

** PUBLIC DISCLOSURE COPY **

990(Rev. January 2020)
Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1445-0347

2019Open to Public
Inspection**A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020**

B Check if applicable:	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Mailing address <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	SAN DIEGO CENTER FOR JEWISH CULTURE Doing business as Number and street (or P.O. box if mail is not delivered to street address) 4126 EXECUTIVE DRIVE		Permit number 33-0874955
	City or town, state or province, country, and ZIP or foreign postal code LA JOLLA, CA 92037		E Telephone number (858) 457-3030
	F Name and address of principal officer Betzy Lynch 4126 Executive Drive, La Jolla, CA 92037		G Gross receipts 1,626,288.
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) ► (insert no.) <input type="checkbox"/> 4947(a)(1)-cl <input type="checkbox"/> 527		H(a) Is this a group return? For subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	J Website: ► WWW.LFJCC.ORG		H(b) Is a standard exemption included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a fact sheet (instructions)
	K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ►		H(c) Group exemption number ►
	L Year of formation: 1999		M State or legal residence: CA

Part I Summary

Activities & Governance	1. Briefly describe the organization's mission or most significant activities: To expand and enrich cultural life of San Diego by presenting the finest in Jewish Artistic		
	2. Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	25
	3. Number of voting members of the governing body (Part VI, line 1a)	4	25
	4. Number of independent voting members of the governing body (Part VI, line 1a)	5	0
	5. Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6	500
	6. Total number of volunteers (estimate if necessary)	7a	0.
	7a. Total unrelated business revenue from Part VIII, column (D), line 12	7b	0.
	b. Net unrelated business taxable income from Form 950-T, line 2e		
Revenue	8. Contributions and grants (Part VIII, line 1b)	Prior Year	Current Year
	9. Program service revenue (Part VIII, line 2g)	862,049.	929,900.
	10. Investment income (Part VIII, columns (A), lines 3-4, and 7d)	806,557.	524,696.
	11. Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	0.	0.
	12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	265,106.	171,692.
		1,933,712.	1,626,288.
		0.	0.
		0.	0.
		1,077,696.	1,142,254.
		0.	0.
Expenses	13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	14. Benefits paid to or for members (Part IX, column (A), line 4)	856,016.	484,034.
	15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,933,712.	1,626,288.
	16a. Professional fundraising expenses (Part IX, column (A), line 11a)	0.	0.
	b. Total fundraising expenses (Part IX, column (C), line 25) ► 75,000.		
	17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24c)	0.	0.
	18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	0.
	19. Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
		0.	0.

Net Assets or Fund Balances	20. Total assets (Part X, line 10)	0.	0.
	21. Total liabilities (Part X, line 26)	0.	0.
	22. Net assets or fund balances. Subtract line 21 from line 20	0.	0.

Part II Signature Block

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

Sign Here	► Signature of officer Betzy Lynch, Chief Executive Officer Type or print name and title	Date
Paid Preparer Use Only	Print/Type or print name Wayne Pinnell -Mr's name ► HASKELL & WHITE LLP -Mr's address ► 9171 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Precorder's signature Firm's EIN ► 33-0310569 Phone no. 858 249-7444
		SSN [REDACTED] PIN P01691781

May the IRS disclose this return with the preparer shown above? (see instructions) Yes No

Related to Form 1040, 1041, 1065, 1065-B, 1065-C, 1065-D, 1065-E, 1065-F, 1065-G, 1065-H, 1065-I, 1065-J, 1065-K, 1065-L, 1065-M, 1065-N, 1065-O, 1065-P, 1065-Q, 1065-R, 1065-S, 1065-T, 1065-U, 1065-V, 1065-W, 1065-X, 1065-Y, 1065-Z, 1065-Z1, 1065-Z2, 1065-Z3, 1065-Z4, 1065-Z5, 1065-Z6, 1065-Z7, 1065-Z8, 1065-Z9, 1065-Z10, 1065-Z11, 1065-Z12, 1065-Z13, 1065-Z14, 1065-Z15, 1065-Z16, 1065-Z17, 1065-Z18, 1065-Z19, 1065-Z20, 1065-Z21, 1065-Z22, 1065-Z23, 1065-Z24, 1065-Z25, 1065-Z26, 1065-Z27, 1065-Z28, 1065-Z29, 1065-Z30, 1065-Z31, 1065-Z32, 1065-Z33, 1065-Z34, 1065-Z35, 1065-Z36, 1065-Z37, 1065-Z38, 1065-Z39, 1065-Z40, 1065-Z41, 1065-Z42, 1065-Z43, 1065-Z44, 1065-Z45, 1065-Z46, 1065-Z47, 1065-Z48, 1065-Z49, 1065-Z50, 1065-Z51, 1065-Z52, 1065-Z53, 1065-Z54, 1065-Z55, 1065-Z56, 1065-Z57, 1065-Z58, 1065-Z59, 1065-Z60, 1065-Z61, 1065-Z62, 1065-Z63, 1065-Z64, 1065-Z65, 1065-Z66, 1065-Z67, 1065-Z68, 1065-Z69, 1065-Z70, 1065-Z71, 1065-Z72, 1065-Z73, 1065-Z74, 1065-Z75, 1065-Z76, 1065-Z77, 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1065-Z808, 1065-Z809, 1065-Z810, 1065-Z811, 1065-Z812, 1065-Z813, 1065-Z814, 1065-Z815, 1065-Z816, 1065-Z817, 1065-Z818, 1065-Z819, 1065-Z820, 1065-Z821, 1065-Z822, 10

Part III Statement of Program Service Accomplishments

Check / Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission.
SAN DIEGO CENTER FOR JEWISH CULTURE ("CJC") IS A CALIFORNIA 501(C)(3) NOT-FOR-PROFIT ORGANIZATION THAT WAS INCORPORATED IN JANUARY 1999. CJC IS HOUSED AT LAWRENCE FAMILY JEWISH COMMUNITY CENTERS OF San Diego COUNTY. CJC PROVIDES A WIDE ARRAY OF MULTI-DISCIPLINED OFFERINGS, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If Yes, describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If Yes, describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of the 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 contributions to others, the total expenses and revenue, if any, for each program service reported.

