team.
	* Jacobs Family Gymnasium consists of an NBA regulation basketball
	court.
	* Mandell Weiss Eastgate Park is a lighted multi-purpose field with an
	utdoor amphitheater and a picnic and barbecue area. The field is used
	for soccer and other sports.
4b	(Code:) (Expenses \$ 1,805,660 • including grants of \$) (Revenue \$ 3,496,973 •)
	Early Childhood Education
	Lawrence Family Jewish Community Center early childhood education
	program is designed to develop the social, emotional, physical, and
	intellectual well-being of each child through our developmental
	milestone curriculum. The focus is on creating a safe and nurturing
	environment which offers opportunities for exploration and discovery.
	The program has been structured to develop curiosity, imagination,
	self-esteem, caring for others, and the ability to play both
	cooperatively and independently. The program is committed to expanding
	community access to recreational and social programs for children with
	disabilities.
4c	(Code:) (Expenses \$1,675,463. including grants of \$) (Revenue \$2,897,590.)
	Youth And Teen Programs
	mb
	The youth department at LFJCC provides a nurturing and safe
	environment, a caring and professional staff, and enriching and quality
	programs for youth k-6. The department offers a wide variety of
	programs to ensure that the perfect activity is available to meet the
	child's interests and parent's schedule. Programs consist of:
	* I toom often agheel environt wassen
	* J-team after school enrichment program
	* Summer and spring break camps * Youth activities
	* Special programs
_	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 5,516,136 • including grants of \$) (Revenue \$ 31,740 •)
	10 202 067
<u>4e</u>	Total program service expenses 10,222,007.

See Schedule O for Continuation(s)

Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.5
	public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		-
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		3,5	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		+
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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? If "Yes," complete	05"	ľ	Х
	Schedule L, Part I	25b		<u> </u>
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%	26		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):	1.5		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	330		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			-
	î îi a a sa	·	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		0.25	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		ile m
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1000		v
_	(gambling) winnings to prize winners?	1c	- 000	(2022
23200	4 12-13-22	Forr	⊓ ヲヨリ	(2022

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

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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95-1985444 CENTERS OF SAN DIEGO COUNTY Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	4 (4)		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	119		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			in ed
b	Enter the number of voting members included on line 1a, above, who are independent			L ta
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		₹.	
	more members of the governing body?	7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		₩
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	-
a	The governing body?	8a	X	_
D	Each committee with authority to act on behalf of the governing body?	8b	_	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
3 ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the examination have level chanters, branches, or efflictor?	10a	162	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUA		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	\vdash
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	\vdash
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	9.		F. 75
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1.5	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			110
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	N E I	13	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s onl	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ind fina	ıncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jerome Van Amburg - 858-457-3030			
	4126 Executive Drive, La Jolla, CA 92037			

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Form 990 (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(0)

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(da		Posi		than :	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	_	Jer an	uau	recto	r/uus	(ee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	or d	99			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	1 trus		aa/	шреп		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	Institutional trustee	_	Key employee	St co	La	,		organizations
	line)	indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) Betzy Lynch	40.00	П	П							
CEO				X				350,026.	0.	5,578.
(2) Jerome Van Amburg	40.00									
CFO				X				171,310.	0.	6,462.
(3) Fran Forman	40.00									
Sr. Director, Programming and ECE						X		132,787.	0.	5,350.
(4) Robyn Casuto	40.00									
Sr. Director of Marketing and Strate						X		113,020.	0.	5,008.
(5) Spencer Lynch	40.00									
Director of Sports, Fitness and Aqua						X		100,874.	0.	4,993.
(6) Laurie Greenberg	8.00									
JCC Board Chair		X						0.	0.	0.
(7) Todd Allen	4.00									
Immediate Past Board Chair		Х						0.	0.	0.
(8) Suzanne Cohen	4.00									
Vice Chair		X		L		_		0.	0.	0.
(9) Kira Finkenberg	4.00							_		_
CJC Board Chair /JCC Vice Chair		X						0.	0.	0.
(10) Adam Jacobs	4.00							_		
Board Treasurer		Х						0.	0.	0.
(11) Brian Miller	4.00									_
Board Secretary		X						0.	0.	0.
(12) David Abrams	4.00									_
Board Member		X						0.	0.	0.
(13) Marcy Blumberg	8.00		l							
Board Member		X						0.	0.	0.
(14) Liz Nederlander Coden	4.00					I				
Board Member		X						0.	0.	0.
(15) Phyllis Epstein	4.00								_	
Board Member		X			L			0.	0.	0.
(16) Meryl Flam	4.00								_	_
Board Member		X			L	L	_	0.	0.	0.
(17) Phillip Ginsburg	8.00								_	
Board Member		X			\perp	\perp		0.	0.	0.

