

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



· 990

# **Return of Organization Exempt From Income Tax**

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>	For t	he 2008 ca	alendar	year, or tax year t	beginning	luly 1 ,	2008, ar	nd ending	Ju	ne 30	, 20 (		
В	Check if	applicable	Please	C Name of organizat	ion Jewish Family	& Children's S	Services	of the Ea	st Bay	D Emplo	oyer identi	fication n	umber
	Addres	s change	use IRS label or	Doing Business As	· · · · · · · · · · · · · · · · · · ·			_		94		325030	4
	Name (	-	print or type.	Number and street (or	rPO box if moul is not de	livered to street add	tress)	Room/suite		E Telepi	hone numb	er	
_	Initial re		See	2484 Shattuck	Ave			2	10	(510)	) 7	704-748	0
	Termina		Specific instruc-	City or town, state	or country, and ZIP +	4					-		
		ed return	tions.	Berkeley, CA 94	4 <u>704</u>					G Gross	receipts \$	2,48	4,735
		on pending	F Nan	ne and address of prir	ncipal officer				H(a) Is the	a group retu	rn for affiliates	γ Yes	✓ No
_	, ppiou	a. pa a. g	Andre	w Rose, 2484 Sh	attuck Ave, Berk	elev, CA 947	04		1	all affiliates		_	□N₀
T	Tax-ex	kempt status		501(c) ( 3 )◀ (insert r				<del></del>	l	lo," attach			
j		<del>_</del>		-eastbay.org	<u> </u>				1	exemption n	•		,
K				ration Trust Asso	ociation Other >		L Year	of formation.	1996		of legal dor	nicile CA	
P	art I												<del></del>
				the organization'	s mission or most	e significant o	otiviti oo i	Establis	hed in 1	877. JFC	S/East I	Bay pro	vides
	1	vital mai	escribe ntal he	ine organization :	s mission or mosi ervices in four pi	rincipal areas	cuvilles:	Adult So	nvices P	arentine	and Vo	uth Sor	vices
9					gee and Immigra								
Activities & Governance	ļ				nd Contra Costa		Tile age	illey Sel V	es heobi	e oi aii a	IIIIIalioi	is, race	31
Ver									0/ -5 1				
ő	2			•	n discontinued its op	· · · · · · · · · · · · · · · · · · ·					ı		
•ৱ	3			•	e governing body	•	,			. 3	<del> </del>		
ties	4				embers of the go	verning body	(Part VI,	, line 1b)		. 4	<del></del>		
ξ	5			femployees (Part	·					. 5			
ě	6	Total nun	nber of	volunteers (estim	nate if necessary)					. [6	ļ		
					venue from Part \			)		. <u>7a</u>			0
	<u>b</u>	Net unrel	ated bu	<u>usiness taxable in</u>	come from Form	990-T, line-34		<del></del>	<u> </u>	. <u>  7b</u>	<u> </u>		0
					FRE	SEIVEL	–ംഗ\		Prior Ye		Cur	rrent Year	
•	8	Contribut	ions an	nd grants (Part VII	II, line 1h)		.   Ø			129,545		1,239	9,290
Revenue	9	Program	service	revenue (Part VII	ll, line 2g) .	1 8_2010	. [9].		1,	221,401		1,593	3,619
ě	10	Investme	nt incoi	me (Part VIII, colu	ımn (A), Gines 3, 4	, and 7d) .	.  2			140,369		-440	6,501
	11	Other rev	enue (F	Part VIII, column (	A), lines 5, 6d, 80	9c, 10e, and	+ fie)			180,110		98	8,327
	12	Total reve	nue—a	dd lines 8 through	11 (must equal Ra	rt VIII, column	(A), line	12)	2,	390,687		2,484	4,735
	13	Grants ar	nd simil	lar amounts paid	(Part IX, column (	A). lines 1-3)				64,615		107	7,725
	,				Part IX, column (A								0
ses					oyee benefits (Part		lines 5-	10)	2,	145,150		2,186	6,582
Expenses					IX, column (A), line								0
찣	1				, column (D), line 25			1	<del></del>	7,1,		•	٠,,,٠
	1		-	•	(A), lines 11a-11d	•				696,695		631	1,794
					(must equal Part I					906,460			5,101
					ne 18 from line 12		), III le 25	"· ·		515,773			,366
P S			000 0/10	Onoco. Cabinaci III	10 10 110111 11110 12	<del></del>	<del></del>		Beginning o		Enc	d of Year	.,
Net Assets or Fund Balances	a.	Total agai	oto (Dos	nt V line 16)					<del></del>	796,584		3,238	914
Ass	20		•	rt X, line 16)				• •		165,428			),124
<b>F</b> 5	21 22 1			Part X, line 26) .	tract line 21 from	ine 20		· · <del> </del>		331,156		2,889	
	rt II		iture E		tract line 21 non	inte 20	<del></del> .	<del>· · · · · · · · · · · · · · · · · · · </del>		331,130		2,003	,,,,,,
					have examined this ret	urn including sec		a sebodules	and statem	onts and to	the best s	of my know	ulodaa
		and belief,	it is true	correct, and complete	te Declaration of prep	arer (other than o	officer) is b	ased on all II	nformation	of which pr	eparer has	any know	/ledge
o:~		1	Un	Ja Da 1	- 0.0				1 /	M	14 2	2010	
Sig		Sugne	ture of of	4 - VW	022				Date	300)	17, ~	<del>- 10</del>	
He	re		Z	• • • • • • • • • • • • • • • • • • • •	Execut	1):	Lan.	4.0	Date	U			
		70,000	JACO.	ren Kose	- CXECULT	the or	IV CC	ΙΟΥ .					
		Туре	or print n	name and title		<del></del>	0-4-	Check				<del> </del>	
		Preparer's					Date	self-		Preparer's in (see instruct		umber	
Paid		signature	•					employ	/ed ▶ ∐		,		
	arer's	<del></del>											
	Only	Firm's nam		urs					EIN	<u> </u>			
		address, a	nd ZIP +						Phone no	<b>&gt;</b> (	)		
May	the I	RS discus	ss th <u>is</u>	return with the pr	reparer shown abo	ove? (see inst	tructions	<u>)                                </u>	· <u>· · · ·  </u>	<u> </u>	<u></u>	Yes	No
For	Privac	y Act and	Paperv	work Reduction Ac	t Notice, see the s	eparate instru	ctions. p	ا عاله	Cat No 11	282Y	Fo	rm <b>990</b>	(2008)
							$\epsilon$	ファマ					-