4a (Cost) 350,896. (Revenue) 0.1 (Expense) 121,206.
Adult Jewish Education encompasses a diverse selection of cultural and educational opportunities ranging from single lectures and year round classes, to annual festivals. Among our signature programs in Jewish life and learning are the Distinguished Speaker and Scholars Lectures Series, Melton School of Jewish Learning, and Holocaust Education.

4b (Cost) 304,903. (Revenue) 0. (Expense) 139,393.
San Diego Jewish film festival - A 10 day series of short films, documentaries, feature films, and dialogues with filmmakers. The festival promotes awareness, appreciation, and pride in the diversity of the Jewish people.

4c (Cost) 379,536. (Revenue) 0.1 (Expense) 310,015.
The J* Company youth theatre - offers classes and workshops in acting, dance, voice and technical theater for youths ages 7-18. Students perform four musicals per year for young audiences.

4d Other program services (Describe on Schedule O.)
 (Expense) 249,384. (Revenue) 125,774.
4e Total program service expenses ► 1,284,719.

Form 990 (2019)

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 Contributions?	2 X	
3 Did the organization engage in direct or indirect political campaign activities or behalf of or in support of candidates for public office? If "Yes," complete Schedule C, Part I.	3 X	
4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6 X	
7 Did the organization receive or held 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 Schedule D, Part III.	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9 X	
10 Did the organization, directly or through a related organization, hold assets in nonarrested endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII.	11c X	
d Did the organization report an amount for other assets in Part X, line 16, that is 5% or more of its total assets reported in Part X, line 10? 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 X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN-48 (ASC 740)? If "Yes," complete Schedule D, Part XI.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in Section 170(b)(1)(A)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 or more? If "Yes," complete Schedule F, Parts I and II.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 5, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 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 11c? If "Yes," complete Schedule G, Part I.	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 X	
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 12? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$6,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule L, Part I, and III.	22	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt burden?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Did the organization engage in an excess benefit transaction with a disqualifying person during the year? If "Yes," complete Schedule L, Part I.	25a	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualifying person in a prior year, also that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	28a	<input checked="" type="checkbox"/>
a A current or former officer, director, trustee, key employee, creator or founder or substantial contributor? If "Yes," complete Schedule L, Part IV.	28b	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28c	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.	29	<input checked="" type="checkbox"/>
30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	30	<input checked="" type="checkbox"/>
31 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule M.	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.	32	<input checked="" type="checkbox"/>
33 Did the organization own 100% or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7721-3? If "Yes," complete Schedule R, Part I.	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(3)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, line 2.	35b	
36 Section 501(c)(29) organizations: Did the organization make any transfers to an eligible non-charitable relatives organization? If "Yes," complete Schedule R, Part V, line 2.	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 10% 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 V.	37	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	<input checked="" type="checkbox"/>

Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable.	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.	1b	0
c Did the organization comply with cash-out will modeling rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>

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.	2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a Did the organization have undistributed business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 980-T for this year? If "No," to the 3b, provide an explanation on Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If "Yes" to line 5a or 5b, did the organization file Form 8686-1?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization make any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every calculation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(e).			
a Did the organization receive a payment in excess of \$10 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 9292?	7c	X	
d If "Yes," indicate the number of Forms 9292 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8692 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4946?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Interest and capital contributions included on Part VIII, line 2 ...	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information on the organization's report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X	
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule C.	16	X	

Part VI Governance, Management, and Disclosure For each "Yes" response to Items 2 through 7a below, and for a "No" response to Items 8a, 8b, or 11b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegates broad authority to an executive committee or similar committee, explain on Schedule O.	25	
2	Enter the number of voting members included on line 1a, above who are independent	2	X
3	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?	X	
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors, trustees, or key employees to a management company or other person?	X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
6	Did the organization use the assets during the year for a significant diversion of the organization's assets?	X	
7a	Did the organization have members, stockholders, or other persons who has the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8a	Did the organization or temporarily cede control the meetings held or written actions undertaken during the year by the following:	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	X	

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1021 or 1024 A, if applicable), 990, and 990-T (Schedule O if O is only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Jerome Van Amburg - 858-457-3030
4126 Executive Drive, La Jolla, CA 92037

