Return of Organization Exempt From Income Tax

For the 2018 calendar year, or tax year beginning \textit{JUL 1, 2018} and ending \textit{JUN 30, 2019}

### Name of organization

JEWISH FAMILY AND COMMUNITY SERVICES EAST BAY

### Employer identification number

94-3250304

### Form of organization

Corporation

### Website

\textit{JFCS-EASTBAY.ORG}

### Summary

Briefly describe the organization's mission or most significant activities: TO PROMOTE INDIVIDUAL AND FAMILY WELL-BEING BY PROVIDING MENTAL HEALTH AND SOCIAL SERVICES.

### Tax-exempt status

\textbf{X} 501(c)(3) 501(c)(4) \checkmark (insert no.) 4947(a)(1) or 527

### Year of formation

1996

### State of legal domicile

CA

### Gross receipts

10,393,212.

### Prior Year

6,038,559.

### Current Year

7,747,108.

### Contributions and grants

6,674,738. 1,297,147.

### Program service revenue

55,725. -50,634.

### Investment income

-21,914. -37,237.

### Other revenue

7,747,108. 8,005,352.

### Total revenue

1,674,738. 2,389,738.

### Grants and similar amounts paid

812,131. 923,307.

### Benefits paid to or for members

0. 0.

### Salaries, other compensation, employee benefits

4,291,811. 4,429,794.

### Professional fundraising fees

322,768.

### Total fundraising expenses

2,413,291. 2,288,989.

### Other expenses

7,517,233. 7,642,090.

### Revenue less expenses

229,875. 366,442.

### Net assets or fund balances

3,617,047. 3,831,021.

### Signature Block

KATHERINE HAYNES, PRESIDENT

### Preparer

HOOD & STRONG LLP

### Preparer’s signature

P01008919

### Use Only

275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111

### Phone no.

415.781.0793

### Signature of officer

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer’s identifying number

| Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or social security number (SSN) |
| JEWISH FAMILY AND COMMUNITY SERVICES EAST BAY | 94-3250304 |

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

| Application Is For | Return Code | Application Is For | Return Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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

| Application Is For | Return Code |
| Form 990 or Form 990-EZ | 01 |
| Form 990-BL | 02 |
| Form 4720 (individual) | 03 |
| Form 990-PF | 04 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 |
| Form 990-T (trust other than above) | 06 |

| MICHELLE KNAPIK |
| 2484 SHATTUCK AVE STE 210, NO. 210 - BERKELEY, CA 94704 |
| Phone: (510) 704-7480 | Fax: (510) 704-7480 |

If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN)
If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

1. calendar year
2. tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ROOTED IN JEWISH VALUES AND HISTORICAL EXPERIENCES, AND INSPIRED BY
THE STRENGTHS OF THE DIVERSE COMMUNITIES WE SERVE, JFCS EAST BAY
PROMOTES THE WELL-BEING OF INDIVIDUALS AND FAMILIES BY PROVIDING
ESSENTIAL MENTAL HEALTH AND SOCIAL SERVICES THROUGH EVERY LIFE STAGE.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program's 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 $ 2,111,944. including grants of $ 2,843. ) (Revenue $ 0.)
PARENTING & YOUTH SERVICES PROVIDES TRAUMA-INFORMED MENTAL HEALTH
SERVICES TO UNDERSERVED CHILDREN AND THEIR FAMILIES, INCLUDING
HOME-BASED THERAPY AND ONGOING CASE MANAGEMENT FOR CHILDREN AGES 0-8.
THE AGENCY PROVIDES MENTAL HEALTH CONSULTATION SERVICES TO NUMEROUS
LOW-INCOME PRESCHOOLS, HELPING TEACHERS, ADMINISTRATORS, AND PARENTS
EFFECTIVELY SUPPORT CHILDREN AND FAMILIES EXPOSED TO TRAUMA. MOST OF
THE CHILDREN SERVED ARE AFRICAN AMERICAN AND LATINO. THE AGENCY'S EARLY
CHILDHOOD STAFF HAS EXPERTISE IN RESPONDING TO CHILDREN EXPOSED TO
DOMESTIC AND COMMUNITY VIOLENCE, TRAUMA, AND NEGLECT. THE PROGRAM
SERVES APPROXIMATELY 2,000 CHILDREN EACH YEAR, IN ADDITION TO THEIR
PARENTS AND TEACHERS.

