#### Extended to May 15, 2019

990

Department of the Treasury

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.

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, and ending JUN 30, 2018

OMB No. 1545-0047 Open to Public Inspection

<b>B</b> c	heck if	C Name of organization	D Employer identific	cation number
	¬Addre	SS CAN DIECO CENTED FOD TEWICH CITIMIDE		
H	_lchang ∏Name		<b>⊣</b> 33_0	874955
H	_lchang ∏Ini̞tial	3		
H	_return ∃Final	Number and street (or P.O. box if mail is not delivered to street address)  A126 EXECUTIVE DRIVE	uite E Telephone number	
	⊐return. termin	.		2,172,424.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code  LA JOLLA, CA 92037	G Gross receipts \$	
	⊒return ∏Applio	•	H(a) Is this a group re	
	⊒tiòn pendi	F Name and address of principal officer: Deczy Hymch	for subordinates	
	•		H(b) Are all subordinates in	
		empt status: \( \bar{X} \) 501(c)(3) \( \bar{D} \) 501(c) (\( \) ) \( \) (insert no.) \( \bar{D} \) 4947(a)(1) or \( \bar{D} \) te: \( \) \( \) \( \) WWW \( \) LFJCC \( \) ORG		list. (see instructions)
			ear of formation: 1999 N	
	rt I	Summary	ear or formation. ± J J J N	State of legal doffliche, CA
1 6		Briefly describe the organization's mission or most significant activities: To expan	d and enrich	cultural
ce	'	life of San Diego by presenting the finest i	n Jewish Arti	stic
Governance	2	Check this box if the organization discontinued its operations or disposed of n		
ver			1 - 1	37
		Number of independent voting members of the governing body (Part VI, line 1b)	·····	37
ø v		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	·····	0
iţi			·····	500
Activities &		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12	·····	0.
Ā		Net unrelated business taxable income from Form 990-T, line 34		0.
-	ь	Net differated business taxable income from Point 990-1, life 34	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,139,387.	1,120,802.
Revenue		D	605,899.	738,790.
ve		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.00,000	0.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	258,089.	312,832.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,003,375.	2,172,424.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			0.	0.
40		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,181,098.	1,316,000.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 75,000.	•	•
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	822,277.	856,424.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,003,375.	2,172,424.
		Revenue less expenses. Subtract line 18 from line 12	0.	0.
es es	19	nevenue less expenses. Subtract line 10 non line 12	Beginning of Current Year	End of Year
ets ( anc	20	Total assets (Part X, line 16)	0.	0.
Ass. Bal		Total liabilities (Part X, line 16)	0.	0.
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20	0.	0.
Pa	rt II	Signature Block	• • • • • • • • • • • • • • • • • • • •	
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	/ knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
Sigr	1	Signature of officer	Date	
Her		▶ Betzy Lynch, Chief Executive Officer		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		Carlos Martinez	if self-employe	
Prep	arer	Firm's name HASKELL & WHITE LLP	Firm's EIN	33-0310569
Use	Only	Firm's address 9171 TOWNE CENTRE DRIVE		
		SAN DIEGO, CA 92122	Phone no.85	8-249-7444
Мау	the II	RS discuss this return with the preparer shown above? (see instructions)	·	X Yes No

4d Other program services (Describe in Schedule O.)

(Expenses \$ 719,381. including grants of \$

) (neveri

347,912.)

**4e** Total program service expenses ▶

1,701,909.

Form **990** (2017)

#### 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or 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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	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	4-		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>		_ <u></u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					Ш
					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		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	X	
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		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			4-		x
h	If "Yes," enter the name of the foreign country:	accou	пц,	4a		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	ate (EDAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			- 00		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		Ī			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ر[				
40	amounts due or received from them.)	11b	<u> </u>	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1041'   <b>12b</b>	; 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			ısa		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
^	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		<del></del>
D	11 105, That it filed a 1 offil 120 to report these payments! If Two, provide an explanation in schedul				000	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					LX.			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37						
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any oth	ier						
	officer, director, trustee, or key employee?			2	Х				
3	Did the organization delegate control over management duties customarily performed by or under t	he direct super	vision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	· [	4		X			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders,	or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.,	)						
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affilia	tes,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing	the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by independ	dent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?	- 1						
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	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 arrange	ement with a	- 1						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participa	ation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's	- 1						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501	(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
		n in Schedule (	,						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of intere	st policy, and	finan	cial				
	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 b	ooks and recor	rds:▶						
	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 5 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	organization compensat	ed any current officer, o	director, or trustee.
/A\	/D\	(0)	(D)	/E\