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter 0 in columns (D) (E) and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See 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 6 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below (na))	(C) Position (Check all boxes that apply to each officer, director, trustee, key employee, and highest compensated employee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Officer or Director	Board Member	Key Employee	Highest Compensated Employee	Other			
(1) Todd Allen Board Chair	4.00	X					0.	0.	0.
(2) Beacie Braverman-Kaufman Board Member	4.00	X					0.	0.	0.
(3) Roberta Wagner Bernstein Board Member	4.00	X					0.	0.	0.
(4) Lise Chang Board Member	4.00	X					0.	0.	0.
(5) Phyllis Epstein Board Member	4.00	X					0.	0.	0.
(6) Judith Friedman Board Member	4.00	X					0.	0.	0.
(7) Dr. David Goffin, C.D. Board Chair	4.00	X					0.	0.	0.
(8) Dr. Debra Greenberg Board Chair - Elect	4.00	X					0.	0.	0.
(9) Silvana Christy Executive Committee	4.00	X					0.	0.	0.
(10) Barrie Steinberg Board Member	4.00	X					0.	0.	0.
(11) Monica Handler Tammuz Secretary	4.00	X					0.	0.	0.
(12) Emanuel Cohen Board Member	4.00	X					0.	0.	0.
(13) Nina Gerin Board Member	4.00	X					0.	0.	0.
(14) Julia Gutierrez Board Member	4.00	X					0.	0.	0.
(15) Lynn A. Jackie Shanger Board Member	4.00	X					0.	0.	0.
(16) Cecily Vitkini Executive Committee	4.00	X					0.	0.	0.
(17) Marcia Wolodow Board Member	4.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check one or more than one box unless person is eligible in all boxes at same time)					(D) Reportable compensation from the organization (W-2/MISC)	(E) Reportable compensation from related organizations (W-2/MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Executive Officer	Independent Contractor	Key Employee	Non-Employee Director	Trustee			
(18) Heidi Castwerk Executive Committee	4.00	X					0.	0.	0.
(19) Jerri-Anne Lammie Board Member	4.00	X					0.	0.	0.
(20) Phillip Ginsburg JCC Board President	4.00	X					0.	0.	0.
(21) David Hafsky Board Treasurer	4.00	X					0.	0.	0.
(22) Sarah Scott Feldman Executive Committee	4.00	X					0.	0.	0.
(23) Christine Link Executive Committee	4.00	X					0.	0.	0.
(24) Seth Krosner Executive Committee	4.00	X					0.	0.	0.
(25) Rita Kirkpatrick Executive Committee	4.00	X					0.	0.	0.
1b Subtotal ►							0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►							0.	0.	0.
d Total (add lines 1b and 1c) ►							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee or line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Amount excluded from 1331-C Schedule S12-S14
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Member dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All contributions, gifts, grants, and similar amounts not included above	1f	929,900.			
g Noncontributionary receipts to 1f	1g				
h Total. Add lines 1a-1f		929,900.			
Program Service Revenue					
2 a Program Fees		Business Code 711190	524,696.	524,696.	
b					
c					
d					
e					
1 All other program service revenue					
g Total. Add lines 2a-2f			524,696.		
Other Revenue					
3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	6a	(i) Real 125,486.	(ii) Personal		
b Less: rental expenses	6b	0.			
c Rental income or (loss)	6c	125,486.			
d Net rental income or (loss)			125,486.	125,486.	
7 a Gross earnings from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b Less: direct costs and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
8 a Gross income from fundraising events (not including 4 of contributions reported on line 1c). See Part IV line 16		2a			
b Less: direct expenses	2b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11 a Miscellaneous Revenue		Business Code 900099	46,206.	46,206.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d			46,206.		
12 Total revenue. See instructions			1,626,286.	696,388.	0.
					0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 2.				
2 Grants and other assistance to domestic individuals. See Part IV, line 29.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid for full members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not includable in disqualifying persons (as defined in the section 4959(f)(1)) and persons described in section 4958(c)(3)(F).				
7 Other salaries and wages.	991,071.	725,127.	196,274.	69,670.
8 Pension plan accruals and contributions (include section 401(a) and 403(b) employer contributions).	18,143.	10,997.	6,506.	640.
9 Other employee benefits.	15,118.	9,164.	5,421.	533.
10 Payroll taxes.	117,922.	71,479.	42,286.	4,157.
11 Fees for services (not an employee):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.				
12 Advertising and promotion.				
13 Office expenses.	2,823.	2,621.	202.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	62,851.	62,851.		
17 Travel.	30,233.	28,874.	1,359.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,444.	1,171.	273.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (list miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount. List line 24e expenses on Sch. O.)				
a Contract labor.	133,144.	133,144.	0.	0.
b Administration.	117,231.	104,856.	12,375.	0.
c Printing and publication.	95,617.	95,102.	515.	0.
d Program supplies.	87,858.	87,821.	37.	0.
e All other expenses. See Sch. O.	-47,167.	-48,488.	1,321.	
25 Total functional expenses. Add lines 1 through 24e.	1,626,288.	1,284,719.	266,569.	75,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SEC Form 950 (ASC 955-720).				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non interest bearing	1	
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4955(e)(1)(H)), and persons described in section 4955(e)(2)(B)(D))	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV line 1	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	16 Total assets. Add lines 1 through 15 (minus line 3)	0.	16
Liabilities	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Borrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	0.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	27	
	28 Net assets with donor restrictions	28	
	Organizations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 28 through 33.		
	29 Capital stock or trust principal or current funds	0.	29
	30 Paid-in or capital surplus, or land, building, or equipment funds	0.	30
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31
	32 Total net assets or fund balances	0.	32
	33 Total liabilities and net assets/fund balances	0.	33

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,626,288.
2 Total expenses (must equal Part IX, column (A), line 2B)	2	1,626,288.
3 Revenue less expenses. Subtract line 2 from line 1	3	0.
4 Net assets or fund balances at beginning of year (must equal Part X, line 2B, column (A))	4	0.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 2B, column (B))	10	0.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	2a	X
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	3a	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 890 or 890-EZ)

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 980 or Form 980-EZ.
► Go to www.irs.gov/Form980 for instructions and the latest information.

Q37 No. 1365676

2019

**Open to Public
Inspection**

Name of the organization

Employer identification number

33-0874955

SAN DIEGO CENTER FOR JEWISH CULTURE

SAN DIEGO CENTER FOR JEWISH CULTURE

Part 1: Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- This organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule C (Form 980 or 990-EZ).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 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.

5 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).

7 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)(vii). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

10 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 (see section 511 tax from businesses acquired by the organization after June 30, 1975. See section 509(a)(2)). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(8). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a 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.

