	Ω	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047				
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation	15) 2020				
Dong	rtmont	of the Treasury	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public				
Interr	Inspection								
A F	or th	e 2020 calend	ar year, or tax year beginning $ m JUL1$, 2020 and ending	JUN 30, 2021					
B c	Check if pplicat	le: C Name o	forganization	D Employer identific	ation number				
	Addr Chan	ess JEWI	SH FAMILY AND CHILDREN'S SERVICES						
	Nam Chan	ge Doing b	usiness as	94-115652	28				
	Initia returi Final returi		and street (or P.O. box if mail is not delivered to street address) Room/s OX 159004		9-1200				
	termi ated	n- City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	90,068,423.				
	Amer		FRANCISCO, CA 94115-9004	H(a) Is this a group re	turn				
	Appli dtion pend		nd address of principal officer: DR. ANITA FRIEDMAN	for subordinates?	? Yes X No				
	-	SAME	AS C ABOVE	H(b) Are all subordinates ind	cluded? Yes No				
		empt status:			list. See instructions				
-			JFCS.ORG	H(c) Group exemption					
				rear of formation: 1850 M	State of legal domicile: CA				
Pa	art I	Summary							
Activities & Governance	 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 								
Ň	3	Number of vo	30						
ي م	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		30				
es	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		612				
iviti	6		of volunteers (estimate if necessary)		1480				
Act			d business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.				
				Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)	25,607,419.	49,096,046.				
ent	9	-	ice revenue (Part VIII, line 2g)	13,801,298.	12,690,487.				
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,253,380.	8,293,869.				
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-265,268.	114,896.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,396,829.	70,195,298.				
	13		milar amounts paid (Part IX, column (A), lines 1-3)	2,387,042.	2,851,276.				
	14		to or for members (Part IX, column (A), line 4)	0.					
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	27,035,060.	27,825,165.				
ens			undraising fees (Part IX, column (A), line 11e)	0.	0.				
Expense	b		ing expenses (Part IX, column (D), line 25) \blacktriangleright 2,811,909.		0 057 050				
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,058,054.	8,257,856.				
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,480,156.	38,934,297.				
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12	1,916,673.	31,261,001.				
Net Assets or Fund Balances		-		Beginning of Current Year	End of Year				
Bala	20		Part X, line 16)	76,234,764.	103,898,772.				
let A	21		(Part X, line 26)	27,931,796.	23,080,715.				
			fund balances. Subtract line 21 from line 20	48,302,968.	80,818,057.				
	art II	•	EDIOCK I declare that I have examined this return, including accompanying schedules and sta	tomonto and to the heat of	unoulodge and helief. it !-				
	•				knowledge and beller, it is				
u ue,	, cone	σι, απα συπριθίε	. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.					

Sign Here	Signature of officer JONATHAN ZIMMAN, CFO Type or print name and title		Date	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	NAZANIN BENYAMINI	NAZANIN BENYAMINI	06/10/22 if self-employed P00666808	3
Preparer	Firm's name SINGERLEWAK LLP		Firm's EIN 95-2302617	
Use Only	Firm's address 262 GRAND AVENUE			
	S SAN FRANCISCO,		Phone no. (650)872-7600)
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No
032001 12-2	23-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2	:020)

	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	0
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 19,535,855. including grants of \$ 1,682,159.) (Revenue \$ 7,639,696.)
	OLDER ADULTS: JFCS PROVIDES COMPREHENSIVE, CARING SERVICES TO HELP	- ′
	OLDER ADULTS LIVE SAFE, HEALTHY LIVES IN THEIR OWN HOMES. SENIORS AT	
	HOME HELPS OLDER ADULTS LIVE INDEPENDENTLY AND GIVES PEACE OF MIND TO	
	THEIR FAMILIES. ITS CONTINUUM OF CARE INCLUDES HOME CARE, COUNSELING, CAREGIVER SUPPORT, AND DEMENTIA CARE. PALLIATIVE CARE HELPS ALLEVIATE	
	SUFFERING FOR PEOPLE OF ALL AGES FACING A CHRONIC OR TERMINAL ILLNESS.	
	OUR FIDUCIARY SERVICES PROGRAM HELPS PEOPLE SAFELY MANAGE THEIR MONEY	
	AND AFFAIRS FROM BILL PAYING TO LEGAL CONSERVATORSHIP. JFCS ALSO OFFERS	5
	KOSHER MEALS-ON-WHEELS DELIVERY, BEREAVEMENT AND HEALING SERVICES,	
	HOLOCAUST SURVIVOR SUPPORT SERVICES, VOLUNTEER SERVICES, AND HOLIDAY VISITORS.	
4b	(Code:) (Expenses \$ 7,828,424. including grants of \$ 796,007.) (Revenue \$ 2,191,811.)
	CHILDREN AND FAMILIES: THROUGH OUR CENTER FOR CHILDREN AND YOUTH, JFCS	5
	IMPROVES THE LIVES OF CHILDREN AND FAMILIES WITH A RANGE OF CLINICAL	
	AND MENTAL HEALTH SERVICES FOR CHILDREN AND TEENS, PARENT SUPPORT AND EDUCATION PROGRAMS, LEADERSHIP AND VOLUNTEER OPPORTUNITIES FOR TEENS,	
	TRAINING FOR CHILD DEVELOPMENT PROFESSIONALS, AND PUBLIC POLICY	
	ADVOCACY. JFCS ALSO HELPS FAMILIES THROUGH OUR ADOPTION CONNECTION	
	PROGRAM, HOUSING AND ADVOCACY PROGRAMS, DREAM PROGRAM FOR VICTIMS OF	
	DOMESTIC VIOLENCE, FINANCIAL ADVICE AND ASSISTANCE SERVICES, AND YOUTH	
	EDUCATIONAL AND MENTORING PROGRAMS.	
4c)
	EMIGRES AND REFUGEES: JFCS WARMLY WELCOMES IMMIGRANTS AND REFUGEES,	
	HELPING THEM TO BUILD NEW LIVES AND BECOME ACTIVE, INVOLVED MEMBERS OF THEIR NEW COMMUNITY. JFCS' EMIGRE PROGRAMS INCLUDE BILINGUAL MENTAL	
	HEALTH SERVICES, CITIZENSHIP ASSISTANCE, LEGAL CONSULTATIONS AND	
	ASSISTANCE, IMMIGRATION SERVICES, EMIGRE YOUTH DEVELOPMENT PROGRAM, AND	<u>,</u>
	OUR L'CHAIM ADULT DAY HEALTH CENTER - A LIFELINE FOR LOW INCOME,	
	IMMIGRANT SENIORS THAT PROVIDES THEM WITH MANY CRITICAL SOCIAL AND	
	MEDICAL SERVICES.	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,451,267. including grants of \$ 229,329.) (Revenue \$ 464,181.) Total program service expenses ▶ 32,829,160.	
4e	Total program service expenses ► 32,829,160.	201
03200	Portil 330 (202	-U)
	2	
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Page **2**

 Form 990 (2020)
 JEWISH FAMILY AND CHILDREN'S SERVICES

 Part III
 Statement of Program Service Accomplishments

10

Form	990	(2020)
	330	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	-		
5	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? "Yes," complete Schedule D, Part IV			х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			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			х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<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			
	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,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2020)	JEWISH	FAMILY	AND
Part IV Checklis	t of Required Sc	hedules (co	ntinued)