Form **990** (2022)

Form 990 (2022) LAWRENCE CENTERS (YTINU	95-1985	444	Pa	ige 8
Part VII Section A. Officers, Directors, Trus								ompensated Employe	es (continued)			
(A)	(B)	,,,		(0		5.10		(D)	(E)		(F)	_
Name and title	Average hours per week	box	not c , unle	Posi heck ss pe	itior more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	am	timate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensa om the anizati I relate nizati	e ion ed
(18) Amit Indap	4.00											
Board Member		X						0.	0.			0.
(19) Tanaz Kahen-Biton	4.00	_										^
Board Member		X		_		_		0.	0.			0 .
(20) Larry Katz	8.00	x				1		0.	0.			0.
Board Member (21) Doron Malka	4.00	A	\vdash	\vdash	H	H		0.	0.			
Board Member	1100	x						0.	0.			0.
(22) Ryan Marks	4.00	Г			П	1	П					
Board Member		X						0.	0.			0.
(23) Brett Meltzer	4.00	Π	Π	Г	П		П					
Board Member		X	_					0.	0.			0.
(24) William Rastetter	4.00	J							_			
Board Member		X	_		_		_	0.	0.			0.
(25) Danny Recht	4.00							0	0			0
Board Member	4 00	X	₩	-	-	-	-	0.	0.			0.
(26) Yael Ridberg Board Member	4.00	x						0.	0.			0.
dh Colleged		_	1	_	1			868,017	0.	2	7.3	91.
c Total from continuation sheets to Part V								0.00,017	0.			0.
d Total (add lines 1b and 1c)								868,017.		2	7,3	91.
Total number of individuals (including but r												
compensation from the organization						•			·			5
8											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•			ghest compensated em		3		x
4 For any individual listed on line 1a, is the si												5 1
and related organizations greater than \$15								e e e e e e e e e e e e e e e e e e e		4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	an	y un	relai					7
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son				5		X
Section B. Independent Contractors												
 Complete this table for your five highest co the organization. Report compensation for 										sation	from	
(A) Name and business	s address	N	ON	E				(B) Description of	services) Compe	C) ensatio	on
)												

Name and business address	NONE	Description of services	Compensation
Total number of independent contractors (including bu	it not limited to those li	sted above) who received more than	

\$100,000 of compensation from the organization 0
See Part VII, Section A Continuation sheets

Form 990 (2022)

Form 990

Form 990 CENTERS									95-198	5444
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	- 177			C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	recto				ешр		organization	(W-2/1099-MISC)	from the
	hours for related	0 r d	aa.			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	Itrus		99/	преп				organizations
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	line)	Individual trustee or director	Institutional trustee	04ficer	Key employee	Highest compensated employee	Former			
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Board Member		X						0.	0	0.
(28) Jack Rubin	4.00	П								
Board Member		X						0	0.	0.
(29) Victor Shlionsky	4.00									_
Board Member		X						0.	0.	0.
(30) Gina Stein	4.00				П					_
Board Member		X						0.	0.	0.
(31) Sheava Wax	4.00									
Board Member		X	L		_			0.	0.	0.
(32) Hannah Cohen	4.00	1_			l					
Board Member		X			_			0.	0.	0.
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Form 990 (2022)

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8 a Gross income from fundraising events (not including \$ \frac{417,780.}{50}\$ of contributions reported on line 1c). See Part IV, line 18	Пе			and sales expenses 7b				1 - 1 - 1 - 1	
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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Miscellaneous income Susiness Code				A Committee of the Comm	-	-38 758			-38.758.
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LAWRENCE FAMILY JEWISH COMMUNITY 95-1985444 Page 10 CENTERS OF SAN DIEGO COUNTY Form 990 (2022) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 376,769. 114,664. 1,057,468. 566,035. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 847,027. 285,876. 4,358,238. 5,491,141. Other salaries and wages 7 Pension plan accruals and contributions (include 3,484. 62,940. 14,272. 80,696. section 401(k) and 403(b) employer contributions) 13,519. 313,114. 244,217. 55,378. 9 Other employee benefits 20,477. 474,265. 83,878. 369,910. 10 Payroll taxes Fees for services (nonemployees): 127,027. 438,780. 311,429. 324. Management Legal Accounting Professional fundraising services. See Part IV, line 17 39,877. 39,877. Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 89,395. 103,150. 13,755. Office expenses 13 Information technology 14 15 Royalties 81,970. 233,499. 34,920. 116,609. 16 Occupancy 27,913. 13,569. 1,039. 42,521. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates _____ 21 1,074,813. 102,007. 345,676. 1,522,496. Depreciation, depletion, and amortization 22 665,918. 121,455. 22,475. 521,988.

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Form 990 (2022)

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Contract labor

Utilities

e All other expenses

Program supplies

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

d Administration and bank

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

See Sch O

Form 990 (2022)
Part X | Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			Ш
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,145,708.	1	2,454,776.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,874,664.	3	2,336,161.
	4	Accounts receivable, net	24,679.	4	17,498.
	5	Loans and other receivables from any current or former officer, director,		W.	100
		trustee, key employee, creator or founder, substantial contributor, or 35%		000	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		100	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assers	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	348,204.	9	1,450,714.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 26,383,442.	- 1 To 1 To 1		
	ь	Less: accumulated depreciation 10b 20,732,286.	4,051,977.	10c	5,651,156
	11	Investments · publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11	7,519,674.	12	7,979,527
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,964,906.	16	19,889,832
	17	Accounts payable and accrued expenses	1,346,280.	17	1,502,668
	18	Grants payable		18	1911/2017/201
	19	Deferred revenue	2,270,533.	19	2,196,661
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g :	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	139,644.	23	1,392,638
- [:	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	5 004 065
	26	Total liabilities. Add lines 17 through 25	3,756,457.	26	5,091,967
,		Organizations that follow FASB ASC 958, check here			
2		and complete lines 27, 28, 32, and 33.			6 0 10 7 10
	27	Net assets without donor restrictions	9,266,833.	27	6,949,742
ğ :	28	Net assets with donor restrictions	8,941,616.	28	7,848,123
Ĭ		Organizations that do not follow FASB ASC 958, check here		- 1	Jan Billion per la
		and complete lines 29 through 33.		×	ELECTION C
2	29	Capital stock or trust principal, or current funds		29	
: ב	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
₹ :	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	18,208,449.	32	14,797,865
	33	Total liabilities and net assets/fund balances	21,964,906.	33	19,889,832