4b (Code: ) (Expenses $ 1,451,900. including grants of $ 740,240. ) (Revenue $ 91,704.)
ADULT SERVICES ENCOMPASSES AN ARRAY OF SERVICES FOR APPROXIMATELY 1,000
OLDER ADULTS AND THEIR FAMILIES, GEARED TOWARD PRESERVING ELDERS'
DIGNITY AND INDEPENDENCE, ENABLING PEOPLE TO AGE SAFELY IN THEIR OWN
HOMES WHILE REMAINING CONNECTED WITH THE COMMUNITY AROUND THEM.
SERVICES INCLUDE AGING CONSULTATIONS, FAMILY SUPPORT, COUNSELING,
SUPPORT GROUPS, AND A FREE SENIOR INFORMATION LINE PROVIDING RESOURCES
AND REFERRALS. THE AGENCY ALSO PROVIDES SPECIALIZED MENTAL HEALTH,
FINANCIAL ASSISTANCE, AND CASE MANAGEMENT SERVICES TO HOLOCAUST
SURVIVORS. IN ADDITION, JFCS EAST BAY OFFERS MENTAL HEALTH SERVICES TO
ADULTS OF ALL AGES, INCLUDING PEOPLE WITH DEVELOPMENTAL DISABILITIES
AND THOSE WHO ARE DEALING WITH BEREAVEMENT.

4c (Code: ) (Expenses $ 1,281,946. including grants of $ 46,595. ) (Revenue $ 1,184,863.)
HOME CARE SERVICES PROVIDES COMPASSIONATE, PROFESSIONAL, RELIABLE, AND
PERSONALIZED NON-MEDICAL HOME CARE SERVICES FOR 110 SENIORS, PEOPLE
WITH DISABILITIES, AND PEOPLE RECOVERING AFTER SURGERY OR A HOSPITAL
STAY EACH YEAR. JFCS EAST BAY'S GERIATIC SOCIAL WORKERS PARTNER WITH
IN-HOME CARE PROVIDERS AND PROVIDE AN EXTRA LEVEL OF OVERSIGHT AND
ADVOCACY, INCLUDING HOME VISITS. THE SOCIAL WORKERS PROVIDE CULTURALLY
SENSITIVE CARE THAT INCORPORATES OUR KNOWLEDGE OF JEWISH TRADITIONS,
ADDITIONAL A PERSONAL TOUCH THAT EXTENDS TO MEALS AND HOLIDAY CELEBRATIONS.

Other program services (Describe in Schedule O.)

(Expenses $ 1,552,863. including grants of $ 133,629. ) (Revenue $ 2,580.)

Total program service expenses $ 6,398,653.
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - **Yes:** Complete Schedule A
   - **No:**

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   - **Yes:**
   - **No:**

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If **Yes,** complete Schedule C, Part I
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If **Yes,** complete Schedule C, Part III
   - **Yes:**
   - **No:**

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If **Yes,** complete Schedule D, Part I
   - **Yes:**
   - **No:**

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If **Yes,** complete Schedule D, Part II
   - **Yes:**
   - **No:**

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If **Yes,** complete Schedule D, Part III
   - **Yes:**
   - **No:**

9. Did the organization report an amount on Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If **Yes,** complete Schedule D, Part IV
   - **Yes:**
   - **No:**

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If **Yes,** complete Schedule D, Part V
    - **Yes:**
    - **No:**

11. If the organization's answer to any of the following questions is **Yes,** then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
    - a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yes,** complete Schedule D, Part VI
    - 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
    - c. 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
    - 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
    - e. Did the organization report an amount for other liabilities in Part X, line 25? If **Yes,** complete Schedule D, Part X
    - f. Did the organization obtain separate, independent audited financial statements for the tax year? If **Yes,** complete Schedule D, Parts XI and XII
    - b. Was the organization included in consolidated, independent audited financial statements for the tax year?
      - **Yes:**
      - **No:**

12. If the organization's answer to any of the following questions is **Yes,** then completing Schedule D, Parts XI and XII is optional
    - a. Is the organization a school described in section 170(b)(1)(A)(i)? If **Yes,** complete Schedule E
    - b. Did the organization maintain an office, employees, or agents outside of the United States?
      - **Yes:**
      - **No:**

13. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If **Yes,** complete Schedule F, Parts I and IV
    - **Yes:**
    - **No:**

14. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If **Yes,** complete Schedule F, Parts II and IV
    - **Yes:**
    - **No:**

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If **Yes,** complete Schedule F, Parts I and IV
    - **Yes:**
    - **No:**

16. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11c? If **Yes,** complete Schedule G, Part I
    - **Yes:**
    - **No:**

17. 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
    - **Yes:**
    - **No:**

18. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If **Yes,** complete Schedule G, Part III
    - **Yes:**
    - **No:**