(A)	(B)	<del> </del>			(C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	tee)	from	from related	other 
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		yee	mper		(** = . ********************************		and related
	below	ridual	Institutional trustee	-e	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) Todd Allen	8.00									
President		Х						0.	0.	0.
(2) Stacie Bresler-Reinstein	4.00								•	
Board Member	1 00	Х						0.	0.	0.
(3) Roberta Wagner Berman	4.00								•	•
Board Member	1 00	Х						0.	0.	0.
(4) Leslie Caspi	4.00								•	•
Board Member	4 00	Х						0.	0.	0.
(5) Phyllis Epstein	4.00	\ \							0	^
Board Member	9 00	Х						0.	0.	0.
(6) Michael Flaster	8.00	X						0.	0.	^
Vice President	4.00	^						0.	0.	0.
(7) Judith Friedel	4.00	Х						0.	0.	0.
80 Dr. David Geffen, O.D.	8.00	^						0.	0.	<u></u>
Board Member	0.00	Х		х				0.	0.	0.
(9) Dr. Laurie Greenberg	8.00							0.	•	
Executive Committee	0.00	x						0.	0.	0.
(10) Silvana Christy	8.00							0.	•	
Board Member	<del>- 0.00</del>	x						0.	0.	0.
(11) Michele Kipnis	4.00							0.0		
Board Member		х						0.	0.	0.
(12) Susan Levin	8.00									
Executive Committee		х						0.	0.	0.
(13) Monica Handler Penner	8.00									
Secretary		Х		х				0.	0.	0.
(14) Hannah Cohen	4.00									
Board Member		Х						0.	0.	0.
(15) Nina Garin	4.00									
Board Member		Х						0.	0.	0.
(16) Julie Potiker	4.00									
Board Member		Х						0.	0.	0.
(17) Lynn A. Jaffe Shauger	4.00									
Board Member		Х						0.	0.	0.

732007 11-28-17

Form **990** (2017)

Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	<b>C)</b>			(D)	(E)		(F)
Name and title	Average	(-1-		Posi				Reportable	Reportable	Es	stimated
	hours per	box	, unle	ss per	rson	than is bot	h an	compensation	compensation	ar	nount of
	week		cer an	d a di	irecto	or/trus	tee)	from	from related		other
	(list any	ector						the	organizations	com	pensation
	hours for	or din	43			ted		organization	(W-2/1099-MISC)	f	rom the
	related	stee	truste		, n	bens		(W-2/1099-MISC)		ı ~	anization
	organizations below	al tru	onal t		oloye	com ee				1	d related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizations
(18) Sandra Silverstein	4.00	П	드	Ö	ᇂ	王占	교				
Board Member	7.00	Х						0.	0.		0.
(19) Caryn Viterbi	8.00							•	0.		<u></u>
Past Board Chair	0.00	Х						0.	0.		0.
(20) Marcia Wolochow	4.00	Δ						0.	0.		<u> </u>
Board Member	4.00	Х						0.	0.		0.
	4.00	Λ						0.	0.		<u> </u>
(21) Heidi Gantwerk	4.00	v						0.	0.		^
Board Member	4 00	Х						0.	0.		0.
(22) Candice Powell	4.00	37						_	0		^
Board Member	4 00	Х						0.	0.		0.
(23) Jerri-Ann Jacobs	4.00								0		•
Board Member	4 00	X						0.	0.		0.
(24) Jeffrey Schwartz	4.00										•
Board Member		X						0.	0.		0.
(25) Phillip Ginsburg	8.00							_	_		_
JCC Board President		Х						0.	0.		0.
(26) David Rafsky	4.00										
Board Member		X						0.	0.		0.
1b Sub-total							<b></b>	0.	0.		0.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							<b></b>	0.	0.		0.
2 Total number of individuals (including but n						e) wł	no r	eceived more than \$100	,000 of reportable		
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee	, or	highest compensated en	mployee on		
line 1a? If "Yes," complete Schedule J for s										3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	Х
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	•				,			· ·		5	Х
Section B. Independent Contractors											
Complete this table for your five highest co.	mpensated ind	depe	ende	nt c	onti	racto	ors t	that received more than	\$100.000 of compen	sation	from
the organization. Report compensation for	="	-							· · · · · · · · · · · · · · · · · · ·		
(A)	<u>,</u>			· · · ·			Ī	(B)	,	((	C)
Name and business	address	N	INC	3				Description of s	ervices		nsation
							一				
							$\dashv$				
							$\dashv$				
2 Total number of independent contractors (in	ncluding but n	Ot II	mita	d to	the	ا مع	eter	d ahove) who received ~	ore than		
\$100,000 of compensation from the organiz	•	JE III	ııııc	u 10		5e 11: )	ادور	a above, with teletived II	ioro triair		
See Part VII, Section	1 A Cont	; j r	2116	ı t i		-	3h	eets		Form	<b>990</b> (2017)
200 1010 111, 2000101			_ ~ ~							1 01111	2017)