Form 990 (2022)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			****	Ш
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	12,03		
3		3	-3,94		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,20		
5	Net unrealized gains (losses) on investments	5		1,6	
6	Donated services and use of facilities	6		•	
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,79	7,8	65.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
			194	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther		_	. 11.1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			100
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				131
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		3 - 1	
	consolidated basis, or both:		1 1		2
	Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	-
	If the organization changed either its oversight process or selection process during the tax year, explain on So	hedule O.	15		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				- V
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

2022

Open to Public Inspection

Employer identification number

95-1985444

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

g Provide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	in your governing	hization histed no document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
tal						

Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

organization(s). You must complete Part IV, Sections A and C.

(Form 990) 2022 CENTERS OF SAN DIEGO COUNTY 95-19854 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	V			12		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		1 1 1 1 1 1 1 1				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			1			
	activities, whether or not the			1			
	business is regularly carried on					ļ	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-					
_	organization, check this box and stor	here					
	ction C. Computation of Publ					Tarl	
	Public support percentage for 2022 (I		-				<u>%</u>
15	Public support percentage from 2021	Schedule A, Par	t II, line 14		14: 00 4/00/	15	<u>%</u>
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly sup	ported organization	on	d line 45 in 00 1/0	0/ as mayo abada	thin how
Ľ	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to					r 170, and line 15 is	
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the facts-and-circ Private foundation. If the organization						ns H
18	Filvate loundation. If the organization	ar did not check a	A DUX OITHINE 13, I	oa, 100, 17a, 01 17	D, CHECK THIS DOX		(Form 990) 2022
						SALICACIO L	

Schedule A (Form 990) 2022 CENTERS OF SAN DIEGO COUNTY Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	elow, please comp	nete Part II.j				
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	4,761,378.	7,066,008.	11,551,925.	5,995,410.	4,250,512.	33,625,233
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	5,632,442.	4,952,908.	4,132,598.	5,545,061.	6,987,515.	27,250,524
3 Gross receipts from activities that are not an unrelated trade or bus-						
inose under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		0				
6 Total. Add lines 1 through 5	10,393,820.	12,018,916.	15,684,523.	11,540,471.	11,238,027.	60,875,757
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	100 30					60,875,75
ection B. Total Support						121117-17101111
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	10,393,820.	12,018,916.	15,684,523.	11,540,471.	11,238,027.	60,875,75
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	686,266.	435,029.	1,507,879.	215,602.	187,243.	3,032,01
b Unrelated business taxable income (less section 511 taxes) from businesses	·					
acquired after June 30, 1975		105 000		015 600	107 042	
c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	686,266.	435,029.	1,507,879.	215,602.	187,243.	3,032,019
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	319,272.			172,570.		1,521,17
3 Total support. (Add lines 9, 10c, 11, and 12.)	11,399,358.	12,719,681.	17,573,293.	11,928,643.	11,807,975.	65,428,95
4 First 5 years. If the Form 990 is for th	-					on,
check this box and stop here		•		******		L
ection C. Computation of Publ	000.000.000.000.000.000				FF	02 04
5 Public support percentage for 2022 (I		-			15	93.04
6 Public support percentage from 2021					16	92.02
ection D. Computation of Inves	stment Incom	e Percentage				4 63
7 Investment income percentage for 20	22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	4.63
8 Investment income percentage from			*********		18	5.60
9a 33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If the	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
200 Private foundation. If the organization	GIG HOL GHECK A	55A 511 III 16 14, 13	a, or 100, officer th	DON GITG 3GG III		(Form 990) 20

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2-		
3a		
3b		
3c		
4a		i ii
4b		
75		
4c		
	-18	-
5a		
5b	_	_
5c		
6		
7		
8		
9 a		1
Ja	d	1
9b		-
9c		
- 11		
10a		
di su		
10b	rm 996)\ 20

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			2 0
	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,	5.71		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		γ	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_1_		
Sec	tion D. All Type III Supporting Organizations		_	_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	8.		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 5	-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_	-	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	71,		
	significant voice in the organization's investment policies and in directing the use of the organization's			10
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		TOL I	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio		1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	110		8
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- 50	TE	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a		_
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	- 3		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	II igs		to fi
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		1	TOS.
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	- F		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	A B	4 24	100
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990) 2022

95-198<u>5444 Page 6</u>

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		8
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			T-1,000 - 100 - 1
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	23-25		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	Frank Description	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		general Williams	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990) 2022

S118500			(COTTO		1821
Secti	on D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		22 7		
	Underdistributions, if any, for years prior to 2022 (reason-				ALC: NO.
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022		Lance of the state	T ST	
	From 2017		1.00		
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				1 1 20 1 21
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			W	
4	Distributions for 2022 from Section D,				
7	line 7:		1 1 1 1 1 1 1		
	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
5					
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
6	and 4b from line 1. For result greater than zero, explain in	- V			
	g .		V 1 (43 %)		
_	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j		- 1 - 1 - 2	17.79	
_	and 4c.			-	
8	Breakdown of line 7:				THE STATE OF THE S
_	Excess from 2018			7	
_	Excess from 2019		And the second		
	Excess from 2020				
$\overline{}$	Excess from 2021	THE THE PARTY			
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