19. Did the organization operate one or more hospital facilities? If **Yes,** complete Schedule H
    - **Yes:**
    - **No:**

20. 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 17? If **Yes,** complete Schedule I, Parts I and II
    - **Yes:**
    - **No:**

---

**Form 990 (2018)**

**JEWISH FAMILY AND COMMUNITY SERVICES**

**EAST BAY**

**94-3250304**

**Page 3**

---

**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>11b</td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I, line 22</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Part II, line 23</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Part III, line 24a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Part IV, line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Part V, line 26</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Schedule J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule N, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule N, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule N, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule N, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **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? [Yes/No]
- 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? [Yes/No]
- Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? [Yes/No]
- Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? [Yes/No]
- 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, or key employee? [Yes/No]
- An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? [Yes/No]
- Did the organization receive more than $25,000 in non-cash contributions? [Yes/No]
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? [Yes/No]
- Did the organization liquidate, terminate, or dissolve and cease operations? [Yes/No]
- Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? [Yes/No]
- Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? [Yes/No]
- Was the organization related to any tax-exempt or taxable entity? [Yes/No]
- Did the organization have a controlled entity within the meaning of section 512(b)(13)? [Yes/No]
- Did the organization make any transfers to an exempt non-charitable related organization? [Yes/No]
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? [Yes/No]
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

**Note.** All Form 990 filers are required to complete Schedule O.
### Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.

<table>
<thead>
<tr>
<th>2a</th>
<th>79</th>
</tr>
</thead>
</table>

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

| 2b | X |

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?

| 3a | X |

b. If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.

| 3b | |

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

| 4a | X |

b. If "Yes," enter the name of the foreign country:


| 5a | X |

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

| 5b | X |

If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

| 5c | |

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

| 6a | X |

b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

| 6b | |

7 Organizations that may receive deductible contributions under section 170(c).

| 7a | X |

a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

| 7b | X |

b. If "Yes," did the organization notify the donor of the value of the goods or services provided?

| 7c | X |

d. If "Yes," indicate the number of Forms 8282 filed during the year.

| 7d | |

e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

| 7e | X |

f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

| 7f | X |

g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

| 7g | |

h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

| 7h | |

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

| 8 | |

9 Sponsoring organizations maintaining donor advised funds.

| 9a | |

10 Section 501(c)(7) organizations. Enter:

| 10a | |

b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

| 10b | |

11 Section 501(c)(12) organizations. Enter:

| 11a | |

b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

| 11b | |

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

| 12a | |

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

| 12b | |

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

| 13a | |

a. Is the organization licensed to issue qualified health plans in more than one state?

| 13b | |

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.

| 13c | |

14a Did the organization receive any payments for indoor tanning services during the tax year?

| 14a | X |

b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

| 14b | |

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

| 15 | X |

If "Yes," see instructions and file Form 4720, Schedule N.

| 16 | X |

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.
Part VI | Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8a The governing body?

8b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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?

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy?

12c If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether and how the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MICHELLE KNAPIK - (510) 704-7480

2484 SHATTUCK AVE, NO. 210, BERKELEY, CA 94704

832006 12-31-18
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>KATHERINE HAYNES PRESIDENT</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2)</td>
<td>PAUL RASKIN VICE PRESIDENT</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3)</td>
<td>ROCHELLE ZAK SECRETARY</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4)</td>
<td>MARSHALL LANGFELD TREASURER</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5)</td>
<td>SUE ADLER-BRESSLER BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6)</td>
<td>JOEL BEN IZZY BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7)</td>
<td>RACHEL BIALE BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
<td>RABBI STEVEN CHESTER BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9)</td>
<td>FRED PELLER BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10)</td>
<td>DEENA LEVINE BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11)</td>
<td>PETR NEUWIRTH BOARD MEMBER (THRU 8/27/18)</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12)</td>
<td>RACHEL WICK BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13)</td>
<td>AL NOREK BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14)</td>
<td>SUSAN SEELEY BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15)</td>
<td>MIRA SPAULDING BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16)</td>
<td>MAHARAT VICTORIA SUTTON BOARD MEMBER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17)</td>
<td>ANDREW ROSE EXECUTIVE DIRECTOR</td>
<td>37.50</td>
<td>X</td>
<td>160,491.</td>
<td>0.</td>
<td>4,877.</td>
</tr>
</tbody>
</table>