			Yes	N
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
~~	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	X	1
Par				_
	Check if Schedule O contains a response or note to any line in this Part V		N	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a1 6 JEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	x	
132004	(garibing) withings to prize withers?		990	1 (205
,52004	4	1 011		ردار
70	609 701224 18235 2020.05095 JEWISH FAMILY AND CHILDREN'	182	235	
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Form 990	(2020)	JEWISH	FAMILY	AND	CHILDREN	'ន	SERVICES
Part V	St	atements	Regarding C	Other IRS F	ilings	and Tax Com	plia	nce (continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	612		x		
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
				3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		L	
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	accou	int)?	4a		X	
b	b If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		x	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X	
a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans.			50 50			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50			
Ua	any contributions that were not tax deductible as charitable contributions?			6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua			
5	were not tax deductible?		-	6b		1	
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the pavor?	7a		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v						
	to file Form 8282?			7c		X	
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 contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
				8		X	
9	Sponsoring organizations maintaining donor advised funds.					v	
a				9a		X X	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:	100					
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b					
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:						
'' 2	Gross income from members or shareholders	11a					
h	Gross income from other sources (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		,				
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	13c		14a		X	
	a Did the organization receive any payments for indoor tanning services during the tax year?						
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15							
	excess parachute payment(s) during the year?						
16	If "Yes," see instructions and file Form 4720, Schedule N.	nt in		10		x	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	III IIICO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16		Λ	
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

032005 12-23-20

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Form 990	(2020)
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JEWISH FAMILY AND CHILDREN'S SERVICES

X

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					
Sec	tion A. Governing body and Management				Yes	Т
4.0	Enter the number of voting members of the governing hady at the and of the tay year	1.40	3	າ	res	+
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1 a		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		3			I
	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip witl	h any other			ł
	officer, director, trustee, or key employee?			2	Х	1
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	/as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					Τ
	more members of the governing body?	•••		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					1
-	persons other than the governing body?		,	7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					+
		-	-	00	х	
	The governing body?			8a	X	┨
	Each committee with authority to act on behalf of the governing body?			8b	~	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			-		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
bec	tion B. Policies (This Section B requests information about policies not required by the Internal F	leveni	le Code.)			1
					Yes	4
	Did the organization have local chapters, branches, or affiliates?			10a		4
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	-				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$			10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy bef	ore filing the form?	11a	Х	
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 co	nflicts?	12b	Х	Ι
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	describe			Ι
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	T
	Did the organization have a written document retention and destruction policy?			14	Х	t
15	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					I
~	The organization's CEO, Executive Director, or top management official			15a	Х	I
					X	╉
b	Other officers or key employees of the organization			15b	21	╉
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			1
	taxable entity during the year?			16a		+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's			l
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	90-T (Section 501(c)(3)s only) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	n on S	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	nd fine	ncial	
	statements available to the public during the tax year.	Sinic	t of interest pulley, a	na iiidi	oidi	
20			nd roostda			
20	State the name, address, and telephone number of the person who possesses the organization's bound JONATHAN ZIMMAN, CFO - (415) $449-1200$	JOKS 2	and records -			
					000	_
32006	§ 12-23-20			Form	990) (
- ^				4		
/0	609 701224 18235 2020.05095 JEWISH FAMILY	AND	CHILDREN'	182	235.	_

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	d Independe	ent Contra	ctors			

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.

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

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

(A) (B) (C) (D) (D) (E) (F) Name and title Average hours per vector (Ust any related organizations below line) Average (Week (D) (D) Reportable compensation form related organizations (W2/1099-MISC) Reportable compensation form related organizations (P) (1) LUBA TROYANOVSKY 2.00 X X 0. 0. 0. (2) SCOT FAX 2.000 X X 0. 0. 0. 0. (2) SCOT FAX 2.000 X X X 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. (3) AVIA REMER 2.000 X X X 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. (3) AVIA REMER X X 0. 0. 0. 0. 0. (4) RERERIDENT X X	(A)	(B)	l				npo	illoui	(D)	(E)	(F)
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7 2020.05095 JEWISH FAMILY AND CHILDREN' Form **990** (2020)

	AMILY A	ND	CI	HII	DI	REI	N' 8	S SERVICES	94-11	156	528	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees			ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average hours per		not c	Posi	more	than		Reportable	Reportable			timate	
	week			ss per nd a di				compensation from	compensatio from related			ount o other	JT .
	(list any	tor						the	organization			pensa	tion
	hours for	r director				eq		organization	(W-2/1099-MIS			om the	
	related	stee or	ustee			ensat		(W-2/1099-MISC)			orga	anizati	on
	organizations	al trus	onal tr		loyee	comp						d relate	
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizatio	ons
(18) MARK MENELL	2.00	Ĕ	ŝ	Ð	, Š	Ξ	ß				<u> </u>		
(18) MARK MENELL DIRECTOR	2.00	x						0.		0.			Ο.
(19) GARRY RAYANT, DDS	2.00					-		0.		0.	<u> </u>		0.
DIRECTOR	2.00	x						0.		0.			Ο.
(20) LAURA ROBBIN	2.00					-		0.		0.	<u> </u>		0.
DIRECTOR	2.00	x						0.		0.			Ο.
DIRECTOR X U (21) MICHAEL ROLNICK 2.00 U											<u> </u>		••
DIRECTOR X 0.													0.
													<u> </u>
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(23) JAMES SHAPIRO													Ο.
DIRECTOR X U (24) SANDRA SHMUNIS 2.00 V													
DIRECTOR X 0.													Ο.
(25) LYDIA SHORENSTEIN 2.00													
DIRECTOR X 0.													Ο.
(26) DEBORAH STADTNER	2.00												
DIRECTOR		x						0.		Ο.			Ο.
1b Subtotal	•							0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							1,701,379.		0.	12	2,2	83.
d Total (add lines 1b and 1c)								1,701,379.		0.	12	2,2	83.
2 Total number of individuals (including but n	not limited to th	nose	liste	ed at	bove	e) wl	ho re	eceived more than \$100	,000 of reportab	le			
compensation from the organization 🕨													31
												Yes	No
3 Did the organization list any former officer,	,		key e	empl	loye	e, o	r hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•		•					•	the organization			v	
and related organizations greater than \$15									· · · · · · · · · · · · · · · · · · ·		4	X	
5 Did any person listed on line 1a receive or a					-			-			E		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedul	eJī	or si	ucn j	pers	son					5		Λ
1 Complete this table for your five highest co	mpensated in	dena	ande	ent c	onti	racto	ore t	hat received more than	\$100.000 of com	nens	ation f	rom	
the organization. Report compensation for										ipene			
(A)								(B)	,		(C	;)	
Name and business	address							Description of s	services	С	Comper		า
XANTRION INC													
												5,7	96.
CLEANERIFIC, LLC													
P.O. BOX 210296, SAN FRAM							ŀ	JANITORIAL S	ERVICES		43	2,8:	25.
MAJESTIC FLOORS, INC. ,		RТ	CI	HIC	CAC	GO							
HIGHWAY, CONCORD, CA 945	20							CARPET CONTR	ACTOR		22	1,4	00.
HEADFIRST ARTS & MEDIA	~	•	. – .								~ 1		~ -
7128 PLANK AVE., EL CERR	ITO, CA	94	45.	30				MEDIA/VIDEO			21	4,7	35.
PCD		~-		۲ – ۲		1		AUDIO VISUAL			1	.	<u>а</u> г
1032 MAXWELL DRIVE, SANTA								CONSULTANT			T.A.	2,8	<u> </u>
2 Total number of independent contractors (i	-	not li	mite	d to			sted	l above) who received n	nore than				
\$100,000 of compensation from the organi SEE PART VII, SECTIO	zation	ידיד	TTT	<u>, m 1</u>	$\frac{11}{10}$		כטי				F	000 /	
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032008 12-23-20		SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS	Form 990 (20
	032008	12-23-20					_		