Employer identification number

Organization type (check one):						
Filers of:		Secti	on:			
Form 990	O or 990-EZ	X	501(c)(3) (enter number) organization		
			4947(a)(1) nonexempt charitable trust not treated as a private foundation		
			527 politi	ical organization		
Form 990	D-PF		501(c)(3)	exempt private foundation		
			4947(a)(1	l) nonexempt charitable trust treated as a private foundation		
			501(c)(3)	taxable private foundation		
Note: Or	nly a section 501(c)(•	General Rule or a Special Rule. ganization can check boxes for both the General Rule and a Special Rule. See	instructions.	
General	Rule					
X	_	_		, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000. Complete Parts I and II. See instructions for determining a contributor's total		
Special	Rules					
	sections 509(a)(1) a	and 17 the ye	0(b)(1)(A)(ar, total c	ection 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of (vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that ontributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 99 e Parts I and II.	received from any one	
	contributor, during literary, or education	the ye onal pu	ar, total co rposes, o	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on- contributions of more than \$1,000 exclusively for religious, charitable, scientific r for the prevention of cruelty to children or animals. Complete Parts I (entering contributor name and address), II, and III.	,	
	year, contributions is checked, enter h purpose. Don't con	exclus nere the nplete	sively for re e total con any of the	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on eligious, charitable, etc., purposes, but no such contributions totaled more than tributions that were received during the year for an exclusively religious, charits a parts unless the General Rule applies to this organization because it receive ions totaling \$5,000 or more during the year	n \$1,000. If this box able, etc., d nonexclusively	
answer "	'No" on Part IV, line	2, of it	ts Form 99	by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 90; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, of Schedule B (Form 990).		

Employer identification number

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if	additional space is needed.
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		· · · · · · · · · · · · · · · · · · ·	(2)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jewish Community Foundation 4126 Executive Drive La Jolla, CA 92037	\$ <u>1,687,490</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	4126 Executive Drive La Jolla, CA 92037	\$590,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	4126 Executive Drive La Jolla, CA 92037	\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	4126 Executive Drive La Jolla, CA 92037	\$\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if	additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	4126 Executive Drive La Jolla, CA 92037	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	4126 Executive Drive La Jolla, CA 92037	\$54,100.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	4126 Executive Drive La Jolla, CA 92037	\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll

Employer identification number

95-1985444

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	4126 Executive Drive La Jolla, CA 92037	\$39,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	4126 Executive Drive La Jolla, CA 92037	\$34,750.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	4126 Executive Drive La Jolla, CA 92037	\$25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	4126 Executive Drive La Jolla, CA 92037	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	4126 Executive Drive La Jolla, CA 92037	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	4126 Executive Drive La Jolla, CA 92037	\$24,702.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	4126 Executive Drive La Jolla, CA 92037	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	4126 Executive Drive La Jolla, CA 92037	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	4126 Executive Drive La Jolla, CA 92037	\$19,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	4126 Executive Drive La Jolla, CA 92037	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	4126 Executive Drive La Jolla, CA 92037	\$17,813.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	4126 Executive Drive	\$17,436.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	4126 Executive Drive La Jolla, CA 92037	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4 4126 Executive Drive La Jolla, CA 92037	\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	4126 Executive Drive La Jolla, CA 92037	\$11,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	4126 Executive Drive La Jolla, CA 92037	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	4126 Executive Drive La Jolla, CA 92037	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	4126 Executive Drive La Jolla, CA 92037	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	4126 Executive Drive La Jolla, CA 92037	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	4126 Executive Drive La Jolla, CA 92037	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	4126 Executive Drive La Jolla, CA 92037	\$6,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	4126 Executive Drive La Jolla, CA 92037	\$6,340.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	4126 Executive Drive La Jolla, CA 92037	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	4126 Executive Drive La Jolla, CA 92037	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	4126 Executive Drive La Jolla, CA 92037	\$5,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	4126 Executive Drive La Jolla, CA 92037	\$5,216.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll

Name of organization

LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

Employer identification number

95-1985444

Part I	Contributors	(see instructions)	Use duplicate copies of	f Part I if additional space is needed.
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(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
49	4126 Executive Drive La Jolla, CA 92037	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$,	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

Employer identification number

95-1985444

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

LAWRENCE FAMILY JEWISH COMMUNITY

Employer identification number

CENTERS OF SAN DIEGO COUNTY

95-1985444

art III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following linaritable, etc., contributions of \$1,00	ne entry Enring	1(c)(7), (8), or (10) that total more than \$1,000 for the y ganizations e year. (Enter this info. once.) \$
No. om art I	Use duplicate copies of Part III if additional s (b) Purpose of gift	space is needed. (c) Use of gift		(d) Description of how gift is held
-				
	Transferee's name, address, an	(e) Transfer		elationship of transferor to transferee
No.			I	
rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	-	(d) Description of how gift is held
	9	(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
-			\	
	Transferee's name, address, a	(e) Transfer		elationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Employer identification number

95-1985444

OMB No. 1545-0047

Inspection

LAWRENCE FAMILY JEWISH COMMUNITY Name of the organization CENTERS OF SAN DIEGO COUNTY