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

- [ ] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) MICHELLE KNAPIK DIRECTOR OF FINANCE &amp; ADMINISTRATION</td>
<td>37.50</td>
<td>X</td>
<td>126,877.0</td>
<td>0.0</td>
<td>11,778.0</td>
</tr>
<tr>
<td>(19) RITA CLANCY DIRECTOR OF ADULT SERVICES</td>
<td>37.50</td>
<td>X</td>
<td>102,715.0</td>
<td>0.0</td>
<td>13,311.0</td>
</tr>
<tr>
<td>(20) CAROL SINGER SR. DIRECTOR OF PROGRAMS</td>
<td>37.50</td>
<td>X</td>
<td>107,851.0</td>
<td>0.0</td>
<td>3,001.0</td>
</tr>
<tr>
<td>(21) HOLLY WHITE DIR. OF DEVELOPMENT &amp; COMMUNITY ENGA</td>
<td>37.50</td>
<td>X</td>
<td>102,014.0</td>
<td>0.0</td>
<td>10,279.0</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td></td>
<td>599,948.0</td>
<td>0.0</td>
<td>43,246.0</td>
</tr>
<tr>
<td><strong>Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total (add lines 1b and 1c)</strong></td>
<td></td>
<td></td>
<td>599,948.0</td>
<td>0.0</td>
<td>43,246.0</td>
</tr>
</tbody>
</table>

Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 5

3. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

#### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 HOUR HOME CARE, 1399 YGNACIO VALLEY ROAD, WALNUT CREEK, CA 94598</td>
<td>HOME CARE</td>
<td>609,595.0</td>
</tr>
</tbody>
</table>

Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 1
<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td>238,092.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td>3,355,851.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td>3,223,313.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td>10,534.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>6,817,256.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a HOMECARE FEES</td>
<td>900099</td>
<td>1,184,863.</td>
<td></td>
<td>1,184,863.</td>
<td></td>
</tr>
<tr>
<td>b COUNSELING FEES</td>
<td>900099</td>
<td>91,704.</td>
<td></td>
<td>91,704.</td>
<td></td>
</tr>
<tr>
<td>c IMMIGRATION FEES</td>
<td>900099</td>
<td>2,580.</td>
<td></td>
<td>2,580.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td>1,279,147.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>29,963.</td>
<td>29,963.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: rental expenses</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rental income or (loss)</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net rental income or (loss)</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: cost or other basis and sales expenses</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gain or (loss)</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net gain or (loss)</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 238,092. of contributions reported on line 1c). See Part IV, line 18</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>39,245.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
<td>93,838.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td>-54,593.</td>
<td>-54,593.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>17,356.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td>17,356.</td>
<td>17,356.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td>8,008,532.</td>
<td>1,279,147.</td>
<td>0.</td>
<td>-87,871.</td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td></td>
<td>8,008,532.</td>
<td>1,279,147.</td>
<td>0.</td>
<td>-87,871.</td>
</tr>
</tbody>
</table>
**Part IX: Statement of Functional Expenses**

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

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>304,023.</td>
<td>304,023.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>3,220,835.</td>
<td>2,689,225.</td>
<td>295,610.</td>
<td>236,000.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>77,267.</td>
<td>59,828.</td>
<td>13,392.</td>
<td>4,047.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>553,979.</td>
<td>478,619.</td>
<td>55,801.</td>
<td>19,559.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>273,690.</td>
<td>212,185.</td>
<td>44,067.</td>
<td>17,438.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>36,300.</td>
<td>36,300.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>12,164.</td>
<td>12,164.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>176,875.</td>
<td>127,575.</td>
<td>34,165.</td>
<td>15,135.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>10,963.</td>
<td>9,506.</td>
<td>67.</td>
<td>1,390.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>396,397.</td>
<td>360,064.</td>
<td>31,578.</td>
<td>4,755.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>137,784.</td>
<td>109,876.</td>
<td>21,863.</td>
<td>6,045.</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>353,007.</td>
<td>293,994.</td>
<td>43,783.</td>
<td>15,230.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>81,009.</td>
<td>76,193.</td>
<td>4,038.</td>
<td>778.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>24,267.</td>
<td>11,900.</td>
<td>11,653.</td>
<td>714.</td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>10,093.</td>
<td>9,447.</td>
<td></td>
<td>646.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>21,297.</td>
<td>20,266.</td>
<td></td>
<td>1,031.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a HOMECARE FEES</td>
<td>1,016,668.</td>
<td>1,016,668.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>12,165.</td>
<td>12,165.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>7,642,090.</td>
<td>6,398,653.</td>
<td>920,669.</td>
<td>322,768.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if following SOP 98-2 (ASC 958-720)
### JEWISH FAMILY AND COMMUNITY SERVICES  
**EAST BAY**  
94-3250304  
Page 11