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Inspired by enduring Jewish values, the mission of JFCS/East Bay is to promote and strengthen the social and
	emotional well-being of diverse individuals and families throughout the entire East Bay community.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(O d ) (C ) (C ) (D ) (D ) (D ) (D ) (D ) (D
4a	(Code: ) (Expenses \$ 387,365 including grants of \$ 153,485 ) (Revenue \$ 211,222 )  Refugee & Immigrant Services - offers multilingual services to refugees and immigrants from Afghanistan, Iran,
	Bosnia, the former Soviet Union, Mexico, and Central and South America. Services include initial and ongoing
	resettlement, family support and child abuse prevention, specialized support for seniors, and assistance with
	navigating health care and other systems of care. Mental health services include individual, family, and group
	therapy sometimes addressing post-traumatic stress issues due to war and relocation.
4b	(Code: ) (Expenses \$ 1,048,599 including grants of \$ 86,182) (Revenue \$ 1,107,253)
	Parenting & Youth Services - provides mental health services for underserved children and their families, including
	home-based intervention and ongoing case management for children ages 0-7. Provides mental health consultation services to numerous preschool sites, helping teachers, administrators, and parents to effectively assist children and
	their families. The agency's early childhood staff has expertise in responding to children exposed to domestic and
	community violence, trauma, and neglect.
'	
4c	(Code: ) (Expenses \$ 534,016 including grants of \$ 171,190 ) (Revenue \$ 281,030 )
	Older Adult Services - provides resources and support to older adults and their families, including case management,
	counseling, family intervention, support groups and educational workshops. Also provides specialized services to
	Holocaust survivors. Older Adult Services works with older adults and their family members to preserve independence and allow people to age in dignity in their own homes.
	independence and allow people to age in dignity in their own nomes.
	Other many and the second of t
40	Other program services. (Describe in Schedule O.) (Expenses \$ 399,803 including grants of \$ 69,346 ) (Revenue \$ 281,039 )
40	Total program conting expenses > \$ 2.260.792 (Must equal Part IX Line 25 column (PL))