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s). By having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization!.

f Enter the number of supported organizations			
g Provide the following information about the supported organization(s).			
(II) Name of supported organization	(III) FIN	(IV) Type of organization (described on Annex 1-1d above item 3(c) column)	(V) Designate if applicable Yes No
Total			

Total

I HA For Paperwork Reduction Act Notice, see the Instructions for Form 890 or 890-EZ. (Rev. 09-25-12) **Schedule A (Form 890 or 890-EZ) 2019**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants contributions and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 1						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI)						
11 Total support. Add lines 7 thru 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 [line 6, column (f), divided by line 11, column (f)]	14	96
15 Public support percentage from Part IV Schedule A, Part II, line 14	15	96
16a 33 1/3% support test - 2019. If the organization did not check the box on line 12, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 12 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% facts-and-circumstances test - 2019. If the organization did not check a box on line 12, 16a, or 16b, and line 11 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 16 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 15a, 16a, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,217,202.	1,139,387.	1,230,602.	862,049.	929,900.	5,269,240.
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	592,949.	605,899.	738,790.	806,557.	524,696.	3,258,391.
3. Gross receipts from activities that are not an unrelated trade or business under section 513						
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5. The value of services or facilities furnished by a governmental unit to the organization without charge						
6. Total. Add lines 1 through 5	1,810,151.	1,745,286.	1,865,592.	1,668,606.	1,454,596.	8,538,231.
7a. Amounts included on lines 1, 2, and 5 received from disqualified persons						0.
b. Amounts included on lines 1, 2, and 5 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 12b for the year						0.
c. Add lines 7a and 7b						0.
8. Public support. (Subtract line 7b from line 6)						8,538,231.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9. Amounts from line 6	1,810,151.	1,745,286.	1,865,592.	1,668,606.	1,454,596.	8,538,231.
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	183,546.	182,275.	215,797.	191,627.	125,486.	898,731.
b. Unrelated business taxable income (see section 511 taxes) from businesses acquired after June 30, 1975						
c. Add lines 10a and 10b	183,546.	182,275.	215,797.	191,627.	125,486.	898,731.
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	79,348.	75,814.	97,035.	73,479.	46,206.	371,882.
13. Total support. (Add lines 1 through 12)	2,072,045.	2,003,275.	2,172,422.	1,933,712.	1,625,292.	9,609,344.
14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15. Public support percentage for 2019 (line 8, column f), divided by line 13, column f)	15	87.05 %
16. Public support percentage from 2018 Schedule A, Part III, line 15	16	87.18 %

Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2019 (line 10c, column f), divided by line 13, column f)	17	9.16 %
18. Investment income percentage from 2018 Schedule A, Part III, line 17	18	9.30 %
19a. 33 1/3% support tests - 2019. If the organization did not check a box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b. 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20. Private foundation. If the organization did not check a box on line 14, 18a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a, c, or f in line 1d or Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefits 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 485B(c)(5)(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 or 990-EZ).
- 8 Did the organization make a gift to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 1943 because of section 4943(f) (regarding certain Type II supporting organizations and all Type III non-financially integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule G, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11. Has the organization accepted a gift or contribution from any of the following persons?		
a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b. A family member of a person described in (a) above?	11b	
c. A 25% controlled entity of a person described in (a) or (b) above? If "Yes," to a, b, or c, provide details in Part VI.	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	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	

Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production or income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 1-1/2% of line 3 (or 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 .0325.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 96% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to certain supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see irs.gov/pub/irs-pdf/f5714.pdf)	(i) Excess Distributions	(II) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (use applicable rules required- explain in Part VI). See instructions.			
3 -excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4c from line 2. If result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 980 or 990-EZ) 2019

Part VI

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

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(2) taxable private foundationCheck if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), (9), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the dis 103% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1b; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contribution totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it receives non-exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► §

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line 11 of its Form 990-EZ or on line 15 of Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number

33 0874955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 277,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 127,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 16,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number

33-0874955

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
7		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number

33-0874955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN DIEGO CENTER FOR JEWISH CULTURE

33 0874955

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 5	
(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

Employer identification number

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following inquiry for organization(s) included in Part I, where the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (below) is:

... include in Part I, where the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (below) is: ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 11g, or 12b.

► Attach to Form 990.

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

OMB No. 1246-0047

2019Open to Public
Inspection

Name of the organization

SAN DIBGO CENTER FOR JEWISH CULTURE

Employer identification number
33-0874955**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input type="checkbox"/> Preservation of land for public use (for example recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (b)	2c
d Number of conservation easements included in (c) acquired after 7/22/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? _____	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)? _____	Yes No
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.	
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2019

R19091 04-08-18

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

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a. Public exhibit or
- b. Scholarly research
- c. Preservation for future generations

- d. Loan or exchange program
- e. Other _____

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV? Yes No

1b. If "Yes," explain the arrangement in Part XIII and complete the following table.

Amount	
1c	1d
1e	1f

1c. Beginning balance

1d. Additions during the year

1e. Distributions during the year

1f. Ending balance

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

2b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a. Beginning of year balance					
1b. Contributions					
1c. Net investment earnings, gains, and losses					
1d. Grants or scholarships					
1e. Other expenditures for facilities and programs					
1f. Administrative expenses					
1g. End of year balance					

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

2a. Board designated or quasi endowment ► %

2b. Permanent endowment ► %

2c. Term endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

3i. Unrelated organizations

3ii. Related organizations

3b. If "Yes" on line 3aii, are the related organizations listed as required on Schedule R?

4. Describe in Part XI the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a. Land				
1b. Buildings				
1c. Leasehold improvements				
1d. Equipment				
1e. Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 0.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

(a) Description of security or category (not using name of account)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
[1] Financial derivatives		
[2] Directly held equity interests		
[3] Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1 Total revenue, gains, and other support per audited financial statements	1	1,626,288.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Deferred services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,626,288.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,626,288.