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Total number at end of year 2 Aggregate value of caracteristic (auring year) 3 Aggregate value of caracteristic (auring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantens, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantens, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantens, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantens, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(s) of conservation the sessments is dealy of the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation essements is donor advisor or a supplementation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Total number of conservation easements and in part of the tax year. Relief at the End of the TaxYear		organization answered "Yes" on Form 990, Part IV, line	6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization inverting the grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purposel(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the tax year. Total number of conservation easements Total number of conservation easements Total number of conservation easements are a certified historic structure included in (a) Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Number of conservation easements modified, transferred, released, extinguished, or terminated			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Ob Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purposel(s) of conservation easements held by the organization (check all that spply). Preservation of an for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I held at the End of the Tax Year a Total number of conservation easements 2 a Total number of conservation easements Number of conservation easements included in (a) acquaired after July 25,2006, and not on a historic structure included in (a) 20 do Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year with property subject to conservation easements in located Number of states where property subject to conservation easements in state of the value of the property of the periodic monitoring, inspecting, h	1	Total number at end of year		
A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring incernishible provises hence in the fund of the the benefit of the donor or donor advisor, or for any other purpose conferring incermissible provise benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Preservation of open space Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Teld number of conservation easements Teld at the End of the Tax Year a Total number of conservation easements On Number of conservation easements on a certified historic structure included in (a) Number of conservation easements and experience of conservation easements and in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year No experience of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on	2	Aggregate value of contributions to (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of onsurvation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 5 Total acreage restricted by conservation assements 6 Total acreage restricted by conservation assements 7 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure isted in the National Register 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Loses the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Provide t	3	Aggregate value of grants from (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of onsurvation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 5 Total acreage restricted by conservation assements 6 Total acreage restricted by conservation assements 7 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure isted in the National Register 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Loses the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Provide t	4	Aggregate value at end of year		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposels) of conservation easements held by the organization check all that apply. Preservation of an for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 7 Number of conservation easements included in (a) A current of conservation easements on a certified historic structure included in (a) 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located violations, and enforcement of the conservation easements it located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the result of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the describes the organization sacounting for conservation easements.	5		riting that the assets held in donor adv	rised funds
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8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$				
(i) Revenue included on Form 990, Part VIII, line 1 \$,,	
(ii) Assets included in Form 990, Part X				\$
E IT THE CHARLESTIVE FOCIACY OF HELD WORKS OF ALL, HISTOFICAL FEASURES, OF CHIEF SHIFTED ASSETS FOR HIRAFICIAL VALUE OF THE PROPERTY OF THE PR	2			
the following amounts required to be reported under FASB ASC 958 relating to these items:	~			ow ganty provide
				\$
b Assets included in Form 990, Part X \$	b	Assets included in Form 990, Part X		ð

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other	Simila	ır Asset	S (continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that r	make sigr	nificant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program	1				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	ı's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit o						17	_	Number 1
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran						, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	s or other asse	ets not in	cluded		,	
	on Form 990, Part X?				************			Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				0001=000=000		
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial accou	nt liability	?	2000	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance	7,519,674,	7,499,584.	6,231,	905.	6,3	49,302.	6	024,930.
	Contributions	75,000.	1,500,000.						
	Net investment earnings, gains, and losses	738,363,	-1,145,232.	1,428,	780.	2	01,337.		322,147.
	Grants or scholarships			· ·			•		
					-				
е	Other expenditures for facilities	-353,510.	334,678.	-161	101	- 3	18,734.		2,225.
	and programs	-333,310.	334,070.	202	, = = -				
	Administrative expenses	7,979,527.	7,519,674.	7,499	584	6 2	231,905.	6	,349,302,
	End of year balance				,504.	- 0,2	131,503.		, 5 13 % 2 2 2 6
2	Provide the estimated percentage of the cur			a)) neid as:					
а	Board designated or quasi-endowment	36.2500	_%						
	Permanent endowment 52.0400	%							
C	Term endowment11.7100	£0							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administer	ed for the	9		- 1	Yes No
	organization by:								X
	(i) Unrelated organizations								
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?	************				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipn				_				
	Complete if the organization answere	ed "Yes" on Form 990			Part X, li	ne 10.			
	Description of property	(a) Cost or o	1 ''	t or other		cumulat		(d) Boo	k value
		basis (investr	nent) basis	(other)	depr	eciation	1		
1a	Land	em.				2.34			
	Buildings			6,011.	16,9				2,869.
	Leasehold improvements			3,188.		11,1			2,063.
d	Equipment			7,432.		05,9			1,462.
	Other		2,91	6,811.	2,2	92,0	49.		4,762.
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)	7440000000000	satisanobooks	eccessio.	5,65	1,156.

Schedule D (Form 990) 2022

(b) Book value	(c) Method of valuation: Cost or e	4342
7,979,527	End-of-Year Marke	t Value
- 1721275211		
7.979.527.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
n Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
		end-of-year market value
	· · · · · · · · · · · · · · · · · · ·	ANTICARDO TA
	i e	
n Form 990. Part IV. line	11d. See Form 990, Part X, line 15.	
	, ,	(b) Book value
		1
		1
15.)		
=W-4++++++++++++++++++++++++++++++++++++		
n Form 990. Part IV. line	11e or 11f. See Form 990, Part X, line	25.
		(b) Book value
	n Form 990, Part IV, line escription	7,979,527. n Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or e