	GO CENTE	R :	FOI	٦ ز	JEV	VI:	SH	CULTURE	33-087	4955
Part VII Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average hours	(0	heck				lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	week (list any hours for related organizations below line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) Sarah Scott Feldman Board Member	4.00	$ _{\mathbf{x}}$						0.	0.	C
(28) Christina Fink	4.00							0.	0.	
Board Member	1.00	$ _{\mathbf{x}}$						0.	0.	(
(29) Seth Krosner	8.00								-	
Past Board Chair		X						0.	0.	C
(30) Kira Finkinberg	4.00									
Board Member		X						0.	0.	(
		$\dashv$								
		-								
		+								
		-								
		-								
		+								
		4								
		+								
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		-								
		<u> </u>								
		+								
		+								
		1								
		4								
		1	1	ı	I	l	l	1		

Pa	rt VI		to to one line in this Dort VIII			
		Check if Schedule O contains a response or no	te to any line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c	a Federated campaigns 1a 1b Membership dues 1b Ic Fundraising events 1c Id Related organizations 1d Ie Government grants (contributions) If All other contributions, gifts, grants, and				
Contribu	_	similar amounts not included above 1f   1 , 120  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	1 100 000			
vice	_		ness Code 11190 738,790.	738,790.		
Program Service Revenue	ď	d				
Ţ		All other program service revenue	▶ 738,790.			
	3	Investment income (including dividends, interest, a other similar amounts)  Income from investment of tax-exempt bond proces	nd Page 1			
	k	Royalties  (i) Real (ii)  215,797.  Less: rental expenses  Rental income or (loss)  (i) Real (ii)  215,797.	Personal			
		d Net rental income or (loss)  a Gross amount from sales of assets other than inventory	▶ 215,797. ii) Other	215,797.		
	C	b Less: cost or other basis and sales expenses c Gain or (loss)				
Other Revenue	8 8	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See				
Other	ď	Part IV, line 18 a  b Less: direct expenses b  Net income or (loss) from fundraising events a  Gross income from gaming activities. See	<b>&gt;</b>			
	k	Part IV, line 19 a b Less: direct expenses b  Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
	ď	Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busi	ness Code			
		Miscellaneous Revenue 90	97,035.	97,035.		
		b				
		d All other revenue e Total. Add lines 11a-11d	▶ 97,035.			
	12	Total revenue. See instructions.			0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,125,735. 762,891. 293,174. 69,670. Other salaries and wages ..... 7 Pension plan accruals and contributions (include 6,030. 4,788. 1,242 section 401(k) and 403(b) employer contributions) 4,971. 21,487. 16,172. 344. Other employee benefits 9 162,748. 86,855. 70,907. 4,986. Payroll taxes 10 Fees for services (non-employees): a Management ..... Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,594. 3,372. 778. Office expenses 13 14 Information technology Royalties 15 61,338. 61,338. 16 Occupancy 34,364. 32,313. 2,051. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,671. 1,080. 1,591 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 155,476. 154,744. 732. 0. Program supplies 0. Contract labor 143,308. 143,308. 0. 10,547. 140,034. 129,487. 0. Administration 74,698. 74,698. d Management services 241,163. 231,641. 9,522. See Sch O e All other expenses 2,172,424. 1,701,909. 395,515. 75,000. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