Pa	rt IV Checklist of Required Schedules		<del>,</del> _	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1 2	1	┼
2	Is the organization required to complete Schedule B, Schedule of Contributors?.		<del>  •</del>	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<b>/</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	1	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19	<b>-</b>	1
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		-	
	24b–24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>✓</u>
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		<u>√</u>
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35_		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part			

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Γ_	
	U.S. Information Returns. Enter -0- if not applicable	4 !		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	{	1	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c_	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   Statements filed for the calendar year ending with or within the year covered by this return   2a   60			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		<u> </u>	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
та	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ď	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c		
6a	Regarding Prohibited Tax Shelter Transaction?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
J	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. !		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		1
<b>L</b>	\$75?	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c	_	✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<b>✓</b>	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		1
9	organization, have excess business holdings at any time during the year?	<del>-</del>		<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>-</del>
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounto dad or recorda non incini,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	{		
b	Enter the number of voting members that 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?	2_		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?.	_3_		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		<b>_</b>
6	Does the organization have members or stockholders?	_6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	
ь	Each committee with authority to act on behalf of the governing body?	_8b	<b>✓</b>	
9a	Does the organization have local chapters, branches, or affiliates?	_9a		✓_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	-	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40	1	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or 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	11	Ì	./
500	tion B. Policies	_ 1 1 [		
Sec	tion B. Folicies		Yes	No
10-	Decide a constitution of the constitution of t	12a	163	110
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	<b>✓</b>	
	rise to conflicts?	120		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>✓</b>	
15	Did the process for determining compensation of the following persons include a review and approval by	l	}	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	<b>✓</b>	
b	Other officers or key employees of the organization?	15b	<b>✓</b>	
	Describe the process in Schedule O. (see instructions)	j	}	j
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?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	[		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶California			<b></b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s c	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rest	
	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and recor	ds of	the	
	organization: ► 2484 Shattuck Ave., Berkeley, CA 94704. Telephone (510) 704-7480			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	ompensate	any o	offic	er,	dıre	ctor,	trus	tee, or key en	ployee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average		ion (d		k all	that ap		Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ben Hamburg Board President	4			<b>√</b>				-0-		-0-
Leo Hmelnitsky Board Treasurer	3			<b>✓</b>				-0-		-0-
Rhoda Agin Board Secretary	2			✓				<b>-</b> 0-		-0-
Ruth Phillips Board Vice President	2			1				-0-		-0-
Sandra Epstein  Board Past President	2			✓				-0-		-0-
John Alexander  Board Member	2			✓				-0-		-0-
Wayne Batavia Board Member	2			✓				-0-		-0-
Adina Ben-Zeev  Board Member	2			✓				-0-		-0-
Andrea Berlin Board Member	2			1				-0-		-0-
David Biale Board Member	2	_		1				-0-		-0-
Bob Feller Board Member	2			✓		-		-0-		-0-
Rick Maisel Board Member	2			1				-0-		-0-
Peter Metzner  Board Member	2			1			_	-0-		-0-
Janis Plotkin Board Member	2			✓				-0-		-0-
Jeanne Reisman  Board Member	2			/				-0-		-0-
Mark Reisman Board Member	2			1				-0-		-0-
Andrew Rose Executive Director	37.50				1			89,150	-0-	-0-