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

LAWRENCE	S FZ	7MTT7	(OFMI	on.	COMMON	T.T.X
CENTERS	OF	SAN	DIEGO	CO	UNTY	

Schedule D (Form 990) 2022	CENTERS OF SAN DIEGO C			95-1	1985444	Page 4
Part XI Reconciliatio	n of Revenue per Audited Financial S	tatements With	Revenue per Re	eturn	l.	
Complete if the o	rganization answered "Yes" on Form 990, Part IV,	line 12a.				
				1	12,532	,172.
	e 1 but not on Form 990, Part VIII, line 12:	30 10				
	sses) on investments	2a	534,671.	K.T.		
	se of facilities					
	grants					
	XIII.)					
e Add lines 2a through 2d				2e		,671.
	e 1			3	11,997	,501.
	orm 990, Part VIII, line 12, but not on line 1:					
a Investment expenses no	ot included on Form 990, Part VIII, line 7b	4a	39,877.			
	XIII.)					
				4c		<u>,877.</u>
5 Total revenue. Add lines	3 and 4c. (This must equal Form 990, Part I, line 1	2.)	*******	5	12,037	,378.
Part XII Reconciliation	on of Expenses per Audited Financial S	Statements With	Expenses per	Retu	ırn.	
	organization answered "Yes" on Form 990, Part IV,					
	ses per audited financial statements			1	15,942	,756.
	ne 1 but not on Form 990, Part IX, line 25:		(0.000.000.000.000.000.000.000.000.000.			
	se of facilities	2a				
				13	\	
	XIII.)					
·				2e		0.
	e 1			3	15,942	,756.
	orm 990, Part IX, line 25, but not on line 1:		**************************************	-		
	ot included on Form 990, Part VIII, line 7b	4a	39,877.	4.2.		
	XIII.)					
				4c		,877.
	es 3 and 4c. (This must equal Form 990, Part I, line			5	15,982	,633.
Part XIII Supplementa						
Provide the descriptions requi	ired for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b	and 2b; Part V, line	4; Parl	t X, line 2; Part	XI,
	lines 2d and 4b. Also complete this part to provide					
		,				
10						
Part X, Line 2:						
The Organization	on believes that it has ag	ppropriate	support fo	r a	ny tax	
·						
positions taken	n, and as such, do not hav	ve any unce	rtain tax	pos	itions	that
(-						
are material to	the financial statements	S•				
						4
Part XI, Line 2	d - Other Adjustments:					
Less direct don	nor benefits of special ev	vents				
Part XII, Line	2d - Other Adjustments:					
Less direct don	nor benefits of special ev	vents				
-						
Part Wa Line 4	- Intended Uses of Endow	ment Fund				

15060220 750202 1272 100

- Land Control of the
LFJCC'S spending policy is to disburse funds available in accordance with
donor restrictions to meet the current program needs of LFJCC and is based
on a three year average of the investment balances at a 5% payout rate.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

LAWRENCE FAMILY JEWISH COMMUNITY

Employer identification number

95-1985444 CENTERS OF SAN DIEGO COUNTY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

95-1985444 Page 2

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

		Ţ.	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Patron Party	(event type)	(total number)	col. (c))
иe			(event type)	(event type)	(total fidilibel)	
Revenue	1	Gross receipts	612,550.			612,550.
	2	Less: Contributions	417,780.			417,780.
	3	Gross income (line 1 minus line 2)	194,770.			194,770.
	4	Cash prizes				
s.	5	Noncash prizes				
kpense	6	Rent/facility costs	89,781.			89,781.
Direct Expenses	7	Food and beverages	3,849.			3,849.
	8	Entertainment	23,782.			23,782.
	9	Other direct expenses	446 446			116,116.
	10					233,528.
		Net income summary. Subtract line 10 from I				-38,758.
Pa	irt l		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_	Г	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
	Ė	2,000,000,000				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)	***************************************	***************************************	
	_					
	ls i	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No. " explain:	activities in each of these	states?		Yes No
L	==	No," explain:				
		ere any of the organization's gaming licenses r			year?	Yes No
t	" TI •	Yes," explain:				
_	_					
2320	82 1	0-27-22			Sch	edule G (Form 990) 2022

LAWRENCE FAMILY JEWISH COMMUNITY

Sch	edule G (Form 990) 2022	CENTERS OF	SAN	DIEGO	COUNTY	95-1	98544	4 Page 3
11	Does the organization conduct gar	ning activities with no	nmember	s?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
12	Is the organization a grantor, bene-	ficiary or trustee of a t	rust, or a	member o	f a partnership or other	er entity formed		
	to administer charitable gaming?						Yes	∟ No
	Indicate the percentage of gaming	•					13a	%
	The organization's facility An outside facility						13b	%
	Enter the name and address of the							
			3		3 3 1			
	Name					in the second		
	Address							
15a	Does the organization have a conti	ract with a third party	from who	m the orga	anization receives gar	ning revenue?	Yes	No
b	If "Yes," enter the amount of gamin	ng revenue received b	y the orga	anization	\$	and the amount		
	of gaming revenue retained by the							
•	: If "Yes," enter name and address	of the third party:						
	Name							
	name							
	Address							
	/ -							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Garning manager compensation	\$						
	Description of services provided							
	·							
	Director/officer	Employee	T	Jadanas	ident contractor			
	L Director/oπicer	Employee	1.4	⊒ indepen	ident contractor			
17	Mandatory distributions:							
	Is the organization required under	state law to make cha	aritable di	stributions	from the gaming pro	ceeds to		
	retain the state gaming license?	31131131111111111111111111111111111111		×+++++++++++++++++++++++++++++++++++++		inaciano monocamiento de la composición	Yes	No
t	Enter the amount of distributions r	•		distributed	to other exempt orga	inizations or spent in the		
Da	organization's own exempt activitient IV Supplemental Information			one veguir	ad by Part Llina 2b. s	solumna (iii) and (v): and Pr	art III. linge	a ah 10h
	15b, 15c, 16, and 17b, as				•		ai t III, iii ies	3, 30, 100,
_	100, 100, 10, 4.14 110, 40	арриоавия (100 р (100 г						
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Schedule G	(Form 990)	CENTERS	ΟF	SAN	DIEGO	COUNTY	95-1985444	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)					
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			_					
-								