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

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

1 Total expenses and losses per audited financial statements	1	1,626,288.
2 Amounts included on line 1 but not on Form 990, Part IX, line 2:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,626,288.
4 Amounts included on Form 990, Part IX, line 2b, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,626,288.

Part XIII Supplemental Information.

Provide the descriptions required for Part I, lines 8 & 9; Part III, lines 1a and 1; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 3a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The organization believes that it has appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1573-0842

2019

Open to Public
Inspection

Name of the organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number
33-0874955

Form 990, Part I, Line 1, Description of Organization Mission:

Expressions while encouraging the preservation of Jewish Culture and
heritage.

Form 990, Part III, Line 1, DESCRIPTION OF ORGANIZATION MISSION:

IS THE LARGEST LOCAL INSTITUTION SOLELY DEDICATED TO EXPLORING THE
JEWISH EXPERIENCE THROUGH THE ARTS. CJS'S MISSION IS TO EXPAND AND
ENRICH CULTURAL LIFE IN SAN DIEGO BY PRESENTING THE FINEST IN JEWISH
ARTISTIC EXPRESSIONS, ENCOURAGING THE PRESERVATION OF JEWISH CULTURE
AND HERITAGE AND NURTURING NEW CREATIVITY IN THE ARTS.

CJC OFFERS A WIDE VARIETY OF MULTI-DISCIPLINARY ARTISTIC PROGRAMS THAT
EXPLORE CULTURAL IDENTITIES AND PERSPECTIVES, PROMOTE CROSS CULTURAL
UNDERSTANDING AND HIGHLIGHT HUMAN THEMES OF FAMILY, TOLERANCE,
COMPASSION AND HOPE. THESE PROGRAMS, INCLUDING THE SAN DIEGO JEWISH
FILM FESTIVAL, LOOK & LISTEN: PERFORMING ARTS SERIES, HOLOCAUST
EDUCATION PROGRAM, JEWISH ADULT EDUCATION GOTTHELF ART GALLERY AND THE
J*COMPANY YOUTH THEATER, FOSTER IDEAS OF CULTURAL APPRECIATION AND
RESPECT.

APPROXIMATELY 40,000 TICKETS ARE SOLD OR PROVIDED ANNUALLY TO
RESIDENTS, VISITORS, AND STUDENTS FOR SAN DIEGO CENTER FOR JEWISH
CULTURE EVENTS. CJC FACILITIES FEATURE A 500 SEAT THEATER, A 10,000
VOLUME JUDAICA LIBRARY, AN ART GALLERY, AND A COMMUNITY HOLOCAUST
MEMORIAL GARDEN.

Name of the organization:

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number
33-0874955

J*COMPANY YOUTH THEATER IS THE LEADING YOUTH THEATRE PROGRAM IN SAN DIEGO, GARNERING LOCAL AND NATIONAL ATTENTION WITH ITS AWARD WINNING PRODUCTIONS AS WELL AS PROVIDING A FOUNDATION FOR YOUNG ARTISTS TO TRAIN AND DEVELOP THEIR CREATIVE POTENTIAL, GIVING THEM THE OPPORTUNITY TO EXPRESS THEMSELVES THROUGH THE DRAMATIC ARTS.

Form 990, Part III, Line 1, Description of Organization Mission:

IS THE LARGEST LOCAL INSTITUTION SOLELY DEDICATED TO EXPLORING THE JEWISH EXPERIENCE THROUGH THE ARTS. CJCS'S MISSION IS TO EXPAND AND ENRICH CULTURAL LIFE IN SAN DIEGO BY PRESENTING THE FINEST IN JEWISH ARTISTIC EXPRESSIONS, ENCOURAGING THE PRESERVATION OF JEWISH CULTURE AND HERITAGE AND MURTING NEW CREATIVITY IN THE ARTS.

Form 990, Part III, Line 4d, Other Program Services:

Expenses \$ 249,384. including grants of \$ 0. Revenue \$ 125,774.

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:

922216 00-0510

Schedule C (Form 990 or 990-EZ) (2019)

Name of the organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number

33-0874955

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:

Food and beverage:

Program service expenses	42,041.
Management and general expenses	546.
Fundraising expenses	0.
Total expenses	42,587.

Postage and shipping:

Program service expenses	23,440.
Management and general expenses	76.
Fundraising expenses	0.
Total expenses	23,516.

Maintenance supplies:

Program service expenses	12,712.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	12,712.

Name of the organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number
33-0874955Maintenance service:

<u>Program service expenses</u>	7,394.
<u>Management and general expenses</u>	0.
<u>Fundraising expenses</u>	0.
<u>Total expenses</u>	7,394.

Repairs and maintenance:

<u>Program service expenses</u>	2,390.
<u>Management and general expenses</u>	0.
<u>Fundraising expenses</u>	0.
<u>Total expenses</u>	2,390.

Admissions:

<u>Program service expenses</u>	1,137.
<u>Management and general expenses</u>	0.
<u>Fundraising expenses</u>	0.
<u>Total expenses</u>	1,137.

Dues:

<u>Program service expenses</u>	725.
<u>Management and general expenses</u>	367.
<u>Fundraising expenses</u>	0.
<u>Total expenses</u>	1,092.

Telephone:

<u>Program service expenses</u>	800.
<u>Management and general expenses</u>	0.
<u>Fundraising expenses</u>	0.

Version 01-07-17

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

SAN DIEGO CENTER FOR JEWISH CULTURE

Employer identification number
33-0874955

Total expenses	800.
----------------	------

Grants/awards:

Program service expenses	700.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	700.

Staff training:

Program service expenses	51.
Management and general expenses	332.
Fundraising expenses	0.
Total expenses	383.