	AMILY A	ND	CI	HII	LDI	REI	<u>.''</u>	S SERVICES	94-115	6528
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	hecł	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ы				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em		(W-2/1099-MISC)	(1099-10130)	organization
	related	ee or	stee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		o yee	Highest com pensated em ployee				organizations
	below	vidua	tutior	er	Key employee	lest c	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) JACQUELINE NEUWIRTH SWIRE	2.00									
DIRECTOR		X						0.	0.	0.
(28) ROBERT TANDLER	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(29) ALEX VARUM	2.00	.,						0	0	0
DIRECTOR		X						0.	0.	0.
(30) KATHY FIELDS	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(31) DR. ANITA FRIEDMAN	45.00							402 012	0	20 000
EXECUTIVE DIRECTOR	45.00			X				492,813.	0.	39,900.
(32) JONATHAN F ZIMMAN	45.00			x				175 162	0.	0
CHIEF FINANCIAL OFFICER	45.00			<u>^</u>				175,163.	0.	0.
(33) NANCY GAIL MASTERS	45.00					x		244,449.	0.	10 011
ASSOCIATE EXECUTIVE DIRECT	45.00							244,449.	0.	19,811.
(34) BARBARA ANN FARBER	43.00					x		231,363.	0.	18,624.
DIR. OF DEVEL/PERM. ENDOW (35) BRUCE D FELDSTEIN	45.00					^		231,303.	0.	10,024.
DIRECTOR OF CHAPLANCY SERV	45.00					x		201,774.	0.	16,383.
(36) STACY A RACKUSIN	45.00							201,774.	•	10,505.
DEPUTY DIRECTOR OF DEVELOP	45.00					x		188,646.	0.	14,121.
(37) KEVIN G CHOW	45.00							100,0100		
CONTROLLER						x		167,171.	0.	13,444.
								1 001 000		100 000
Total to Part VII, Section A, line 1c								1,701,379.		122,283.

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Pa	rt v	VII	Check if Schedule O			200	or noto to ony lin	o in this Port VIII			
			Check il Schedule O d	2011	ains a respo	rise	or note to any in	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	ibuti grani	1c 1d ions) 1e ts, and		4,879,000.				
d Otl		g	Noncash contributions included in				10,912,912.				
a S		h	Total. Add lines 1a-1f					49,096,046.			
				_			Business Code				
rice	2	a	PROGRAM SERVICE FEE				624100	12,682,963.			
Program Service Revenue		b	LOAN INTEREST INCOM	Е			624100	7,524.	7,524.		
č na		C									
Be		d									
Pro		e f	All other program service	rovo							
		' a	Total. Add lines 2a-2f					12,690,487.			
	3		Investment income (includ					, , , :			
			other similar amounts)	•				968,424.			968,424.
	4	Ļ	Income from investment of				r i i i i i i i i i i i i i i i i i i i				
	5	;	Royalties	. <u></u> .			►				
					(i) Real		(ii) Personal				
	6	i a	Gross rents	6a							
			Less: rental expenses	6b	· · · · ·						
			Rental income or (loss)	6c	94,5	37.					
			Net rental income or (loss))	(i) Coortinit			94,537.			94,537.
	7	a	Gross amount from sales of	I_	(i) Securit		(ii) Other				
			assets other than inventory	7a	26,893,2	.97.	1,000.				
Ð		D	Less: cost or other basis	76	19,568,8	152	0.				
Revenue		~			7,324,4		1,000.				
Jev			Net gain or (loss)				,	7,325,445.			7,325,445.
er	8		Gross income from fundraisin			<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
đ			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	func	Iraising ever	nts	►				
	9	a	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b	\				
	1.0		Net income or (loss) from	-	-	s	▶				
		a	Gross sales of inventory, I and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from								
		-		- 210		<i>,</i>	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	Е			624100	20,359.			20,359.
ane snu		b									
cell.		с				_					
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d					20,359.			
	12	2	Total revenue. See instruction	ons			►	70,195,298.	12,690,487.	0.	8,408,765.
03200	09 12	2-23	-20								Form 990 (2020)

JEWISH FAMILY AND CHILDREN'S SERVICES

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Form 990 (2020)

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JEWISH FAMILY AND CHILDREN'S SERVICES Part IX Statement of Functional Expenses

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

Do 1	not include amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	565,900.	565,900.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,282,976.	2,282,976.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,400.	2,400.		
4 5	Benefits paid to or for members Compensation of current officers, directors,	707,876.		707,876.	
6	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)	707,870.		707,870.	
7	Other salaries and wages	21,459,805.	18,831,950.	1,006,102.	1,621,753
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	974,142.	787,866.	69,357.	116,919
9	Other employee benefits	2,515,824.		186,329.	143,804
10	Payroll taxes	2,167,518.	1,904,820.	132,279.	130,419
11	Fees for services (nonemployees):				
	Management	00 000	72 005	11 400	4 520
	Legal	89,929.	73,905.	11,488.	4,536
	Accounting	120,804.	108,592.		12,212
	Lobbying				
	Professional fundraising services. See Part IV, line 17	221,145.		221,145.	
f	Investment management fees	221,145.		221,145.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2,378,177.	1,794,746.	321,054.	262,377
0	column (A) amount, list line 11g expenses on Sch 0.)	456,314.		521,0540	23,745
2 3	Advertising and promotion Office expenses	1,398,587.		150,083.	305,861
3 4	Information technology	2,000,00,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	Royalties				
6	Occupancy	1,538,031.	1,267,596.	133,794.	136,641
7	Travel	269,013.	245,850.	20,780.	2,383
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	40,162.	17,120.	22,167.	875
0	Interest	115,530.		115,530.	
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,088,336.	1,033,301.	20,141.	34,894
3	Insurance	255,759.	168,457.	79,621.	7,681
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		<u> </u>	24 206	4 0.20
а	RECRUITMENT	107,655.	69,319.	34,306.	4,030
b	BAD DEBTS	98,010.	98,010.	0.	2 770
c	DUES AND SUBSCRIPTIONS	80,404.	15,449.	61,176.	3,779
d					
	All other expenses	38,934,297.	32,829,160.	3,293,228.	2,811,909
25	Total functional expenses. Add lines 1 through 24e	50,954,491.	JZ,029,10U.	5,475,440.	2,011,905
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (202

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Cash - non-interest-bearing Savings and temporary cash investments المامينا

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

		Cush Hor interest bearing				· ·	
	2	Savings and temporary cash investments			12,059,532.	2	2,935,640.
	3	Pledges and grants receivable, net			3,931,493.	3	8,008,634.
	4	Accounts receivable, net			1,923,004.	4	1,498,906.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			368,134.	7	297,446.
Assets	8	Inventories for sale or use			17,975.	8	11,940.
Ä	9				474,303.	9	307,451.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	39,890,259.			
	b	Less: accumulated depreciation	10b	18,760,410.	18,022,585.	10c	21,129,849.
	11	Investments - publicly traded securities			33,999,010.	11	68,250,473.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		46,011.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa			76,234,764.	16	103,898,772.
	17	Accounts payable and accrued expenses			4,360,970.	17	6,543,993.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iab.		controlled entity or family member of any of thes	se pers	ons	10 (00 00)	22	11 000 000
	23	Secured mortgages and notes payable to unrela		F	18,680,224.	23	11,338,289.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	4 000 600		F 100 422
		of Schedule D			4,890,602.		5,198,433.
	26	Total liabilities. Add lines 17 through 25		V	27,931,796.	26	23,080,715.
Sé		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
alances		and complete lines 27, 28, 32, and 33.			2 017 700		20 006 769
ala	27	Net assets without donor restrictions			2,917,798.		20,996,768.
dB	28	Net assets with donor restrictions	45,385,170.	28	59,821,289.		
nn		Organizations that do not follow FASB ASC 9	58, che	eck here ▶ ∟_			
orl		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund B	31	Retained earnings, endowment, accumulated in			48,302,968.	31	80,818,057.
Z	32	Total net assets or fund balances			76,234,764.	32 33	103,898,772.
	33	Total liabilities and net assets/fund balances			/0,234,/04.	33	Form 990 (2020)

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(A)

Beginning of year

5,392,717.