LAWRENCE FAMILY JEWISH COMMUNITY

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

Employer identification number 95-1985444

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	V.	531	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			- 8
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	4.1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3.50		150
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				0.00
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	*	V- 1		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		21	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	- 1		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
		3 3	13.6	0.00
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		N.	
	organization or a related organization:		100	
а	Receive a severance payment or change-of-control payment?	4a		X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			K, WI
			- 1	1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	- 6		10.1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		100	E A
	contingent on the revenues of:	- 1		
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		100	15
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- 1	2	
	contingent on the net eamings of:			E 5
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	Dr.	000	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	108		100
	Regulations section 53.4958-6(c)?	9		

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

LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY

Page 2

95-1985444

Schedule J (Form 990) 2022 CENT

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

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

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

(F) Compensation in column (B)	reported as deferred on prior Form 990	.0	0	0	0																												Schedule J (Form 990) 2022
(E) Total of columns (B)(i)-(D)		355,60		177,77	•0																												Schedu
(D) Nontaxable benefits		4,872.	0.	4,872.	.0																												
(C) Retirement and other deferred	compensation	706.		1,590.	0																												
(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(iii) Other reportable compensation		0		0																												
V-2 and/or 1099-MIS compensation	(ii) Bonus & incentive compensation	0	.0	0	• 0																												
(B) Breakdown of V	(i) Base compensation	350,026.		171,310.	0																												
		Ξ	≘	Ξ	€	Ξ	≘	€	Ξ	Ξ	€	ε	Ξ	Ξ	≘	Ξ	≘	Ξ	€	Ξ	Ξ	ε	(ii)	(i)	<u> </u>	Θ	<u>(ii)</u>	Ξ	€	≘	Ξ	Ξ	
	(A) Name and Title	(1) Betzy Lynch	CEO	(2) Jerome Van Amburg	CFO																							12					

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

95-1985444

Schedule J (Form 990) 2022 CENTERS OF SAN DIEGO CO

Part III | Supplemental Information

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY

2022
Open to Public Inspection

Employer identification number 95-1985444

Form 990, Part I, Line 1, Description of Organization Mission:
values to ensure the continuity and vibrancy of the Jewish community.
Form 990, Part III, Line 1, Description of Organization Mission:
ensure the continuity and vibrancy of the Jewish community. The mission
is accomplished by promoting the physical and mental well-being of the
community and offering a rich array of stimulating and innovative
social, cultural, educational, and recreational programs and services
LFJCC is committed to providing a welcoming and inclusive environment
for San Diego's diverse Jewish community and the greater general
community.
Form 990, Part III, Line 4c, Program Service Accomplishments:
* Enrichment classes
* Sports programs
Lawrence Family Jewish Community Center's teen department hosts a
variety of enriching events and leadership opportunities while bringing
together teens of diverse backgrounds from all over San Diego. The
programming establishes a strong Jewish Community for teens and allows
participants to develop into emotionally well-rounded leaders of the
future.

Board member Larry Katz has a business relationship with several other

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

Form 990, Part VI, Section A, line 2:

Schedule O (Form 990) 2022

232211 10-28-22

board members.

Employer identification number 95-1985444

Form 990, Part VI, Section A, line 2:

Board members Adam Jacobs and Gary Jacobs are father and son.

Form 990, Part VI, Section A, line 7a:

Board members are elected at the annual meeting. The board candidates are nominated by the Nominating committee and the membership votes at the annual meeting.

Form 990, Part VI, Section B, line 11b:

A copy of the form 990 is available for the organization's governing board to review.

Form 990, Part VI, Section B, Line 12c:

Officers, directors or trustees, and key employees of the organization are required to review and sign the written conflict of interest policy at the first board meeting of each year.

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

All salaries are reviewed and approved by the executive committee and board of directors.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements are distributed to the board of directors at each meeting, and is available to the public upon request.

Form 990, Part IX, Line 24e, All Other Functional Expenses:

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization LAWRENCE FAMILY JEWISH COMMUNITY	Page 2 Employer identification number
CENTERS OF SAN DIEGO COUNTY	95-1985444
Printing and publicity:	
Program service expenses	259,347.
Management and general expenses	256,182.
Fundraising expenses	17,110.
Total expenses	532,639.
Maintenance supplies:	
Program service expenses	0.
Management and general expenses	411,727.
Fundraising expenses	0.
Total expenses	411,727.
Maintenance service:	
Program service expenses	0.
Management and general expenses	234,455.
Fundraising expenses	0.
Total expenses	234,455.
Food and beverage:	
Program service expenses	114,805.
Management and general expenses	425.
Fundraising expenses	109,448.
Total expenses	224,678.
Repairs and maintenance:	
Program service expenses	39,384.
Management and general expenses	0.
Fundraising expenses	159,645.
232212 10-28-22	Schedule 0 (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY	Employer identification number 95-1985444
Total expenses	199,029
Dues:	
Program service expenses	163,440
Management and general expenses	5,705
Fundraising expenses	0
Total expenses	169,145
Telephone and internet:	
Program service expenses	145,562
Management and general expenses	9,247
Fundraising expenses	0
Total expenses	154,809
Admissions:	
Program service expenses	11,088
Management and general expenses	57,604
Fundraising expenses	561
Total expenses	69,253
Staff training and recruitment:	
Program service expenses	13,780
Management and general expenses	22,666
Fundraising expenses	4,830
Total expenses	41,276
Postage and shipping:	
Program service expenses	29,516 Schedule 0 (Form 990) 20