Bad debt expense:

Program service expenses	358.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	358.

Management services:

Program service expenses	-140,236.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	-140,236.
Total Other Expenses on Form 990, Part IX, line 24e, Col A	47,167.

SCHEDELE B
Form 3801

SCHEDULE E

DRAFTS OF JOURNAL

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 32, 34, 35b, 36, or 37.

► Attach to Form 550

→ Gattung und Artbestimmung für Insektenarten nach dem Indikatorprinzip

Name of the organization

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

Part III

Identification of Related Organizations Taxable as a Partnership under Section 1402

Identification of Related Organizations Taxable as a Partnership: Complete if the organization answered "Yes" in Form 860, Part IV, line 31, question 11 and one or more related organizations located as a partnership during the tax year.

Party IV Identifying of Related Organizations Taxable as a Corporation or Trust. Complete if you organized or arranged "Yes" on Form 886, Part IV line 51, because it had one or more listed

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "yes" on Form 880C, Part V, Line 5c, because it had one or more related organizations taxable as a corporation or trust during the tax year.

Part V Transactions With Related Organizations. Complete if the organization answers "Yes" on Form 990 Part N, Line 34, 35c or 38.

Notes: Complete line 1 if any entity is listed in Parts II, III, or IV or this schedule.

- 1 During the tax year, did the organization engage in or transact with one or more related organizations listed in Parts II-IV?

	Yes	No
a Recruit of (i) interest, (ii) employees, (iii) volunteers, or (iv) rent from a controlled entity	1g	X
b Gift, grant, or capital contribution to related organization(s)	1h	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Leases or lease guarantees by related organization(s)	1e	X

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of real employees with related organization(s)
- p Hamburger paid to related organization(s) for expenses
- q Hamburger paid by related organization(s) for expenses
- r Other transfer of cash or property from related organization(s)
- s Other transfer of cash or property to related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on what must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (e.g.)	(c) Amount involved	(d) Method of determining amount involved
(1) Lawrence Family Jewish Community	S	140,236.800	Sch R Part VII	
(2)				
(3)				
(4)				
(5)				
(6)				

David H. Lippman's Organization Theory as a Postmodern Economic Sociology

Part VI Unrelated Organizations Taxable as a Partnership. Complete if this organization answered Yes on Form 990-PZ, Part IV, line 27.

Provide the following information for each entity listed as a partnership which the organization or conducted more than five percent of its activities or transactions by total assets or gross revenue:
That uses from a related organization, & its instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

See Schedule R, Part VII

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. LFJCC absorbed \$140,236 of CJC's operations for the year ended June 30, 2020.

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

Journal of the American Water Resources Association

- File a separate application for each return.
- Go to www.irs.gov/Form5363 for the latest information.

Electronic filing (e-filing). You can electronically file Form 886B to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8872, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 800-1 (including 1720-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print For individuals - Using your name, B. Individuals	Name of exempt organization or other filer. See Instructions. SAN DIEGO CENTER FOR JEWISH CULTURE	Taxpayer identification number (TIN) 33 0874955
	Number, street, and room or suite no. If a P.O. box, see Instructions. 4126 EXECUTIVE DRIVE	
	City, town or post office, state and ZIP code. For a foreign address, see instructions. LA JOLLA, CA 92037	

Enter the Return Code for the return that this application is for (this is a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	D1	Form 8550-1 (corporation)	D7
Form 990-BL	D2	Form 1041-A	D8
Form 1720 (individual)	I14	Form 4720 (other than individual)	I14
Form 500-P	D4	Form 5227	D10
Form 1910-T (sec. 401(a) or 408(a) trust)	D5	Form 6368	D11
Form 990-T (trust other than above)	D6	Form 8870	D12

Jerome Van Amburg

- The books are in the care of ► **4126 Executive Drive - La Jolla, CA 92037**
Telephone No. ► **858-457-3030** Fax No. ►
 - If the organization does not have an office or place of business in the United States, check this box ►
 - If this is for a Group Return, enter the organization's four digit Group Exemptor Number (A-N) ► If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the exemption is for.

- 1 I request an automatic 6-month extension of time until May 17, 2021 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning JUL 1, 2019 and ending JUN 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

a If this application is for Forms 980-BL, 930-TF, 930-T, 4720 or 506B, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 930-H, 930-T, 4720, or 506B, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	2b	\$	0.
c Balance due. Subtract line 3a from line 2b. Include your payment with this form, if required by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct deposit) with this Form 8909, see Form 8438-EC and Form 8879-CD for payment instructions.

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

Гант 8888 | Год. 1-2020

TAXABLE YEAR
2019California Exempt Organization
Annual Information ReturnForm 199 12-04-18
F99V

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019 and ending (mm/dd/yyyy) 06/30/2020

Organization/Trade Name SAN DIEGO CENTER FOR JEWISH CULTURE

General Corporation, Inc.