		Bularios Crisot				
		Check if Schedule O contains a response or no	te to any line in this Part X		<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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 current and for				
		trustees, key employees, and highest compens				
					5	
	6	Loans and other receivables from other disqual				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
Ø		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		0.	16	0.
	17	Accounts payable and accrued expenses			17	-
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to current and forme				
Liabilities		key employees, highest compensated employee				
lig		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	·			
		0			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
ű		complete lines 27 through 29, and lines 33 ar				
JCe	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
d B	29				29	
جَ		Organizations that do not follow SFAS 117 (A				
Net Assets or Fund Balances		and complete lines 30 through 34.	,,			
ţ	30	Capital stock or trust principal, or current funds		0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or ed		0.	31	0.
λA	32	Retained earnings, endowment, accumulated in		0.		0.
ž	33	Total net assets or fund balances		0.	33	0.
	34	Total liabilities and net assets/fund balances		0.	34	0.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check 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 2	2,17	<u>2,4</u>	<u> 24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,17	<u>2,4</u>	<u>24.</u>
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 33, 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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10			0.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		i

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization SAN DIEGO CENTER FOR JEWISH CULTURE 33-0874955 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

#### 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.)

360	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Э	•						
	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)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	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	<b>Total support.</b> Add lines 7 through 10						_
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	tion C. Computation of Publ		<u> </u>				
	Public support percentage for 2017 (I					14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	-					
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2016. If the o	•		•		•	is box
	and $\ensuremath{\mathbf{stop}}$ here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	<b>t - 2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶Ш
b	10% -facts-and-circumstances test	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s

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

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

Se	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	( <b>b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(I) TOTAL
•	membership fees received. (Do not						
	include any "unusual grants.")	1,687,230.	1,335,841.	1,217,202.	1,139,387.	1,120,802.	6,500,462.
2	Gross receipts from admissions,	1,007,200.	1,333,011.	1,217,202.	1,100,007.	1,120,002.	0,300,102:
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	518,288.	673,162.	592,949.	605,899.	738,790.	3,129,088.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						_
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2,205,518.	2,009,003.	1,810,151.	1,745,286.	1,859,592.	9,629,550.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						9,629,550.
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	2,205,518.	2,009,003.	1,810,151.	1,745,286.	1,859,592.	9,629,550.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,230,020.			182,275.		777,818.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		196,200.	183,546.	182,275.	215,797.	777,818.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		190,200.	103,540.	102,275.	213,797.	777,010.
12	Other income. Do not include gain or loss from the sale of capital		/1 /OF	70 2/0	75 01/	07 025	202 602
40	assets (Explain in Part VI.)	2 205 510	41,495.	79,348.		97,035.	293,692.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,205,518.	2,246,698.	2,073,045.	2,003,375.	2,172,424.	10,701,060.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
<del></del>	check this box and stop here	is Cumpart Da					<u></u>
	ction C. Computation of Publ						00 00
	Public support percentage for 2017 (I					15	89.99 % 92.82 %
	Public support percentage from 2016					16	92.82 %
	ction D. Computation of Inves						7 27
17						17	7.27 %
	Investment income percentage from 2				· · · · · · · · · · · · · · · · · · ·	18	5.32 %
19	a 33 1/3% support tests - 2017. If the	-					
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the						and X
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan 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 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

г		Yes	No
	1		
	•		
	2		
-	3a		
	3b		
L	3с		
-	4a		
	4b		
-	4c		
L	5a		
-	5b		
-	5c		
	6		
	7		
	•		
	8		
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	9b		
İ	0.0		
	9с		
- }	10a		
	10b		
m 99	90 or 99	0-EZ	2017
		,	

Pa	t IV Supporting Organizations (continued)			
	(O)TIMOU)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	S).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		i .