**Form 990 (2018)  
Part X  
Balance Sheet**

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>38,062.</td>
<td>141,702.</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>1,079,777.</td>
<td>1,022,968.</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>92,225.</td>
<td>120,312.</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>131,158.</td>
<td></td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>1,166,471.</td>
<td>1,080,704.</td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>134,813.</td>
<td>168,705.</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>3,617,047.</td>
<td>3,831,021.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>1,227,309.</td>
<td>948,159.</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>0.</td>
<td>69,205.</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>1,227,309.</td>
<td>1,017,364.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Unrestricted net assets</td>
<td>1,106,491.</td>
<td>782,914.</td>
</tr>
<tr>
<td>28. Temporarily restricted net assets</td>
<td>1,253,247.</td>
<td>2,000,743.</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td>30,000.</td>
<td>30,000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>2,389,738.</td>
<td>2,813,657.</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>3,617,047.</td>
<td>3,831,021.</td>
</tr>
</tbody>
</table>
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) ........................................ 8,008,532.
2. Total expenses (must equal Part IX, column (A), line 25) ........................................ 7,642,090.
3. Revenue less expenses. Subtract line 2 from line 1 ........................................ 366,442.
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 2,389,738.
6. Donated services and use of facilities ........................................
7. Investment expenses ........................................
8. Prior period adjustments ........................................
9. Other changes in net assets or fund balances (explain in Schedule O) ........................................ 0.
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2,813,657.

Part XII  Financial Statements and Reporting

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

1. Accounting method used to prepare the Form 990:  Cash ❌  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? ❌
   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
   ❌
2b. Were the organization's financial statements audited by an independent accountant? ❌
   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   ❌ Separate basis  ❌ Consolidated basis  ❌ Both consolidated and separate basis
   ❌
2c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ❌
   If the organization changed either its oversight process or selection process during the tax year, explain in 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? ❌
   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ❌
### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

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

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- [X] An organization that normally receives a substantial part of its support from a general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- [ ] Enter the number of supported organizations

- [ ] Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## Section A. Public Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2824884</td>
<td>3521018</td>
<td>3858214</td>
<td>6038559</td>
<td>6817256</td>
<td>23059931</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total</td>
<td>2824884</td>
<td>3521018</td>
<td>3858214</td>
<td>6038559</td>
<td>6817256</td>
</tr>
</tbody>
</table>

**Public support.** Subtract line 5 from line 4.

**Section B. Total Support**

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>2824884</td>
<td>3521018</td>
<td>3858214</td>
<td>6038559</td>
<td>6817256</td>
<td>23059931</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total</td>
<td>2824884</td>
<td>3521018</td>
<td>3858214</td>
<td>6038559</td>
<td>6817256</td>
</tr>
</tbody>
</table>

**Total support.** Add lines 7 through 10

**Gross receipts from related activities, etc.**

**First five years.**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.09%</td>
<td>96.39%</td>
</tr>
</tbody>
</table>

**16a 33 1/3% support test - 2018.**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| b 33 1/3% support test - 2017. |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 18 Private foundation. |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total</td>
<td>Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support</td>
<td>(Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

- **Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))** 15%
- **Public support percentage from 2017 Schedule A, Part III, line 15** 16%

### Section D. Computation of Investment Income Percentage

- **Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))** 17%
- **Investment income percentage from 2017 Schedule A, Part III, line 17** 18%

- **33 1/3% support tests - 2018** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- **33 1/3% support tests - 2017** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

### Private Foundation

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
**Part IV: Supporting Organizations**

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

<table>
<thead>
<tr>
<th>Section A. All Supporting Organizations</th>
</tr>
</thead>
</table>
| **1** Are all of the organization’s supported organizations listed by name in the organization’s governing documents? **Yes**/No. 
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)? **Yes**/No. 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)? **Yes**/No. If **Yes**, answer (b) and (c) below. 
  | **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? **Yes**/No. 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? **Yes**/No. 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”)? **Yes**/No. If **Yes**, and if you checked 12a or 12b in Part I, answer (b) and (c) below. 
  | **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? **Yes**/No. 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)? **Yes**/No. 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? **Yes**/No. 
If **Yes**, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |
| **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document? |
| **c** Substitutions only. Was the substitution the result of an event beyond the organization’s control? |
| **6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? **Yes**/No. 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? **Yes**/No. 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? **Yes**/No. 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))? **Yes**/No. 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? **Yes**/No. 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? **Yes**/No. 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)? **Yes**/No. If **Yes**, answer 10b below. 
  | **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) **Yes**/No.
### Part IV  Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 supported organization was vested in the same persons that controlled or managed the supported organization(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 controlled the supported organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe Part VI the role the organization’s supported organizations played in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Activities Test. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6. Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6. Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8. Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
</tr>
<tr>
<td>6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7. [ ] Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
### Part VI - Total annual distributions