2041622

Address information (See instructions) REIN 33-0874955

Street address (number) 4126 EXECUTIVE DRIVE

PM Inc

City LA JOLLA

State CA

Zip 92037

Country name Foreign organization

Foreign - California

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 7417(a)(1) trust Yes No
- D Final Information Return? Yes No
 Received Sent to another Mailed to another
 Late due (including extensions)
- E Check accounting method: (1) Cash Accrual Other None
- F Federal return due? (1) 4/15/20 7/15/20 10/15/20 12/15/20
 Under 501(c)(3)
 Under 501(c)(4)
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption? Yes No
 Yes, what is the person's name?
- I Did the organization have any changes to its guidelines? Yes No
 No, reported to the IRS. See instructions Yes No
- J Is exempt under R&IC Section 23701(c), has the organization engaged in political activities? See instructions. Yes No
- K Is the organization ever exempt under R&IC Section 23701(g)? Yes No
 Yes, enter the gross receipts from commercial sources \$ _____
- L Organization is a public charity exempt under R&IC Section 23701(d) and meets the filing fee exception, check box, No filing fee is required.
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 1099 to report taxable income? Yes No
- O Is the organization in audit by the IRS or has the IRS audited in a prior year? Yes No
- P Is federal Form 1023 or 1024 pending? Yes No
- Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	<input type="checkbox"/> 1	696,388.00
	2 Gross dues and assessments from members and officials	<input type="checkbox"/> 2	00
	3 Gross contributions, gifts, grants, and similar amounts received	<input type="checkbox"/> 3	929,900.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	<input type="checkbox"/> 4	1,626,288.00
	5 Cost of goods sold	<input type="checkbox"/> 5	00
	6 Cost in other areas, and travel expenses of assets sold	<input type="checkbox"/> 6	00
	7 Total costs. Add line 5 and line 6	<input type="checkbox"/> 7	03
	8 Total gross income. Subtract line 7 from line 4	<input type="checkbox"/> 8	1,626,288.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 10	<input type="checkbox"/> 9	1,626,288.00
	10 Expenses of rentals over expenses and disbursements. Subtract line 9 from line 8	<input type="checkbox"/> 10	00
Filing Fee	11 Total paid fees	<input type="checkbox"/> 11	00
	12 Use tax. See General Information K	<input type="checkbox"/> 12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input type="checkbox"/> 13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input type="checkbox"/> 14	00
	15 Filing fee \$20 or \$25. See General Information F	<input type="checkbox"/> 15	10.00
	16 Penalties and interest. See General Information J	<input type="checkbox"/> 16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 14 from the result	<input type="checkbox"/> 17	10.00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on information of which preparer has any knowledge.		
	Preparer's signature ►	Title CHIEF EXECUTIV	Phone 858 457-3030
	Preparer's name ► HASKELL & WHITE LLP	Ext. 014	PTIN 01691781
	Preparer's address ► 9171 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122		FEIN 33-0310569

Sign Here	Signature of officer ►	Title CHIEF EXECUTIV	Phone 858 457-3030
	Preparer's signature ►	Ext. 014	PTIN 01691781
Paid Preparer's Use Only	Preparer's name ► HASKELL & WHITE LLP		FEIN 33-0310569
	Preparer's address ► 9171 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122		Phone 858-249-7444
	May the IRS discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

902920 10-7-12

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	• 1	50
	2 Interest	• 2	00
	3 Dividends	• 3	00
	4 Grants	• 4	125,486 00
	5 Gross royalties	• 5	00
	6 Gross amount received from sale of assets (See instructions)	• 6	00
	7 Other income	• 7	570,902 00
	8 Total gross income received from other sources. Add line 1 through line 7. Enter here and on line 1, Part I, line 1	• 8	696,388 00
	9 Contributions, gifts, grants, and similar amounts paid	• 9	00
	10 Disbursements to other members	• 10	00
Expenses and Disburse- ments	11 Compensation of officers, directors, and trustees	SEE STATEMENT 3 • 11	0 00
	12 Other salaries and wages	• 12	991,071 00
	13 Interest	• 13	00
	14 Taxes	• 14	117,922 00
	15 Rent	• 15	62,851 00
	16 Depreciation and depletion (See instructions)	• 16	00
	17 Other Expenses and Disbursements	SEE STATEMENT 4 • 17	454,444 00
	18 Total expenses and disbursements. Add line 8 through line 17. Enter here and on line 9, Part I, line 9	• 18	1,626,288 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash			•	
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgages payable			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation			1	1
11 Land			•	
12 Other assets			•	
13 Total assets		0		0
Liabilities and net worth				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities			•	
19 Capital stock or principal fund			•	
20 Retained earnings or income (loss)			•	
21 Heltoned earnings or income (loss)			•	
22 Total liabilities and net worth		0		0

Schedule M-1 Reconciliation of income per books with income per return

(Do not complete this schedule if the amount in Schedule L, line 13, column (c), is less than \$50,000.)

1 Net income per books	•	7 Income recorded on books this year not included in this return	■
2 Federal income tax	•	8 Deductions in this return not charged against books income (loss)	■
3 Excess of capital losses over cap. tax losses	•	9 To ad. and line 7 and line 8	■
4 Income not recorded on books this year	•	10 Total income per return Subtract line 9 from line 1	■
5 Expenses recorded on books this year not deducted in this return	•		
6 Total. Add line 1 thru 5 line 6			

CA 199

Cash Contributions
Included on Part I, Line 3

Statement 1

Contributor's Name	Contributor's Address	Date of Gift	Amount
	4126 Executive Drive La Jolla, CA 92037	06/30/20	277,016.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	127,468.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	16,600.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	11,300.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	10,000.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	6,000.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,600.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,550.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,500.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,200.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,110.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,000.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,000.
	4126 Executive Drive La Jolla, CA 92037	06/30/20	5,000.

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

4126 Executive Drive La Jolla, 06/30/20
CA 92037 5,000.

4126 Executive Drive La Jolla, 06/30/20
CA 92037 5,000.

Total included on line 3 505,844.

CA 199 Other Income Statement 2

Description	Amount
Miscellaneous Revenue	46,206.
Program Fees	524,696.
Total to Form 199, Part II, line 7	570,902.

CA 199 Compensation of Officers, Directors and Trustees Statement 3

Name and Address	Title and Average Hrs Worked/Wk	Compensation
odd Allen 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Chair 4.00	0.
Stacie Bresler-Reinstein 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Roberta Wagner Berman 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Lisa Chang 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Phyllis Epstein 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Judith Friedel 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.