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	j
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ıg trust oı	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv inteara	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V   T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		istributions		,	Current Year
1	Amounts	s paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	s paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza				
3	Adminis	ns			
4	Amounts	s paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other di	stributions (describe in <b>Part VI</b> ). See instructions.			
7	Total an	nual distributions. Add lines 1 through 6.			
8	Distribut	ions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide	details in Part VI). See instructions.			
9	Distribut	able amount for 2017 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount		1	
Secti	on E - Di	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distribut	able amount for 2017 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2017 (reason-			
	able cau	se required- explain in <b>Part VI</b> ). See instructions.			
3	Excess	distributions carryover, if any, to 2017			
а					
b	From 20	13			
С	From 20	14			
d	From 20	15			
е	From 20	16			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2017 distributable amount			
i_		er from 2012 not applied (see instructions)			
j		der. Subtract lines 3g, 3h, and 3i from 3f.			
4		ions for 2017 from Section D,			
	line 7:	\$			
		to underdistributions of prior years			
		to 2017 distributable amount			
		der. Subtract lines 4a and 4b from 4.			
5		ng underdistributions for years prior to 2017, if			
	•	otract lines 3g and 4a from line 2. For result greater			
		o, explain in <b>Part VI.</b> See instructions.			
6		ng underdistributions for 2017. Subtract lines 3h			
		rom line 1. For result greater than zero, explain in			
		See instructions.			
7	and 4c.	distributions carryover to 2018. Add lines 3j			
8		wn of line 7:			
		rom 2013			
		rom 2014			
		from 2015			
		rom 2016			
		irom 2017			

Schedule A (Form 990 or 990-EZ) 2017

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAN DIEGO CENTER FOR JEWISH CULTURE

**Employer identification number** 33-0874955

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic 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 trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>A</b>