1

(B)

End of year

1,458,433.

Form 990 (2020)

1

Part X Balance Sheet

Form 990 (2020) JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528	Pa	ige 12
Part 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 70,19		
2 Total expenses (must equal Part IX, column (A), line 25)		
3 Revenue less expenses. Subtract line 2 from line 1 3 1,26		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		
5 Net unrealized gains (losses) on investments5 1,25	1,0	88.
6 Donated services and use of facilities		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
column (B)) 10 80 , 81	З,О	57.
Part 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 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 separate basis,		
consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133? 3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	000	

Form **990** (2020)

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	SCH	ED	UL	Ε	Α
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2020
Open to Public Inspection

		of the Treasury nue Service				ch to Form 990 or Form 990-EZ. rm990 for instructions and the latest information.							
Nam	e of t	the organizati		de le trittineige					Employer	identification numbe			
		0		SH FAMILY	AND CHILDREN	'S SE	RVICE	S		4-1156528			
Pa	rt I	Reason			(All organizations must o								
					(For lines 1 through 12, o	-							
1			•		on of churches describe								
2	\square			-	Attach Schedule E (Forn			•,,-,,•,•					
3	\square				anization described in se			::)					
4	H	•	•	1 0	njunction with a hospita			•	Viii) Enter	the hospital's name			
-		city, and stat			injunction with a nospita					the hospital s hame,			
5				or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	ned in			
5		-	-	Complete Part II.)			icu by a g	overnmentar					
6					mental unit described in	section 1	70(h)(1)(A)	(v)					
	x				antial part of its support				ho gonoral	nublic described in			
'				omplete Part II.)	antial part of its support	ioni a gov	ennienta		ine general	public described in			
8					(1)(A)(vi). (Complete Par	F 11 \							
9	\square				l in section 170(b)(1)(A)		ed in conii	inction with a	land-arant	college			
5		-	-	-	culture (see instructions)		-		-	-			
		university:	or a normand g	grant concept of agric			name, en	y, and state c	i the coneg				
10			on that norma	Illy receives (1) more	than 33 1/3% of its sup	nort from	contributio	ons members	hin fees a	nd aross receipts from			
10					ct to certain exceptions;								
					e (less section 511 tax) fr								
				mplete Part III.)			5365 acqu		ganzation				
11				,	sively to test for public sa	fety See	section 5	9(a)(4)					
12	\square	-	-	-	sively for the benefit of, to	-			arry out the	e purposes of one or			
					ed in section 509(a)(1) c								
					of supporting organization								
а					supervised, or controlled					<i>i</i> aivina			
u					egularly appoint or elect								
				complete Part IV, Se		amajonty				depending			
b					d or controlled in connec	tion with it	ts sunnort	ed organizati	on(s) by ha	avina			
~				-	anization vested in the s			-		-			
			-	t complete Part IV,					age the ear	portod			
с		-			g organization operated	in connec	tion with	and functiona	Illy integrat	ed with			
•			-		s). You must complete				ing integrat	ou mai,			
d		- ··	•	.,	porting organization oper			-	rted organi	ization(s)			
u		••	-		zation generally must sa				•				
					nplete Part IV, Section				a an attorn				
е		- ·	·	,	written determination fro				II Type III				
Ũ			•		onally integrated support			x 1900 i, 1900	, n, rype m				
f	Ente	er the number	•		many integrated support	ing organi	201011.						
a			••	n about the supporte	ed organization(s)								
		i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions			
					above (see instructions)								
Tota	1												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

94-1156528 Page 2 Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES

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

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

See	ction A. Public Support					-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	18,488,417.	16,872,361.	21,028,592.	25,607,419.	49,096,046.	131,092,835.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge \dots										
4	Total. Add lines 1 through 3	18,488,417.	16,872,361.	21,028,592.	25,607,419.	49,096,046.	131,092,835.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						31,391,495.				
6	Public support. Subtract line 5 from line 4.						99,701,340.				
See	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4	18,488,417.	16,872,361.	21,028,592.	25,607,419.	49,096,046.	131,092,835.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources \dots	704,623.	766,283.	893,199.	935,687.	1,367,234.	4,667,026.				
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.)					20,359.	20,359.				
11	Total support. Add lines 7 through 10						135,780,220.				
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 79	,421,201.				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)					
	organization, check this box and stop										
See	ction C. Computation of Publ	ic Support Pe	rcentage								
	Public support percentage for 2020 (14	73.43 %				
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	75.35 %				
16a	1 33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo					
	stop here. The organization qualifies										
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box				
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation							
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization						
b	0 10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line							
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ►				
						edule A (Form 990					

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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness 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						
5	furnished by a governmental unit to						
	the organization without charge						
e	Total. Add lines 1 through 5		1				
					_		
<i>i</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
IJ	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage	;			
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from 2		'			18	%
	33 1/3% support tests - 2020. If the		• •				
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2019. If the						and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21	ala not oncolt a		2., 0. 100, 0100K			0 or 990-EZ) 2020
55202				16	001		
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

17

Schedule A (Form 990 or 990 EZ) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 5

1 4	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		I
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

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

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.

Section	C . I	уре п з	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	ction 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 line 2, above, 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		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Uneck the box next to the method that the ordanization used to satisfy the integral Part Test during the v	next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructio n	is)
--	---	-----

- a ____ 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.*

c		The organization supporte	d a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---------------------------	-------------------------	----------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

За

3b

1

2

18

		A (Form 990 or 990-EZ) 2020							S 94-1156528	Page 6
Part	<	Type III Non-Function	onally Integ	grated 509	(a)(3) S	Supporting Org	jan	izations		
1		Check here if the organizati	ion satisfied th	ne Integral Par	t Test as	s a qualifying trust	on N	Nov. 20, 1970 (e.	explain in Part VI). See instrue	ctions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Year
3 4 5 6 7 8	(A) Prior Year	
4 5 6 7 8	(A) Prior Year	
5 6 7 8	(A) Prior Year	
6 7 8	(A) Prior Year	
7 8	(A) Prior Year	
7 8	(A) Prior Year	
7 8	(A) Prior Year	
8	(A) Prior Year	
	(A) Prior Year	
	(A) Prior Year	
		(optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
_		Current Year
1		
2		
3		
4		
5		
6		
y integrat	ed Type III supporting or	anization (see
	1b 1c 1d 2 3 4 5 6 7 8 11 2 33 4 5 6 7 8 1 2 3 4 5 6 3 4 5 6 6	1b 1c 1d 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	led)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	າຣ	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Form 990 or 990-E	Information	Drovida the ave	lonotions	nuirod by Devi	HIL line to F	ort II line 17-		28 Pa
	Part IV Section A	lines 1 2 3b 3c	4b 4c 5a 6 9a	anations rec	quired by Pari a 11b and 1	t II, line 10; F 1c: Part IV_9	Part II, line 17a (Section B lines	or 17b; Part III, line 1 and 2; Part IV, Se	12; ection C
	line 1; Part IV, Sec	ction D, lines 2 and	d 3; Part IV, Sect	ion E, lines 1	c, 2a, 2b, 3a	, and 3b; Pa	t V, line 1; Part	V, Section B, line 1	e; Part V
	Section D, lines 5,	6, and 8; and Pa	rt V, Section E, lir	nes 2, 5, and	6. Also com	plete this pa	rt for any additi	onal information.	
	(See instructions.)								
	1						Schedu	ile A (Form 990 or	990-EZ
32028 01-25-2					21		••••••		