1. **Excess Distributions**
   - (i) Excess Distributions
   - (ii) Underdistributions Pre-2018
   - (iii) Distributable Amount for 2018

2. **Distributable amount for 2018 from Section C, line 6**

3. **Line 8 amount divided by line 9 amount**

### Part V - Distribution Allocations

1. Distributable amount for 2018 from Section C, line 6

2. Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.

3. Excess distributions carryover, if any, to 2018
   - (a) From 2013
   - (b) From 2014
   - (c) From 2015
   - (d) From 2016
   - (e) Total of lines 3a through e

4. Applied to underdistributions of prior years
   - (g) Applied to 2018 distributable amount
   - (h) Applied to 2018 distributable amount

5. Carryover from 2013 not applied (see instructions)
   - (i) Carryover from 2013 not applied

6. Remainder. Subtract lines 3g, 3h, and 3i from 3f.

7. **Distributions for 2018 from Section D, line 7**
   - (a) Applied to underdistributions of prior years
   - (b) Applied to 2018 distributable amount
   - (c) Remainder. Subtract lines 4a and 4b from 4.

8. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

9. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

10. **Excess distributions carryover to 2019. Add lines 3j and 4c**.

### Schedule A (Form 990 or 990-EZ) 2018

**JEWISH FAMILY AND COMMUNITY SERVICES**

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

**EAST BAY**

**94-3250304**

**Page 7**
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS

2016 AMOUNT: $114,077.

2017 AMOUNT: $25,995.

2018 AMOUNT: $39,245.

GROSS INCOME FROM GAMING ACTIVITIES

2017 AMOUNT: $6,250.

2018 AMOUNT: $17,356.
** PUBLIC DISCLOSURE COPY **

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY AND COMMUNITY SERVICES
EAST BAY

Employer identification number
94-3250304

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>X 501(c)(3)</td>
<td>94-3250304</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust</td>
<td>not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
<td></td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
<td></td>
</tr>
</tbody>
</table>

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**

☒ 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

**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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-08-18
### Part I  Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$183,884.</td>
<td>Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,592,694.</td>
<td>Payroll</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$191,510.</td>
<td>Payroll</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$149,018.</td>
<td>Payroll</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$174,485.</td>
<td>Payroll</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$302,337.</td>
<td>Payroll</td>
</tr>
</tbody>
</table>
### Part II: Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE D**

**Supplemental Financial Statements**

**Part I**  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   Yes ☐  No ☐

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   Yes ☐  No ☐

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   ☐ Preservation of land for public use (e.g., recreation or education)  ☐ Preservation of a historically important land area
   ☐ Protection of natural habitat  ☐ Preservation of a certified historic structure
   ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at End of Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   Yes ☐  No ☐

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

$    

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   Yes ☐  No ☐

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X

$    

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

- (a) Revenue included on Form 990, Part VIII, line 1
- (b) Assets included in Form 990, Part X

$    

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 2018

832051  10-29-18

27

2018.06000  JEWISH FAMILY AND COMMUNITY SERVICES 41628

10560623  758661  41628  41628

2018.06000  JEWISH FAMILY AND COMMUNITY SERVICES 41628 1
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  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 maintained as part of the organization’s collection?
   Yes  No

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

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

   b  If “Yes,” explain the arrangement in Part XIII and complete the following table:

       c  Beginning balance
       d  Additions during the year
       e  Distributions during the year
       f  Ending balance

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

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

Part V  Endowment Funds.  Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a  Beginning of year balance
   125,618.

b  Contributions
   34,000.

   c  Net investment earnings, gains, and losses
   4,854.

   d  Grants or scholarships
   159,511.

   e  Other expenditures for facilities and programs
   3,611.

   f  Administrative expenses
   1,350.

   g  End of year balance
   125,618.

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

   a  Board designated or quasi-endowment  81.19%
   b  Permanent endowment  18.81%
   c  Temporarily restricted endowment  0.00%

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

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

   i  unrelated organizations
   ii  related organizations

   b  If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

   Yes  No

Part VI  Land, Buildings, and Equipment.

   Complete if the organization answered “Yes” on Form 990, Part IV, line 11a.  See Form 990, Part X, line 10.

   Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value

1a  Land

b  Buildings

   c  Leasehold improvements
   9,687.

   d  Equipment
   121,471.

   e  Other

   Total. Add lines 1a through 1e.  (Column (d) must equal Form 990, Part X, column (B), line 10c.)
   2,795.

Schedule D (Form 990) 2018
## Part VII Investments - Other Securities

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of security or category (including name of security)</td>
<td>Book value</td>
<td>Method of valuation: Cost or end-of-year market value</td>
</tr>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of investment</td>
<td>Book value</td>
<td>Method of valuation: Cost or end-of-year market value</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

## Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Book value</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

### Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)

## Part X Other Liabilities

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

1. | (a) | (b) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of liability</td>
<td>Book value</td>
<td></td>
</tr>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts Included on Line 1</th>
<th>Form 990, Part VIII, Line 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>8,111,493</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>57,477</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>57,649</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>12,165</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>8,008,532</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts Included on Line 1</th>
<th>Form 990, Part IX, Line 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>7,687,574</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>57,649</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>12,165</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>7,642,090</td>
<td></td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

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 V, LINE 4:**

THE AGENCY HAS SEVERAL ENDOWMENT FUNDS, SOME OF WHICH ARE FOR GENERAL SUPPORT AND SOME OF WHICH ARE DESIGNED FOR SPECIFIC PURPOSES (E.G. OLDER ADULT SERVICES PROGRAMS).

---

**PART X, LINE 2:**

JFCS EAST BAY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM CALIFORNIA FRANCHISE TAXES UNDER SECTION 23701D OF THE REVENUE AND TAXATION CODE. IN ADDITION, JFCS EAST BAY HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.
JFCS EAST BAY follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes, to account for uncertain tax positions. Management has concluded that JFCS EAST BAY has taken no uncertain tax positions that would require adjustment to the financial statements to comply with provisions of this guidance.
## Fundraising Activities

### Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes [ ] No [ ]
   
   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization:

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 

---

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

Schedule G (Form 990 or 990-EZ) 2018
**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
</tr>
</tbody>
</table>

**Direct Expenses**

| Rent/facility costs | 1,975. |
| Food and beverages | 44,757. |
| Entertainment | 15,450. |
| Other direct expenses | 31,656. |

**Net income summary. Subtract line 3 from line 1, column (d)**

<table>
<thead>
<tr>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
</tr>
<tr>
<td>2 Cash prizes</td>
</tr>
<tr>
<td>3 Noncash prizes</td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
</tr>
<tr>
<td>5 Other direct expenses</td>
</tr>
</tbody>
</table>

**Net gaming income summary. Subtract line 7 from line 1, column (d)**

Enter the state(s) in which the organization conducts gaming activities: **CA**

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
</tr>
<tr>
<td>2 Cash prizes</td>
</tr>
<tr>
<td>3 Noncash prizes</td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
</tr>
<tr>
<td>5 Other direct expenses</td>
</tr>
</tbody>
</table>

**Direct expense summary. Add lines 2 through 5 in column (d)**

**Net income summary. Subtract line 7 from line 1, column (d)**

9 Enter the state(s) in which the organization conducts gaming activities: **CA**

a Is the organization licensed to conduct gaming activities in each of these states? **X Yes** **No**

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **X Yes** **No**

b If "Yes," explain:

---

**Schedule G (Form 990 or 990-EZ) 2018**

**EAST BAY 94-3250304** Page 2
Does the organization conduct gaming activities with nonmembers? □ Yes X No

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes X No

Indicate the percentage of gaming activity conducted in:

a. The organization’s facility
b. An outside facility

13a 0.00 % 13b 100.00 %

Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ▶ HOLLY WHITE
Address ▶ 2484 SHATTUCK AVE, NO. 210 - BERKELEY, CA 94704

Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes X No

b. If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ___________ and the amount of gaming revenue retained by the third party ▶ $ ___________

c. If "Yes," enter name and address of the third party:

Name ▶
Address ▶

Gaming manager information:

Name ▶ HOLLY WHITE

Gaming manager compensation ▶ $ _______ 0.

Description of services provided ▶ SUPERVISION OF THE FUNDRAISING EVENT AND RAFFLE ACTIVITY.