732051 10-09-17

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

Using the organizations Maintaining C Using the organization's acquisition, accessi (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations Provide a description of the organization's computing the year, did the organization solicit of the sold to raise funds rather than to be meanized to be sold to raise funds rather than to be meanized an amount on Form 990, Part Is the organization an agent, trustee, custod on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII  The trustee of the trustee	d e collections and explair or receive donations of the maintained as part of the complete the following and c	s, check  h how the organiste if the sliary for the sliary for the sliary for the splanation.	cany of the  Loan or exc Other  ney further the storical trea nization's conganization  contribution  cable:  escrow or con has been	following that hange progration he organizations are or other as or other as the control of the	ams on's exemer similar a "Yes" on F	npt purpo assets Form 990 ncluded 1c 1d 1e 1f	use of its	t XIII.	
(check all that apply):  Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's concentration to be sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to raise funds rather than to be metived by the sold to be medium and the second on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII be organization include an amount on Funds by the second on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII be organization include an amount on Funds by the second of the organization include an amount on Funds or Funds rather than to be metived by the second of the second on Funds rather than to be metived by the second on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII be provided by the second on Funds rather than the second rather than	d excollections and explain or receive donations of naintained as part of the name of the	h how the organiste if the liary for allowing t	Loan or exc Other  mey further to storical trea organization contribution contribution cable:  escrow or con has been	hange progra he organizati isures, or oth- on answered in answered in answered in answered in a control and a cont	on's exemer similar a	npt purpo assets Form 990 ncluded 1c 1d 1e 1f	se in Par	Yes line 9, or Yes Amount	□ No
Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's comparise to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more than a mount on Form 990, Part Is the organization an agent, trustee, custod on Form 990, Part X? If "Yes," explain the arrangement in Part XIII Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII	e collections and explain or receive donations of the complete and X, line 21. It is and complete the following and complete the	n how the of art, his he organiste if the liary for allowing the control of the c	ney further the storical treation's conganization contribution cable:	he organizati isures, or oth ollection? on answered on ns or other as	on's exemer similar and a sets not in	assets Form 990 ncluded 1c 1d 1e 1f	, Part IV,	Yes line 9, or Yes Amount	□ No
Scholarly research Preservation for future generations Provide a description of the organization's concentration to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds and an amount on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII be organization include an amount on Form "Yes," explain the arrangement in Part XIII the sold that the sum of th	e collections and explain or receive donations of the complete and X, line 21. It is and complete the following and complete the	n how the of art, his he organiste if the liary for allowing the control of the c	ney further the storical treation's conganization contribution cable:	he organizati isures, or oth ollection? on answered on ns or other as	on's exemer similar and a sets not in	assets Form 990 ncluded 1c 1d 1e 1f	, Part IV,	Yes line 9, or Yes Amount	□ No
Preservation for future generations Provide a description of the organization's or During the year, did the organization solicit of to be sold to raise funds rather than to be metal in the solicit of t	collections and explain or receive donations of an aintained as part of the art X, line 21.  Idian or other intermed and complete the following and complete	n how the of art, his he organiste if the liary for allowing the control of the c	ney further the storical trea nization's coorganization contribution cable:	he organizati isures, or oth- ollection? on answered ' ns or other as	on's exemer similar and a sets not in the set not in	assets Form 990 ncluded 1c 1d 1e 1f	, Part IV,	Yes line 9, or Yes Amount	□ No
Provide a description of the organization's compuring the year, did the organization solicit of to be sold to raise funds rather than to be metive Escrow and Custodial Arrangement and amount on Form 990, Part Secrow and Custodial Arrangement on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form "Yes," explain the arrangement in Part XIII	or receive donations of naintained as part of the ngements. Complete the following and complete the fo	of art, his he organ te if the liary for liavy for 21, for explanation	storical trea nization's co organizatio contribution cable:	ustodial acco	er similar a "Yes" on F ssets not in	assets Form 990 ncluded 1c 1d 1e 1f	, Part IV,	Yes line 9, or Yes Amount	□ No
During the year, did the organization solicit of to be sold to raise funds rather than to be metal IV Escrow and Custodial Arran reported an amount on Form 990, Parls the organization an agent, trustee, custod on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII	or receive donations of naintained as part of the ngements. Complete the following and complete the fo	of art, his he organ te if the liary for liavy for 21, for explanation	storical trea nization's co organizatio contribution cable:	ustodial acco	er similar a "Yes" on F ssets not in	assets Form 990 ncluded 1c 1d 1e 1f	, Part IV,	Yes line 9, or Yes Amount	□ No
to be sold to raise funds rather than to be m  IV Escrow and Custodial Arran reported an amount on Form 990, Pa  Is the organization an agent, trustee, custod on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII	naintained as part of the ngements. Complete art X, line 21.  Itian or other intermed and complete the following and complete the following art X, line.  Form 990, Part X, line.  Check here if the exift the organization and and and and and and and and and an	the organ the if the liary for lilowing t	organization's co organization contribution rable:	ollection? on answered in a sor other as	"Yes" on F	1c 1d 1e 1f	, Part IV,	Yes Amount	□ No
reported an amount on Form 990, Pa Is the organization an agent, trustee, custod on Form 990, Part X? If "Yes," explain the arrangement in Part XIII Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	art X, line 21.  dian or other intermed  and complete the fol  form 990, Part X, line  Check here if the ex  if the organization an	ete if the liary for discounting to the liary for explanation	contribution cable: escrow or contribution	ns or other as	"Yes" on F	1c 1d 1e 1f	, Part IV,	Yes Amount	□ No
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Is the organization an agent, trustee, custod on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII	and complete the fol and complete the fol Form 990, Part X, line Check here if the ex	llowing t	eable:	ustodial acco	ount liabilit	1c 1d 1e 1f 1f y?		Amount	
on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII	and complete the fol Form 990, Part X, line Check here if the ex if the organization an	llowing t	eable:	ustodial acco	ount liabilit	1c 1d 1e 1f 1f y?		Amount	
If "Yes," explain the arrangement in Part XIII  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	escrow or co	ustodial acco	ount liabilit	1c 1d 1e 1f 1/2?		Amount	
Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	Form 990, Part X, line  Check here if the ex if the organization an	21, for e	escrow or co	ustodial acco	ount liabilit	1d 1e 1f y?			No
Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line  Check here if the ex  if the organization an	21, for explanation	escrow or co	ustodial acco	ount liabilit	1d 1e 1f y?			No
Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line  Check here if the ex  if the organization an	21, for explanation	escrow or co	ustodial acco	ount liabilit	1d 1e 1f y?		Yes	No
Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line  Check here if the ex  if the organization an	21, for explanation	escrow or co	ustodial acco	ount liabilit	1d 1e 1f y?		Yes	No
Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line  Check here if the ex if the organization an	21, for e	escrow or co	ustodial acco	ount liabilit	1e 1f y?		Yes	No
Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line Check here if the ex	21, for explanation	escrow or co	ustodial acco	ount liabilit	1f   y?		Yes	No
Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.	Form 990, Part X, line  Check here if the ex if the organization and	21, for explanation	escrow or co on has been	ustodial acco	ount liabilit	•		Yes	No
	if the organization and			provided on					
t V Endowment Funds. Complete	· • •	swered	"Vaa" on Fa	91 0 11 di 0 di 011	Part XIII				
			res on Fo	orm 990, Part	t IV, line 10	0.			
	(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (d	<b>d)</b> Three ye	ears back	(e) Four y	ears back
Beginning of year balance									
Contributions									
Net investment earnings, gains, and losses									
Grants or scholarships									
Other expenditures for facilities									
and programs									
Administrative expenses									
End of year balance									
Provide the estimated percentage of the cur	rrent year end balanc	e (line 1	g, column (a	a)) held as:					
Board designated or quasi-endowment		_%							
Permanent endowment >	<u></u> %								
Temporarily restricted endowment ▶	%								
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	ınd administe	ered for the	e organiz	ation		
by:								Y	es No
(i) unrelated organizations								3a(i)	
								3a(ii)	
If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	chedule R?					. 3b	
Describe in Part XIII the intended uses of the	e organization's endo	wment f	funds.						
t VI Land, Buildings, and Equipm	nent.								
Complete if the organization answere	ed "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X, li	ine 10.			
Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	/alue
	basis (investm	nent)	basis	(other)	depr	reciation			
Land									
	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment  Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possiby:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the  t VI Land, Buildings, and Equipm Complete if the organization answere Description of property  Land Buildings	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance Board designated or quasi-endowment Permanent endowment Permanent endowment  Mare there endowment funds not in the possession of the organizations  (ii) unrelated organizations (iii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned because in Part XIII the intended uses of the organization's endowned beca	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1 Board designated or quasi-endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that by:  (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on S Describe in Part XIII the intended uses of the organization's endowment to the organization answered "Yes" on Form 990, Part IV  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV  Description of property  (a) Cost or other basis (investment)  Land Buildings	Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a Board designated or quasi-endowment ▶	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ ————————————————————————————————————	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  TVI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (investment) basis (other)  (d) Book visualization  In the programs and basis (investment) basis (other)