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

94-1156528

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

JEWISH FAMILY AND CHILDREN'S SERVICES

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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

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

Name of organization

Employer identification number

94-1156528

JEWISH FAMILY AND CHILDREN'S SERVICES

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) No (c) Tatal No

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,620,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>6,611,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>3,700,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>4,879,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-23	5-20	\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	23		

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Name of organization

Employer identification number

94-1156528

JEWISH FAMILY AND CHILDREN'S SERVICES

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

	Noncash Froperty (see instructions). Ose duplicate copies of Fa	art if if additional space is fielded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(-)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4					
Name of o	rganization		Employer identification number					
JEWIS	H FAMILY AND CHILDREN'S		94-1156528					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of git						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		e) Transfer of git	It					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					

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SCHEDULE D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

U **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of the organization			Employer identification number
Des	JEWISH FAMILY AND (94-1156528
Par			Similar Funds of A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		al fina da da da	
		(a) Donor advise	41	b) Funds and other accounts
1	Total number at end of year	11	229,520.	
2	Aggregate value of contributions to (during year)		565,900.	
3	Aggregate value of grants from (during year)	11	950,346.	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
6	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor at for charitable purposes and not for the benefit of the donor of			
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	7	rically important land area
	Protection of natural habitat		Preservation of a certif	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	ution in the form of a co	inservation 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	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year 🕨		, ,	C C
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, inspec	tion, 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, a	nd enforcing conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and er	nforcing conservation ea	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremer	nts of section 170(h)(4)(B	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	s financial statements th	at describes the
Des	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		easures, or Other a	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	, 1		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X		ussets for financial gain	
2	the following amounts required to be reported under FASB AS			provide
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
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Sche		FAMILY AND					-1156			ge 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other \$	Similar A	Assets(c	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that n	nake sign	ificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma							es		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Ye	es" on Fo	rm 990, Pa	art IV, line	9, or		
12	Is the organization an agent, trustee, custod		iany for contribution	s or other asse	ts not inc	luded				
Ia			•					es		No
h	on Form 990, Part X?	and complete the fol	lowing table:				💶 🗖	63		NO
			lowing table.				An	nount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F				nt liability?	<u> </u>	Y	es		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	art XIII					
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV	/, line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	back (d)	Three years	back (e) Four y	ears b	ack
1a	Beginning of year balance	39,507,905.	39,061,776.	36,549,	232.	35,837,	892.	34,9	63,4	13.
b	Contributions	1,773,991.	1,638,574.	1,644,	868.	1,618,		1,7	59,8	64.
с	Net investment earnings, gains, and losses	8,642,042.	516,654.	2,178,	879.	320,	491.		26,6	96.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,553,554.	1,262,959.	1,311,	203.	1,227,	296.	9	12,0	81.
	Administrative expenses									
g	End of year balance		39,954,045.		776.	36,549,	232.	35,8	37,8	92.
2	Provide the estimated percentage of the cur	rent year end balance		a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment \blacktriangleright 84.6800	%								
с	Term endowment 15.3200									
0-	The percentages on lines 2a, 2b, and 2c sho	-	Allow Allow Allow and the shall a		-1.6					
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	ind administere	a for the c	organizatio	ori			
	by: (i) Unrelated organizations						6	Ba(i)		<u>No</u> X
	(i) Unrelated organizations							a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as require	ed on Schedule B?				····· F	3b		
4	Describe in Part XIII the intended uses of the						····· L			
	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, F	Part X, line	e 10.				
	Description of property	(a) Cost or ot		or other	(c) Accu		(d)	Book	/alue	
		basis (investm	• •	(other)	depred		`'			
1a	Land		7,67	6,355.			7,	676	,35	5.
	Buildings				11,95	4,799		286		
	Leasehold improvements		2,30	8,301.		9,306		378	,99	5.
	Equipment		2,39	7,692.		7,814		539		
	Other		4,26	6,319.	3,01	8,491		247		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	10c.)		►	21,	129	,84	9.
						Sch	edule D (Form 9	990) 2	2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)	()		,
(2)			
(3)			
(4)			
(5)			
(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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	,,,		(b) Book value
(1) Federal income taxes			
(2) SPLIT-INTEREST LIABILITIES	S		5,198,433.
(3)	-		-,,
(4)			
(5)			
(6)			
(7) (8)			

JEWISH FAMILY AND CHILDREN'S SERVICES

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
5,198,433.

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

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Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 JEWISH FAMILY AND CHILDREN				1156528 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	ith Revenue per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		-	
1	Total revenue, gains, and other support per audited financial statements			1	71,878,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,254,088.		
b	Donated services and use of facilities	. 2b	650,192.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	1,904,280.
3	Subtract line 2e from line 1			3	69,974,153.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	221,145.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	221,145.
_				5	70,195,298.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W		-	
⁵ Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents W a.	/ith Expenses per	Retu	ırn.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents W a.	/ith Expenses per	-	
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W a.	/ith Expenses per	Retu	ırn.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents W a.	/ith Expenses per	Retu	ırn.
1 2	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents W a. 2a	/ith Expenses per	Retu	ırn.
1 2 a b	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents W a. 	/ith Expenses per	Retu	ırn.
1 2 a b c	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents W a. 2a 2b 2c	/ith Expenses per	Retu	ırn. 39,363,344.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 650,192.	Retu	urn. 39,363,344. 650,192.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 650,192.	Retu	ırn. 39,363,344.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per	1 2e	urn. 39,363,344. 650,192.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents W a. 2a 2b 2c 2d	/ith Expenses per 650,192.	1 2e	urn. 39,363,344. 650,192.
1 2 3 4 4 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	/ith Expenses per	1 2e	urn. 39,363,344. 650,192. 38,713,152.
1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	/ith Expenses per 650,192. 221,145.	Petu 1 2e 3 4c	urn. 39,363,344. 650,192. 38,713,152. 221,145.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	/ith Expenses per 650,192. 221,145.	Petu 1 2e 3	urn. 39,363,344. 650,192. 38,713,152.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UNDER PROVISIONS OF INTERNAL REVENUE CODE 501(C)(3) AND CALIFORNIA REVENUE
AND TAXATION CODE 23701D. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN
BY JFCS, AND HAS CONCLUDED THAT, AS OF JUNE 30, 2021, THERE ARE NO
UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. JFCS
IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE JEWISH FAMILY AND CHILDREN'S SERVICES ENDOWMENT CONSISTS OF MORE THANO32054 12-01-20Schedule D (Form 990) 202029292020.05095 JEWISH FAMILY AND CHILDREN' 18235_2

 Schedule D (Form 990) 2020
 JEWISH FAMILY AND CHILDREN'S SERVICES
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 Part XIII
 Supplemental Information (continued)

 393 DONOR-RESTRICTED FUNDS WHICH HAVE BEEN ESTABLISHED TO PROVIDE ONGOING

 SUPPORT FOR THE MISSION OF THE ORGANIZATION. DONOR RESTRICTED FUNDS ARE

 DESIGNATED TO PROVIDE FUNDING FOR VARIOUS PROGRAMS OR TO SUPPORT OVERALL

 MISSION OF THE ORGANIZATION.

 THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS ADOPTED INVESTMENT AND

SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ARE INTENDED TO PROVIDE A

PREDICTABLE STREAM OF FUNDING FROM THE ENDOWMENT IN PERPETUITY.

Schedule D (Form 990) 2020

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SCHEDULE I (Form 990) Department of the Treasury	Go	arants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	ls in the Un ' on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest infor	mation.		Inspection
Name of the organization JEWISH FA	MILY AND	CHILDREN'S	SERVICES				Employer identification number 94-1156528
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to					anization answered "	es" on Form 990. Par	t IV. line 21, for any
recipient that received more than	-						···,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SF CAMPUS FOR JEWISH LIVING JEWISH HOME, 302 SILVER AVENUE SAN FRANCISCO, CA 94112	94-0545320	3	55,385.	0	FMV		PROGRAM SUPPORT
SAN FRANCISCO, CA SHIIZ	54 0545520	5	55,505.	0.			INGRAM BUITORI
SF-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	3	55,000.	0.	FMV		PROGRAM SUPPORT
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY ST., SANTA ROSA, CA 95404	94-3386103	3	26,000.	0.	FMV		PROGRAM SUPPORT
SF ZOOLOGICAL SOCIETY, THE 1 ZOO ROAD, SAN FRANCISCO, CA 94132-1098	94-1429538	3	21,500.	0	FMV		PROGRAM SUPPORT
GOLDEN GATE NATIONAL PARKS	94-1429550	5	21,500.	0.			FROGRAM SUFFORT
CONSERVANCY, BUILDING 201, FORD							
MASON - SAN FRANCISCO, CA							
94123-1304	94-2781708	3	12,000.	0	FMV		PROGRAM SUPPORT
			,				
GLIDE MEMORIAL UNITED							
METHODIST CHURCH, 330 ELLIS STREET							
SAN FRANCISCO, CA 94102	94-1156481	3	10,700.	0.	FMV		PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a						I	▶ 27.
3 Enter total number of other organization		al 4 - 1-1 -					28.
LHA For Paperwork Reduction Act Notice	, see the Instruct						Schedule I (Form 990) 2020

Schedule I (Form 990) JEWISH FAMILY AND CHILDREN'S SERVICES

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Schedule I (Form 990) UEWISH FA	MILLI AND	CHILDREN S	SEVAICES			د	74-1100020 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII FOOD BANK							
2611 KILIHAU ST.,	99-0220699	2	10 500	0	FMV		DROCRAM GUDDODM
HONOLULU, HI 96819-2021	99-0220699	5	10,500.	0.	FMV		PROGRAM SUPPORT
OBERLIN COLLEGE							
P.O. BOX 72110							
CLEVELAND, OH 44192-0002	34-0714363	3	10,500.	0	FMV		PROGRAM SUPPORT
				·			
COMMUNITY HOUSING PARTNERSHIP							
20 JONES ST., STE. 200							
SAN FRANCISCO, CA 94102	94-3112338	3	10,000.	0.	FMV		PROGRAM SUPPORT
			, -				
JEWISH VOCATIONAL SERVICE							
225 BUSH STREET, SUITE 400							
SAN FRANCISCO, CA 94104	94-2213100	3	6,200.	0.	FMV		PROGRAM SUPPORT
		-	-,				
CONGREGATION RODEF SHOLOM							
ATTN.: LANI LOFK, 170 N. SAN PEDRO							
SAN RAFAEL, CA 94903	94-6030040	3	5,540.	0.	FMV		PROGRAM SUPPORT
AMERICAN FRIENDS OF MAGEN		-	-,				
DAVID ADOM, A/O YOSSI MENTZ, 6505							
WILSHIRE BLVD., - LOS ANGELES, CA							
90048	13-1790719	3	5,000.	0	FMV		PROGRAM SUPPORT
	10 1/00/10		5,000.	· · ·			
CHABAD OF SONOMA COUNTY							
2461 SUMMERFIELD RD.,							
SANTA ROSA, CA 95405	02-0673727	3	5,000.	0	FMV		PROGRAM SUPPORT
			5,000.	· · ·			
LOWELL ALUMNI ASSOCIATION							
P.O. BOX 320009							
SAN FRANCISCO, CA 94132	94-6125408	3	5,000.	0	FMV		PROGRAM SUPPORT
	51 0125400	~	5,000.	· · ·			
PLANNED PARENTHOOD - NORTHERN							
CALIFORNIA - 2185 PACHECO ST., -							
CONCORD, CA 94520	94-1575233	3	5,000.	n	FMV		PROGRAM SUPPORT
concomp, on 94020	J 13/3233	Г	5,000.	۰ ۰	· *	1	L'ICOMI DOLLONI

Schedule I (Form 990)

Schedule I (Form 990) JEWISH FAMILY AND CHILDREN'S SERVICES

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch I	iedule I (Form 990), Pa T	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCSF FOUNDATION							
UCSF BOX 0970							
SAN FRANCISCO, CA 94143	52-1309391	3	6,100.	0	FMV		PROGRAM SUPPORT
THE CENTER FOR PUBLIC INTEGRITY							
901 17TH STREET, NW 7TH FL							
WASHINGTON, DC 20006	54-1512177	3	5,000.	0.	FMV		PROGRAM SUPPORT
			, -				
PENINSULA JEWISH COMMUNITY CTR							
800 FORSTER CITY BLVD,							
FOSTER CITY, CA 94404	94-3327262	3	11,000.	0.	FMV		PROGRAM SUPPORT
CONTEMPORARY JEWISH MUSEUM							
736 MISSION ST.							
SAN FRANCISCO, CA 94103	47-0920831	3	5,300.	0.	FMV		PROGRAM SUPPORT
CALIFORNIA ACADEMY OF SCIENCES							
55 MUSIC CONCOUSE DRIVE							
SAN FRANCISCO, CA 94118	94-1156258	3	41,500.	0.	FMV		PROGRAM SUPPORT
LUCILE PACKARD FOUNDATION FOR							
CHILDREN'S HEALTH - 400 HAMILTON							
AVE, STE 340 - PALO ALTO, CA 94301	77-0440090	3	10,000.	0.	FMV		PROGRAM SUPPORT
EXPLORATORIUM							
3601 LYON STREET	04 1000404	2	41.000				
SAN FRANCISCO, CA 94123	94-1696494	3	41,000.	0.	FMV		PROGRAM SUPPORT
NARAL PRO-CHOICE AMERICA							
FOUNDATION - 335 SOUTH VAN NESS							
	52-1100361	4	5 000	_	FMV		
AVE - SAN FRANCISCO, CA 94103	52-1100361	¥	5,000.	0.	, r H V		PROGRAM SUPPORT
PENINSULA TEMPLE SHOLOM							
1655 SEBASTIAN DRIVE							
	94-6024560	3	5,200.		FMV		PROGRAM SUPPORT
BURLINGAME, CA 94010	54-0UZ430U	5	5,200.	U.	, г ш v		FROGRAM SUPPORT

Schedule I (Form 990)

JEWISH FAMILY AND CHILDREN'S SERVICES Schedule I (Form 990)