□ Director/officer □ Employee □ Independent contractor

Mandatory distributions:

a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes X No

b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
**SCHEDULE I**
(Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEWISH FAMILY AND COMMUNITY SERVICES EAST BAY</td>
<td>94-3250304</td>
</tr>
</tbody>
</table>

**Part I**

**General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **X Yes □ No**

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II**

**Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMECARE</td>
<td>70</td>
<td>621,758.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSING</td>
<td>42</td>
<td>94,613.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICINE</td>
<td>40</td>
<td>81,711.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD</td>
<td>27</td>
<td>50,656.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER CASH ASSISTANCE</td>
<td>76</td>
<td>74,569.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**PART I, LINE 2:**

CASE MANAGERS SUBMIT RECEIPTS, LEASE AGREEMENTS OR OTHER DOCUMENTATION

APPROVED BY THEIR SUPERVISOR TO FINANCE. FINANCE REVIEWS FOR COMPLETENESS

AND PROCESSES PAYMENTS TO CLIENTS, MEDICAL OFFICES OR APPROPRIATE PARTIES.

MONTHLY OR QUARTERLY INVOICES ARE SENT TO THE FUNDING SOURCES FOR REVIEW &

REIMBURSEMENT TO JFCS FOR ASSISTANCE PROVIDED TO INDIVIDUALS.
## Part I: Questions Regarding Compensation

### Compensation Information

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

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEWISH FAMILY AND COMMUNITY SERVICES EAST BAY</td>
<td>94-3250304</td>
</tr>
</tbody>
</table>

#### Compensation Information

1. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
   - First-class or charter travel
   - Travel for companions
   - Tax indemnification and gross-up payments
   - Discretionary spending account
   - Housing allowance or residence for personal use
   - Payments for business use of personal residence
   - Health or social club dues or initiation fees
   - Personal services (such as maid, chauffeur, chef)

2. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
   - Compensation committee
   - Independent compensation consultant
   - Form 990 of other organizations
   - Written employment contract
   - Compensation survey or study
   - Approval by the board or compensation committee

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
   - Receive a severance payment or change-of-control payment?
   - Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   - Participate in, or receive payment from, an equity-based compensation arrangement?

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
   - The organization?
   - Any related organization?

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
   - The organization?
   - Any related organization?

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

---

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

Schedule J (Form 990) 2018

<table>
<thead>
<tr>
<th>LHA</th>
<th>For Paperwork Reduction Act Notice, see the Instructions for Form 990.</th>
<th>Schedule J (Form 990) 2018</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANDREW ROSE EXECUTIVE DIRECTOR</td>
<td>(i) 0. 160,491. (ii) 0. 4,752. (iii) 0. 125. (iv) 165,368. (v) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2018
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER SERVICES ENGAGES MORE THAN 400 COMMUNITY MEMBERS IN A VARIETY OF CLIENT SUPPORT SERVICES, ESPECIALLY FOR NEWLY ARRIVED REFUGEES AND HOMEBOUND SENIORS AND HOLOCAUST SURVIVORS. IMMIGRATION LEGAL SERVICES PROVIDES VULNERABLE IMMIGRANTS AND REFUGEES WITH ASSISTANCE APPLYING FOR CITIZENSHIP, GREEN CARDS, DACA, VISAS, AND OTHER IMMIGRATION REMEDIES. THE AGENCY ALSO PROVIDES REMOVAL DEFENSE SERVICES FOR IMMIGRANTS FACING DETENTION AND DEPORTATION. THE PROGRAM SERVES APPROXIMATELY 2,000 IMMIGRANTS AND REFUGEES EACH YEAR. REFUGEE SERVICES PROVIDES SERVICES FOR APPROXIMATELY 400 PERSECUTED REFUGEES (PRIMARILY FROM AFGHANISTAN), INCLUDING RESETTLEMENT, ONGOING ACCULTURATION SUPPORT, CHILD ABUSE PREVENTION, TRAUMA-INFORMED MENTAL HEALTH SERVICES, AND ASSISTANCE ACCESSING HEALTH CARE AND OTHER SYSTEMS. THE AGENCY HAS PARTICULAR EXPERTISE IN RESETTLING LGBTQ REFUGEES, MOSTLY FROM AFRICAN AND MIDDLE EASTERN COUNTRIES.

EXPENSES $ 1,552,863. INCLUDING GRANTS OF $ 133,629. REVENUE $ 2,580.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 RESPONSES ARE FORMULATED BY STAFF AND THEN REVIEWED BY THE BOARD PRESIDENT, TREASURER AND OTHER BOARD MEMBERS AS DESIGNATED BY THE BOARD PRESIDENT. THE FINAL FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY EMPLOYEES ARE ANNUALLY ASKED TO DISCLOSE ANY POTENTIAL CONFLICT AT THE TIME IT ARISES AT ANY POINT DURING THE YEAR.
DISCLOSURES ARE REVIEWED BY THE PRESIDENT AND THE RECORDS ARE RETAINED IN THE OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).