Schedule D (Form 990) 2017

e Other

d Equipment

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

Schedule D (Form 990) 2017 SAN DIEGO CI	ENTER FOR	JEWISH CULTUR	RE 33-	-0874955	Page
Part VII Investments - Other Securities.					_ : <u>g</u> :
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					,
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990. Part IV	/. line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		/aluation: Cost or end	-of-year market v	/alue
(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" of	on Form 990 Part IV	/ line 11d See Form 990	Part X line 15		
	Description	, 11110 114. 000 1 0111 000	, rait X, iiio 10.	(b) Book va	alue
				(10) 20011 10	
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			<b>&gt;</b>		
Complete if the organization answered "Yes" of	on Form 990, Part IV		m 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

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.)	

<sup>2.</sup> 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Parl	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Returr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,172,424.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1		3	2,172,424.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b			0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			2,172,424.
Par	t XII Reconciliation of Expenses per Audited Financial S		nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			2 172 424
	Total expenses and losses per audited financial statements		1	2,172,424.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d			2,172,424.
	Subtract line 2e from line 1		3	2,1/2,424.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	1-	0
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line in			2,172,424.
	t XIII Supplemental Information.	10.)	j <u>a j</u>	2,1/2,424
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	A: Part IV lines 1h and 2h: I	Part V line 4: Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, iiio 4, i art	A, III Z, I dit Ai,
	and is, and i arrain, into 22 and is. 7 100 complete time part to provide t	arry additional information.		
Par	t X, Line 2:			
The	e organization believes that it has app	propriate suppo	ort for a	ny tax
pos	sitions taken, and as such, do not have	e any uncertain	n tax pos:	itions that
are	material to the financial statements	•		

#### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. Open to Public

OMB No. 1545-0047

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, SAN DIEGO JEWISH BOOK FAIR, 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.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

**Employer identification number** 

SAN DIEGO CENTER FOR JEWISH CULTURE 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

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.