94-1	156528	Page 1

							- 1130320 F
art II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU FOUNDATION							
125 BROAD STREET, 18TH FL	04 0070770	2	6 000	0	5147		DROGRAM GUDDODM
NEW YORK, NY 10004	94-0279770	5	6,000.	0.	FMV		PROGRAM SUPPORT
PLANNED PARENTHOOD FEDERATION OF							
AMERICA - 123 WILLIAM STREET, 10TH							
FL - NEW YORK, NY 10273	13-1644147	3	6,900.	0.	FMV		PROGRAM SUPPORT
		-	-,				
JEWISH COMMUNITY FEDERATION							
121 STEUART STREET							
SAN FRANCISCO, CA 94105	94-1156533	3	84,200.	٥.	FMV		PROGRAM SUPPORT
RED TAB FOUNDATION							
1155 BATTERY ST LS/7							
SAN FRANCISCO, CA 94111	94-2779937	3	5,000.	0.	FMV		PROGRAM SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) 2020

JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO ADULTS	684	342,591.	0.	FMV	
ASSISTANCE TO CHILDREN AND FAMILIES	116	125,702.	0.	FMV	
ASSISTANCE TO OLDER ADULTS	1290	1,461,986.	0.	FMV	
AID TO EMIGRES	156	151,156.	0.	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J	EDULE J Compensation Information					
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)	
Department of the Treasury						
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Name of the organization			identificati		mber	
	JEWISH FAMILY AND CHILDREN'S SERVICES	94-1	115652	8		
Part I Question	ns Regarding Compensation				·	
				Yes	No	
	riate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,				
	, line 1a. Complete Part III to provide any relevant information regarding these items.					
	charter travel Housing allowance or residence for perso					
	spending account Personal services (such as maid, chauffer	ur, chei)				
b If any of the boyo	on line 1a are checked, did the organization follow a written policy regarding payment or					
	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	provision of all of the expenses described above in No, complete Part in to explain					
-	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
trustees, and one			····· <u>-</u>			
3 Indicate which, if a	any, of the following the organization used to establish the compensation of the organization'	s				
,	rector. Check all that apply. Do not check any boxes for methods used by a related organization					
	sation of the CEO/Executive Director, but explain in Part III.					
X Compensatio						
	compensation consultant I Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4 During the year, d	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a r	elated organization:					
a Receive a severar	a Receive a severance payment or change-of-control payment?					
b Participate in or re	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
c Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
contingent on the			_		v	
a The organization?			5a		X X	
	zation?		5b			
	or 5b, describe in Part III.	~~				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
contingent on the	0		60		x	
a The organization? b Any related ergen			6a 6b		X	
	zation? or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s				
	ines 5 and 6? If "Yes," describe in Part III		7		x	
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
	did the organization also follow the rebuttable presumption procedure described in		····· v			
	n 53.4958-6(c)?		9			
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)) 2020	
-			•			

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. ANITA FRIEDMAN	(i)	392,813.	0.	100,000.	39,900.	0.	532,713.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN F ZIMMAN	(i)	175,163.	0.	0.	0.	0.	175,163.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY GAIL MASTERS	(i)	244,449.	0.	0.	19,811.	0.	264,260.	0.
ASSOCIATE EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA ANN FARBER	(i)	231,363.	0.	0.	18,624.	0.	249,987.	0.
DIR. OF DEVEL/PERM. ENDOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRUCE D FELDSTEIN	(i)	201,774.	0.	0.	16,383.	0.	218,157.	0.
DIRECTOR OF CHAPLANCY SERV	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STACY A RACKUSIN	(i)	188,646.	0.	0.	14,121.	0.	202,767.	0.
DEPUTY DIRECTOR OF DEVELOP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEVIN G CHOW	(i)	167,171.	0.	0.	13,444.	0.	180,615.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Open to Public . Inspection

20

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICES

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

Employer identification number 94-1156528

ſ 20

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	Par	rt I Types of Property							
2 Art - Historical treasures Art - Fractional Interests Books and publications Cars and other vehicles Cars and vehicle			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete		•	3
3 At - Fractional interests	1								
4 Books and publications Image: Constraint of the second se	2	Art - Historical treasures							
5 Clothing and household goods X 23 8,490. AUTO AUCTIONS 6 Cars and other vehicles X 23 8,490. AUTO AUCTIONS 7 Boats and planes 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 9 Securities - Publicly traded X 35 10,904,422. STOCK MARKET 10 Securities - Pathership, LLC, or trust interests 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 12 Securities - Niscellaneous 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 13 Cualified conservation contribution - Historic structures 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 14 Qualified conservation contribution - Historic structures 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 14 Qualified conservation contribution - Historic structures 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 14 Qualified conservation contribution - Historic structures 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 14 Qualified conservation contribution - Historic structures 10.904,422. STOCK MARKET 10.904,422. STOCK MARKET 15 Qualified conservation contribution - Horer 10.904,422. Stockemaret 10.904,4	3	Art - Fractional interests							
6 Cars and other vehicles X 23 8, 490. AUTO AUCTIONS 7 Boats and planes Intellectual property Securities -Publicly traded X 35 10, 904, 422. STOCK MARKET 0 Securities - Closely held stock X 35 10, 904, 422. STOCK MARKET 10 Securities -Publicly traded X 35 10, 904, 422. STOCK MARKET 10 Securities - Closely held stock Intellectual property Intellectual property 12 Securities - Marcellaneous Intellectual property Intellectual property 13 Qualified conservation contribution - Historic structures Intellectual property Intellectual property 14 Qualified conservation contribution - Other Intellectual property Intellectual property 14 Qualified conservation contribution - Other Intellectual property Intellectual property 15 Real estate - Other Intellectual property Intellectual property Intellectual property 16 Real estate - Other Intellectual property Intellectual property Intellectual property 16 Real estatifacts Intellectual property Intellectual property	4	Books and publications							
Boats and planes Intellectual property Boats and planes X Bittellectual property X Securities - Publicly traded X Securities - Naicellaneous X Securities - Naicellaneous X Securities - Securities - Naicellaneous X Securities -	5	Clothing and household goods							
8 Intellectual property 9 Securities - Publicly traded X 11 Securities - Closely held stock.	6	Cars and other vehicles	Х	23	8,490.	AUTO AUCTION	IS		
9 Securities - Publicity traded X 35 10,904,422.STOCK MARKET 10 Securities - Closely held stock	7	Boats and planes							
Securities - Closely held stock	8								
11 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other Historic structures 5 Real estate - Residential 6 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 23 Scientific specimens 24 Archeological atrifacts 25 Other ► (9	Securities - Publicly traded	Х	35	10,904,422.	STOCK MARKEI	1		
trust interests 12 13 14 14 15 16 17 18 19 117 118 117 118 118 119 111 111 111 111 111 11111 11	10	Securities - Closely held stock							
12 Securities - Miscellaneous	11								
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other. 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (() 26 Other ▶ (() 27 Other ▶ (() 28 Other ▶ (() 29 Ves 30a During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contributions, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 X 32a X 32a X 33a If the organization durin report an amount in column (c) for a type of property for which column (a) is checked,	12								
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 Other ► (27 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 26 If "Yes," describe the arrangement in Part II. 31 X 32a X 32a X 32a X	13	Qualified conservation contribution -							
15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (26 Other ▶ (27 Other ▶ (28 Other ▶ (29 Vumber of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 Number of Eorms 8283 received put the organization treceive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 If "Yes," describe the arrangement in Part II. 30 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	14								
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18 Collectibles	17								
19 Food inventory									
20 Drugs and medical supplies									
21 Taxidermy									
22 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts	23								
25 Other ▶ ()									
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 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 									
 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 		3	, ,		· · · · · · · · · · · · · · · · · · ·		1	/es	No
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Image: Contribution of the initial	30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
exempt purposes for the entire holding period? 30a						-			
b If "Yes," describe the arrangement in Part II. Image: style organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a 32a X 33a 31 15 16							30a		Х
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	b								
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contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		contributions?		8			32a	x	
					, ,,, , ,,,, ,				
describe in Part II.	33	-	oiumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2	1 1 / 4		4h o 1u - 4	None (on E	0	0-1			00000

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Schedule M (Form 990) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

JEWISH FAMILY AND CHILDREN'S SERVICES CONTRACTS WITH TWO COMMERCIAL

FUNDRAISERS TO CONDUCT A VEHICLE DONATION PROGRAM.