Pa	rt VII Section A. Officers, Directors, Tro	ustees, Key	/ Emp	doy	ees,	an	d Hig	hes	t Compensate	d Employee	s (co	ntınued	<i>d)</i>	
	(A)	(B)			(	C)			(D)	(E)			(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relati organizatic (W-2/1099-M	on ed ins	comp fre orga and	timate nount other pensati om the anizati d relati	of tion e ion ed
			ď	tee			nsated					. 3.		
	en Kashiwa ector ot Finance	37.50		<del>-</del>		/			69,030		-0-			-0-
	by Granett ector of Operations and HR	37.50				./			45,308		-0-			-0-
						_								
_														
_												·		<del></del>
										·				
												<del></del>		
			:											
1b	Total		l 					<b>•</b>	203,488		-0-			-0-
2	Total number of individuals (including those organization ▶	e in 1a) wh	o rece	eive	d m	ore	than	\$10	00,000 in repo	rtable comp	ensa	ation fr	om t	the
	0.34.//24.0.						<del></del>						Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							yee	e, or highest co	ompensated	<b>.</b>	3		<b>-</b>
4	For any individual listed on line 1a, is the s	um of repo	rtable	е со	mp	ens	ation							
•	the organization and related organizations of individual.	greater than	n \$15	0,00	00?	If "'	res,"	con	nplete Schedul	e J for such	'	4		<b>✓</b>
5	Did any person listed on line 1a receive (services rendered to the organization? If ")	or accrue o	comp lete S	ens iche	atio	n fi e J	om a	iny uch	unrelated orga	nization fo		5	_	
Sec	ction B. Independent Contractors													<u> </u>
1	Complete this table for your five highest co- compensation from the organization.	mpensated	d inde	per	nder	nt c	ontra	ctor	s that received	I more than	\$100	0,000	of	
•	(A) Name and business addi	ress		_		-			(B) Description of se	rvices		(C)	sation	
Nor	ne													
	<del></del>	<del></del>												
2	Total number of independent contractors (i	including th	nose i	n 1	) wł	no r	eceiv	ed i	more than \$10	0,000 in	_			

Par	t VI	II Statement of Re	evenue					T
<b></b>					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
grants	1a	a Federated campaigns o Membership dues	1b			revenue		512, 513, or 514
ns, gifts imilar a		Fundraising events . Related organizations Government grants (conti	ributions). 1c 1d					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, and similar amounts not include Noncash contributions include	grants, uded above 1f	1,239,290 0				
a So	ŀ	Total. Add lines 1a-1f			1,239,290			!
				Business Code				-
Program Service Revenue	2a	Counseling fees			1,100,251	1,100,251		
æ	_ b	Contracto france acusan	ment age		493,368	493,368	<del></del>	
<u>.</u>	٦	;						
ě.	ا							
Ē	l e	•						
gra	f	All other program servi						
_ <u>₹</u>	g	Total. Add lines 2a-2f		▶	1,593,619			
	3	Investment income (incother similar amounts)			-70,030			
	4	Income from investment of	of tax-exempt bond	d proceeds 🕨	0			
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	0			
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less rental expenses						!
	C	Rental income or (loss)						
	d	Net rental income or (lo	oss)	<u> ▶</u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,053,418					
	ь	Less. cost or other basis and sales expenses .	1,429,889					
i		Gain or (loss)	-376,471					
	d	Net gain or (loss)		· · · · •	-376,471			
Other Revenue	8a	Gross income from events (not including \$						
3eV		of contributions reported						
		See Part IV, line 18	1	88,112				
th		Less direct expenses		38,706		- <del></del>		
0	С	Net income or (loss) fro	m tunaraising ev آ	/ents ▶	49,406			
		Gross income from gam See Part IV, line 19	a					
		Less: direct expenses, Net income or (loss) fro		ties <b>&gt;</b>	0			
ł	10a	Gross sales of inve				1		ļ
		returns and allowances						
J		Less: cost of goods sol						
}	<u> </u>	Net income or (loss) from Miscellaneous Reve			0			
}				Business Code				
İ		Other income			48,921			
	b							
]	C							
		All other revenue						
	е	Total. Add lines 11a-11			48,921	<del></del>		
F	12	Total Revenue. Add lin 9c, 10c, and 11e			2,484,735			