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

Board Members Judith and William Friedel are married.

TO EXPRESS THEMSELVES THROUGH THE DRAMATIC ARTS.

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:

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization  SAN DIEGO CENTER FOR JEWISH CULTURE	Employer identificatio	
All salaries are reviewed and approved by the executive of	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 e	each meeting,	and
is available to the public upon request.		
Form 990, Part IX, Line 24e, All Other Functional Expense	es:	
Printing and publications:		
Program service expenses	59	0,643.
Management and general expenses		,152.
Fundraising expenses		0.
Total expenses	64	1,795.
Food and beverage:		
Program service expenses	42	2,750.
Management and general expenses	3	3,161.
Fundraising expenses		0.
Total expenses	45	5,911.
Repairs and maintenance:		
Program service expenses	29	,862.
Management and general expenses		0.
Fundraising expenses		0.
Total expenses	29	,862.
Postage and shipping:		
732212 09-07-17 Scher	dule O (Form 990 or 990-	·EZ) (2017

Name of the organization SAN DIEGO CENTER FOR JEWISH CULTURE	Employer identification number 33-0874955
Program service expenses	25,181.
Management and general expenses	89.
Fundraising expenses	0.
Total expenses	25,270.
Maintenance supplies:	
Program service expenses	24,817.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	24,817.
Maintenance service:	
Program service expenses	22,052.
Management and general expenses	120.
Fundraising expenses	0.
Total expenses	22,172.
Admissions:	
Program service expenses	22,145.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	22,145.
Staff training:	
Program service expenses	2,413.
Management and general expenses	59.
Fundraising expenses	0.
Total expenses	2,472.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  SAN DIEGO CENTER FOR JEWISH CULTURE	Employer identification number 33-0874955
Dues:	
Program service expenses	1,488.
Management and general expenses	774.
Fundraising expenses	0.
Total expenses	2,262.
Telephone:	
Program service expenses	840.
Management and general expenses	167.
Fundraising expenses	0.
Total expenses	1,007.
Grants/awards:	
Program service expenses	450.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	450.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 241,163.

#### SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

# SAN DIEGO CENTER FOR JEWISH CULTURE Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

Employer identification number 33-0874955

(f)

Direct controlling

of disregarded entity		foreign country)			e	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.		answered "Yes" on Form 99		because it had one		empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont ent	g) 512(b)(13) rolled :ity?
Lawrence Family Jewish Community Center - 95-1985444, 4126 Executive Drive, La Jolla,	Promote the physical and mental well-being of	. 116	501( )(2)	501(c)(3))		Yes	No
CA 92037	community	California	501(c)(3)	Line 11	n/a		X

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

	·		1	T		1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partner	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	3
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
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X

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d	Loans or loan guarantees to or for related organization(s)				1d	X			
е	Loans or loan guarantees by related organization(s)				1e	X			
f	Dividends from related organization(s)				1f	X			
g	Sale of assets to related organization(s)				1g	X			
h	Purchase of assets from related organization(s)	Te		X					
i	Exchange of assets with related organization(s)				1i	X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X			
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X			
						X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)									
						X			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
						X			
s					1s	X			
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "Yes,"	ho must complete the	nis line, including covered	relationships and transaction thresholds.					
	(a)	` '							
	Name of related organization		Amount involved	Method of determining amount in	volved				
		type (a-s)							
7	Common Common item	<u> </u>	240 000	Goo Gob D Doort VIII					
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e) Are al partners 501(c)( orgs.		(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	ations?	of Schedule K-1	partn	ownersh
		country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes I	10
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