SAN DIEGO CENTER FOR JEWISH CULTURE

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Dr. David Geffen, O.D. 126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Past Board Chair 4.00	0.
Dr. Laurie Greenberg 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Chair Elect 4.00	0.
Silvana Christy 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Harris Steinberg 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Monica Handler Penner 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Secretary 4.00	0.
Hannah Cohen 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Nina Garin 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Julie Potiker 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Lynn A. Jaffe Shauger 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Caryn Viterbi 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Marcia Wolochow 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.
Heidi Gantwerk 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Jerri-Ann Jacobs 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Member 4.00	0.

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0674955

Philip Ginsburg 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	JCC Board President 4.00	0.
David Rafsky 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Board Treasurer 4.00	0.
Sarah Scott Feldman 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Christina Fink 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Seth Krosner 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
Kira Finkinberg 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	Executive Committee 4.00	0.
<hr/>		<hr/>
Total to Form 199, Part II, line 11		0.
<hr/>		<hr/>

A 199	Other Expenses	Statement 4
Description		Amount
Contract labor		133,144.
Administration		117,231.
Printing and publications		95,617.
Program supplies		87,858.
Food and beverage		42,587.
Postage and shipping		23,516.
Maintenance supplies		12,712.
Maintenance service		7,394.
Repairs and maintenance		2,390.
Admissions		1,137.
Dues		1,092.
Telephone		800.
Grants/awards		700.
Staff training		383.
Bad debt expense		358.
Management services		-140,236.
Pension plan contributions		18,143.
Other employee benefits		15,118.
Office expenses		2,823.
Travel		30,233.

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

Conferences and conventions

1,444.

Total to Form 199, Part II, line 17

454,444.

Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the Franchise Tax Board.* With the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

0190015 01-10-18

... -- CATCH-FILE -- NO PAYMENT IS DUE, DO NOT MAIL -- IS VOUCHER -- -- -- ATTACHMENT -- -- --

CAUTION: You may be required to pay electronically, see instructions.

**TAXABLE YEAR Payment Voucher for Corporations
2019 and Exempt Organizations e-filed Returns**

CA FORM 3 FORM

3586 (e-file)

0000000 SAND 33-0874955 000000000000 19 FORM 3
TYB 07-01 2019 TYB 06-30-2020
SAN DIEGO CENTER FOR JEWISH CULTURE

4126 EXECUTIVE DRIVE
LA JOLLA CA 92037

(858) 457 3030

Amount of Payment

10.

TAXABLE YEAR
2019California e-file Return Authorization for
Exempt OrganizationsFORM
8453-EO

Exempt Organization Name

Identifying number

SAN DIEGO CENTER FOR JEWISH CULTURE

33-0874955

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 1,626,288
2 Total gross income (Form 199, line 6)	2 1,626,288
3 Total expenses and disbursements (Form 199, line 8)	3 1,626,288

Part II Settle Your Account Electronically for Taxable Year 2019

4 Electronic funds withdrawal 4a. Amount _____ 4b. Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on Part II, line 4.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign
Here

Signature of officer

Date

CHIEF EXECUTIVE OFFICER

Title

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-EO 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-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO 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, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO 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
Must
SignFirst, middle, last
name, employee
and address

Name

Check if
also paid
preparerCheck if
paid
preparer

EIN/FEIN

P01691781

Form LR 33-0310569

HASKELL & WHITE LLP
9171 TOWNE CENTRE DRIVE
SAN DIEGO, CA

ZEVON 92122

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
Preparer
Must
SignPaid
Preparer's
signatureFirst, middle, last
name, employee
and address

Name

Check if
also paid
preparer

EIN/FEIN

P01691781

For Privacy Notice, get FTB 1131 ENGVSP.

FTB 8453-EO 2019

STATE OF CALIFORNIA
DRAFT FORM 100 D&B
DRAFT-1
Page 00022110
NOTICE
Failure to file charitable income
F-100 D&B 2019-407
Government Code section 12686
11 Cal. Code Regs. section 301-307, 311 and 312
EFTRT ADDRESS:
1700 L Street
Government Code section 12686
11 Cal. Code Regs. section 301-307, 311 and 312
WEBSITE ADDRESS:
www.doj.ca.gov/charities/

DEPARTMENT OF JUSTICE
2019-407

Charity Registration

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Section 12686 and 12687, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to file this report annually no later than four months and three days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a maximum fine of \$100,000. Information in this form is subject to review by the Revenue & Taxation Code Auditor or the Office of the Attorney General. This form is not a substitute for the 2019 Government Code section 12686-11 FF registration which must be filed.

SAN DIEGO CENTER FOR JEWISH CULTURE

Address of Organization

4126 EXECUTIVE DRIVE

Address of Primary Office

LA JOLLA, CA 92037

City or Town, State and Zip Code

(858) 457-3030

Telephone Number

By E-Mail

Check :

- Change of address
 Amended report

State Charity Registration Number CT 115527

Corporation or Organization No. 2041822

Federal Employer ID No. 33-0874955

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020) list:

Gross Annual Revenues \$ 1,626,288 Borrowed Contributions \$ 0 Total Assets \$ 0
Program Expenses \$ 1,284,719 Total Expenses \$ 1,626,288

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Notes: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review DRAFT-1 instructions for information required.

Yes No

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?
3. During this reporting period, were any organizational funds used to pay any penalty, fine or judgment?
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial contractor used?
5. During this reporting period, did the organization receive any governmental funding?
6. During this reporting period, did the organization hold a raffle for charitable purposes?
7. Does the organization conduct a vehicle donation program?
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?
9. At the end of this reporting period, did the organization hold realated net assets, while reporting negative unrestricted net assets?

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

CHIEF EXECUTIVE
OFFICER

BETZY LYNCH

Signature of Authorized Agent

Printed Name

Title

Date