### 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (B), (C	
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	107,725	107,725		····
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,836,845	1,490,648	188,289	157,908
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	37,729	30,660	3,844	3,225
9	Other employee benefits	158,641	127,333	17,252	14,056
10	Payroll taxes	153,367	124,214	15,852	13,301
11 a	Fees for services (non-employees).  Management	2,475			2,475
b	Legal				
c	Accounting	13,900		13,900	<del></del>
	Lobbying			·-·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	00.770		47.047	
۰g	Other	80,772	61,436	17,817	1,519
12	Advertising and promotion	70.000	56.660	4 924	42.426
13	Office expenses	70,929 45,072	56,662	1,831 1,412	12,436
14	Information technology	45,072	42,157	1,412	1,503
15	Royalties	218,836	189,282	14,320	15,234
16	Occupancy	43,393	41,146	1,789	458
17	Travel	40,000		1,705	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	17,671	7,218	7,536	2,917
20	Interest	3,956		3,956	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	24,933	24,933		
23	Insurance	12,387	11,955		432
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Dues and memberships	13,193	11,043	414	1,736
b	Equipment rental and maintenance	39,141	36,280	1,293	1,568
С	Advertising	7,697	375	375	6,947
d	Printing and photography	37,439	6,716	523	30,200
e					
_'f	All other expenses		2 222 222		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,926,101	2,369,783	290,403	265,915
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Ρŧ	art X	Balance Sheet					
			(A) Beginning of year			(B) of yea	ır
	1	Cash—non-interest-bearing	43,236	1		32	3,709
	2	Savings and temporary cash investments		2			0
•	3	Pledges and grants receivable, net	384,330	3		45	3,873
	4	Accounts receivable, net	222,268	4		20	7,908
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5			0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6			0
ţ	7	Notes and loans receivable, net	0	7			0
Assets	8	Inventories for sale or use	0	<del>-</del>			0
ď	9	Prepaid expenses and deferred charges	18,091	9		3	6,639
	10a	Land, buildings, and equipment cost basis 10a 325,006					
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	92,314	_			6,077
	11	Investments—publicly traded securities	3,016,363	-		2,07	9,776
	12	Investments—other securities. See Part IV, line 11	······	12 13			<u>0</u> 0
	13	Investments—program-related. See Part IV, line 11	<del></del>	14	<del>_</del>		0
	14	Intangible assets	19,982				<u> </u>
	15 16	Other assets. See Part IV, line 11	3,796,584				8,914
_	17	Accounts payable and accrued expenses	315,428	_			8,875
	18	· ·		18			0
	19	Grants payable		19			0
	20	Tax-exempt bond liabilities		20			0
Se	21	Escrow account liability Complete Part IV of Schedule D		21			0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	<del></del>		
	23	Secured mortgages and notes payable to unrelated third parties	150,000	_			249
	24	Unsecured notes and loans payable		24			_ 0
l	25	Other liabilities. Complete Part X of Schedule D		25			0
	26	Total liabilities. Add lines 17 through 25	465,428	26		34	9 <u>,</u> 124
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
直	27	Unrestricted net assets	2,837,407	27			0,621
8	28	Temporarily restricted net assets	493,749	28			9,169
밀	29	Permanently restricted net assets		29		100	0,000
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
ISS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
at/	32	Retained earnings, endowment, accumulated income, or other funds	2 224 456	32		2 9 9 0	700
ž	33 34	Total net assets or fund balances	3,331,156 3,796,584	33			9,790 8,914
Pa	<del>i</del> XI	Financial Statements and Reporting	3,7 30,304	34		3,230	,,,,,,,
		Thatolal Statements and Reporting				Yes	No
1		unting method used to prepare the Form 990:   Cash  Accrual	Other	_			
		the organization's financial statements compiled or reviewed by an inde	•	?	L	1	<del>  •</del>
		the organization's financial statements audited by an independent acco			<u>2b</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>
С		is" to lines 2a or 2b, does the organization have a committee that assumes record to lines 2a or 2b, does the organization have a committee that assumes record to line 2a organization of an and	•	-		1	
3а	As a	udit, review, or compilation of its financial statements and selection of an ind result of a federal award, was the organization required to undergo an a single Audit Act and OMB Circular A-133?	udit or audits as set			<b>-</b>	<b>/</b>
b		es." did the organization undergo the required audit or audits?			3h		

### SCHEDULE A (Form 990 or 990-EZ)

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Jewish Family and Children's Services of the East Bay 3250304 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % 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% 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . h Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your US? (see instructions)) support? Yes No Yes No Yes No