Name of the organization LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF SAN DIEGO COUNTY	Employer identification number 95-1985444
Management and general expenses	4,810.
Fundraising expenses	1,664.
Total expenses	35,990.
Bad debts:	
Program service expenses	23,914.
Management and general expenses	0.
Fundraising expenses	6,708.
Total expenses	30,622.
Conference:	
Program service expenses	1,223.
Management and general expenses	14,906.
Fundraising expenses	66.
Total expenses	16,195.
<u> </u>	
Grants/Awards:	
Program service expenses	0.
Management and general expenses	3,000.
Fundraising expenses	0.
Total expenses	3,000.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 2,122,818.
*	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2022

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. LAWRENCE FAMILY JEWISH COMMUNITY Attach to Form 990.

CENTERS OF SAN DIEGO COUNTY

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 95-1985444

(g) Section 512(b)(13) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity End-of-year assets (e) <u>e</u> Total income 豆 包 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Parti Part II

California ARTISTIC PROGRAMS 33-0874955, 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037

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

Schedule R (Form 990) 2022

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Yes

controlled

Direct controlling entity

status (if section Public charity

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

foreign country)

CJC OFFERS A VARIETY OF

SAN DIEGO CENTER FOR JEWISH CULTURE

MULTI-DISCIPLINARY

section

501(c)(3))

entity?

×

N/A

Line 11

501(c)(3)

LAWRENCE FAMILY JEWISH COMMUNITY

Page 2

95-1985444

CENTERS OF SAN DIEGO COUNTY

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2022 Part III

Percentage ownership इ General or F managing partner? Yes 8 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate ž allocations? Ξ Yes Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Direct controlling entity ፱ (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u>

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

					1		<u>[</u>	٤
(a)	(a)	<u>(</u>)	9	(e)	€	(a)	Ē	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		or trust)		assets		Yes No

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LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY Schedule R (Form 990) 2022

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

				Voe	No
Note: Complete line 1 if any entity is listed in Paris II, III, or IV of this schedule.		:	•		_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	In Parts II-IV?		1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a	×
b Gift arent or cepitel contribution to related organization(s)				9	×
	EEE				Þ
c Gift, grant, or capital contribution from related organization(s)				၁	4
(a) appropriate protection of appropriate and we appropriately				- Jd	×
d Loans of loan guarantees to of 101 refered organization(s)					Þ
e Loans or loan quarantees by related organization(s)				Je	4
					Þ
f Dividends from related organization(s)				- 	4
	电电池电流 有有事的 化异异丙甲基丙甲基丙烯 医大胆素 化丁烷基 医性黄素素			ç	×
g sale of assets to related organization(s)			***************************************	20	,
h Purchase of assets from related organization(s)				#	×
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	化环戊基基环状烷 医阿利氏原状的 化分流 医医物尿管检查学 医阿尔萨氏征分泌学术 计节号		÷	×
i Exchange of assets with related organization(s)				=	1
i Lease of facilities, equipment, or other assets to related organization(s)				įį.	×
				,	>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	4
	nization(s)			=	×
	(a)			<u> </u>	×
 m Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)		***************************************		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×
				10	×
 Sharing of paid employees with related organization(s) 	***************************************			2	
Beimhiusement haid to related organization(s) for expenses				6	×
	医弗里氏皮黄色 美美国军 美大拉 电光线 医甲状腺 医阿拉拉 电上线 计记法 医腺炎坏坏	***************************************		5	×
q Reimbursement paid by related organization(s) for expenses				2	
				+	Į.
r Other transfer of cash or property to related organization(s)				1r X	1
Other transfer of cook or memority from soluted presentation(c)				,	×
ام			object to the second description of the second seco		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction triesholds.	who must complete the	ils line, including covered	relationships and transaction unrestroids.		
(a)	(b)	(c)	(d) Devlovni truma orinimateh to bothed	peylox	
Name of related organization	type (a-s)	Amount involved	Metrod of determining arroary		
m San Diego Center for Jewish Culture	ĸ	234,455.See	See Sch R Part VII		
(2)					
(b)					
IEN					
(c)					
(a)			Schedule	Schedule B (Form 990) 2022	90) 2022
232163 09-14-22			17717)	> >	1

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LAWRENCE FAMILY JEWISH COMMUNITY

CENTERS OF SAN DIEGO COUNTY Schedule R (Form 990) 2022 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 Pertner? (Form 1065) Yes No				
Orspropor- Lonate an allocations? Or				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec. 507(c)(3) args.?				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Provide additional information for responses to questions on Schedule R. See instructions.
Schedule R - Transfer of Residual From CJC
On July 1, 1999, San Diego Center for Jewish Culture ("CJC") entered
into an agreement with LFJCC to administer the cultural arts programs
and complex for the CJC. The initial term of the agreement was for ten
(10) years with an automatic extension of ten (10) years and for
consecutive ten (10) year terms unless either party notifies the other
in writing to the contrary at least one (1) year prior to the end of
the term then in effect. In accordance with the agreement, LFJCC
performs all necessary advisory, management and administrative services
described in the agreement. LFJCC is entitled to retain any positive
results from operations and is responsible for any negative results
from operations. The positive results from operations totaled \$234,455
for the year ended June 30, 2023.

15060220 750202 1272 100