CHARITABLE ADULT RIDES & SERVICES, INC.

8804 BALBOA AVENUE

SAN DIEGO, CA 94123

1-858-300-2901

AUTOMOTIVE RECOVERY SERVICES

DBA INSURANCE AUTO AUCTIONS

TWO WESTBROOK CORPORATE CENTER, SUITE #500

WESTCHESTER, IL 60154

1-708-492-7000

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ



JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH FAMILY AND CHILDREN'S SERVICES EXISTS TO PROVIDE PROFESSIONAL

AND VOLUNTEER SERVICES FOR THE PURPOSES OF DEVELOPING, RESTORING, AND

MAINTAINING THE COMPETENCY OF FAMILIES AND INDIVIDUALS OF ALL AGES.

JFCS PROVIDES PREVENTIVE, EDUCATIONAL, THERAPEUTIC, AND SUPPORTIVE

SERVICES, WITHIN THE CONTEXT OF HISTORIC JEWISH VALUES, EMPHASIZING

INTER-GENERATIONAL TIES AND COMMUNITY RESPONSIBILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH FAMILY AND CHILDREN'S SERVICES (JFCS) EXISTS TO PROVIDE

PROFESSIONAL AND VOLUNTEER SERVICES FOR THE PURPOSES OF DEVELOPING,

RESTORING, AND MAINTAINING THE COMPETENCY OF FAMILIES AND INDIVIDUALS

OF ALL AGES. SINCE 1850, JFCS HAS PROVIDED AN ARRAY OF PREVENTIVE,

EDUCATIONAL, THERAPEUTIC, AND SUPPORTIVE SERVICES, WITHIN THE CONTEXT

OF HISTORIC JEWISH VALUES, EMPHASIZING INTER-GENERATIONAL TIES AND

COMMUNITY RESPONSIBILITY. TODAY, JFCS ASSISTS PEOPLE OF ALL FAITHS AND

BACKGROUNDS AS THEY FACE LIFE TRANSITIONS AND PERSONAL CRISIS WITH

HIGH-OUALITY, RESEARCH-BASED PROGRAMS AND SERVICES. THESE INCLUDE HOME

CARE FOR SENIORS, THERAPY FOR CHILDREN, SUPPORT FOR HOLOCAUST

SURVIVORS, YOUTH VOLUNTEER PROGRAMS, COUNSELING FOR PEOPLE OF ALL AGES,

ADOPTION SERVICES, PARENTING WORKSHOPS, EMERGENCY AND DISASTER

ASSISTANCE, AND SERVICES FOR PEOPLE WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICES	Employer identification number 94-1156528
ADULTS: JFCS OFFERS A WIDE RANGE OF SERVICES TO ADULTS, T	
EMERGENCY AND ASSISTANCE PROGRAMS, SMALL BUSINESS LOAN OP	PORTUNITIES,
COMMUNITY EDUCATION, COUNSELING, CASE MANAGEMENT, SPIRITU	VAL CARE,
BEREAVEMENT AND HEALING PROGRAM, DISABILITY SERVICES PROG	RAM, AND OTHER
PRACTICAL AND EMOTIONAL SUPPORT.	
EXPENSES \$ 2,451,267. INCLUDING GRANTS OF \$ 229,329.	REVENUE \$ 464,181.
FORM 990, PART VI, SECTION A, LINE 2:	
LINE 2 EXPLANATION - GARRY RAYANT AND KATHY FIELDS ARE BO	TH DIRECTORS AND
ARE MARRIED TO EACH OTHER.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE FINANCE C	COMMITTEE OF THE
BOARD OF DIRECTORS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL CONFLICT OF INTEREST FORMS ARE SIGNED BY THE TRUST	EES, OFFICERS,
DIRECTORS, AND KEY EMPLOYEES. CONFLICTS ARE REFERRED TO	THE AUDIT
COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPARABILITY DATA FOR CEO/EXECUTIVE DIRECTOR AND CFO ARE	COMPILED AND
ANALYZED BY AN INDEPENDENT COMPENSATION CONSULTANT AND RE	VIEWED BY THE
BOARD OF DIRECTORS. COMPENSATION IS DETERMINED BY THE BOA	RD AFTER REVIEW OF
COMPARABILITY DATA AND PERFORMANCE EVALUATIONS.	

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ONSchedule O (Form 990 or 990-EZ) 2020032212 11-20-204210470609 701224 182352020.05095 JEWISH FAMILY AND CHILDREN' 18235_2

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	JEWISH FAMI	LY AND CHIL	DREN'S SER	VICES	Employer identification nun 94-1156528
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	18235		43		CHILDREN' 18235_

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICES

Employer identification number 94 - 1156528

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TAUBE FOUNDATION FOR JEWISH LIFE AND CULTURE							
- 94-3244838, 2150 POST STREET, SAN							
FRANCISCO, CA 94115-5411	SUPPORTED ORGANIZATION	CALIFORNIA	501(C)(3)	CHARITY	N/A		Х
]						
]						
	1						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528 Page 2

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.

(a)	(b)	(c)	(d)		(e)		(f)	((g)	(I	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	Predominant income (related, unrelated, cluded from tax under sections 512-514) Share of total income Share of end-of-year assets <u>Disproportionate</u> end-of-year assets <u>Vec</u> Yes No K-1 (Form 1		Code V-U amount in I 20 of Scheo K-1 (Form 1)	BI ^G box ^r dule	General of managing partner?	Percenta ownersl					
		country)		sections	512-514)					Yes	No	K-1 (Form 1	065) n	/es No	
	-														
	-														
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	1														
	4														
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Identification of Related O organizations treated as a c	I Irganizations Taxable a corporation or trust duri	as a Corpo ng the tax y	pration or Trust. C year.	omplete if t	he organizati	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	I, because it	had or	ne or m	lore relate
organizations treated as a c	orporation or trust duri	ng the tax	year. (b)	(c)	(d)		(e))	(f))		(g)		(h)	
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year.	(C) Legal domicile (state or	-	trolling	(e) Type of) entity	-	of total		(g) Share of	Perc		(i) Section 512(b)(1 controlle
organizations treated as a c	EIN	ng the tax	year. (b)	(c) Legal domicile	(d) Direct cont	trolling	(e)) entity S corp,	(f) Share o	of total		(g)	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(1 controlle
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	of total		(g) Share of end-of-year	Perc	(h) entage	(i) Sectior 512(b)(1 controlle entity?

Schedule R (Form 990) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b		X			
	Gift, grant, or capital contribution from related organization(s)	1c	Х				
	Loans or loan guarantees to or for related organization(s)	1d		X			
	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			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		X			
	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		Х			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TAUBE FOUNDATION FOR JEWISH LIFE AND (1) CULTURE	L	75 000	CASH VALUE
TAUBE FOUNDATION FOR JEWISH LIFE AND			
(2) CULTURE	C	10,000.	CASH VALUE
(3)			
(4)			
_(5)			
(6)	10		

Schedule R (Form 990) 2020 JEWISH FAMILY AND CHILDREN'S SERVICES

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2020

Part VII	Supplemental Information

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

032165 10-28-20

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