**Total** 

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 2,115,117 1,891,070 1,379,133 1,129,545 1,239,290 7,754,155 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge 7,754,155 2,115,117 1,891,070 1,379,133 1,129,545 1,239,290 **Total.** Add lines 1-3 . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0 shown on line 11, column (f) . . . 7,754,155 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ 2,115,117 1,891,070 1,379,133 1,129,545 1,239,290 7,754,155 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 26,543 74,784 364,588 108,631 -70.030 504,516 sources . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 1,172,718 6,076,199 780,472 1,029,552 1,401,511 1,691,946 (Explain in Part IV.) . . . . . . 14,334,870 11 Total support. Add lines 7 through 10 . 14,334,870 12 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 Section C. Computation of Public Support Percentage 54.09 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 % 56.68 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . . . . . . . . . . . . 15 16a 33\% % support test - 2008. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box b 33% % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

C	etion A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(-)	(4, 44, 44, 44, 44, 44, 44, 44, 44, 44,			10,7 = 30	<u> </u>
1	Gifts, grants, contributions, and membership fees received. (Do not include						
_	any "unusual grants.")					<del> </del>	<del> </del>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
5	The value of services or facilities furnished by a governmental unit to the						
_	organization without charge					<del> </del>	
6	Total. Add lines 1-5					<del> </del>	
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
С	year or \$5,000						
8	Public support (Subtract line 7c from		· · · · · · · · · · · · · · · · · · ·		<del></del>		·
	line 6.)						<u> </u>
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6					<u> </u>	<del></del>
)a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			<del></del>		<del> </del>	
С 1	Add lines 10a and 10b						
•	activities not included in line 10b,	ì					
•	whether or not the business is regularly carried on						·
2	Other income. Do not include gain or			į			
	loss from the sale of capital assets			j			
_	(Explain in Part IV.)						
3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
ļ	First five years. If the Form 990 is for thorganization, check this box and stop h					ear as a sectio	
<u> </u>	ion C. Computation of Public Sup	port Percen	tage				
5	Public support percentage for 2008 (line				n)	15	
<u>.                                    </u>	Public support percentage from 2007 Sc			<u>g.,,</u>	<u></u>	16	
<u>€C1</u>	ion D. Computation of Investment			·			
	Investment income percentage for 2008					17	
}	Investment income percentage from 200					18	<u> </u>
	33% % support tests - 2008. If the organ 17 is not more than 33% %, check this box	x and <b>stop he</b> i	r <b>e.</b> The organiz	ation qualifies	as a publicly s	supported orga	nization >
	33% % support tests—2007. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	6 is more than 3	33½ %, ar

Page	4
------	---

Part IV

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Section B,	Line 10, Other income: This line item includes program service revenue including government fees and
contracts.	
,	
·	
i	
- <b></b>	
••••••	
••••••	
•	
1	

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	s that have filed Form 5768 (election u that have NOT filed Form 5768 (election	on under section 50	•	•
		s," to Form 990, Part IV, line 5 (Pro	y Tax), then		
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III.			
	ame of organization	0			yer identification number
	rt I-A To be complet	s Services of the East Bay ed by all organizations exem tions for Schedule C for details		n 501(c) and sectio	n 527 organizations.
1 2 3		he organization's direct and indire	•		4,018 0
Pa		ed by all organizations exem tions for Schedule C for details		on 501(c)(3).	
b	Enter the amount of any e If the organization incurred Was a correction made? If "Yes," describe in Part I rt I-C To be complet	excise tax incurred by the organization of a section 4955 tax, did it file Forman v	managers under rm 4720 for this y  pt under section	section 4955 . • \$. rear?	Yes No Yes No
1	<u> </u>	expended by the filing organizati	on for section 52	7 exempt function	
2		ing organization's funds contribute	ed to other organi	zations for section	
3	on Form 1120-POL, line 1	t exempt function expenditures. A		▶ \$_	
4 5	State the names, addresses were made Enter the amo contributions received and p	file Form 1120-POL for this year? and employer identification number bunt paid and indicate if the amoust promptly and directly delivered to a see (PAC). If additional space is need	r (EIN) of all sectiont was paid from separate political o	n 527 political organizat the filing organization's rganization, such as a s	funds or were political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization (finone, enter -0-

Pa		nizations exempt under section 501(c)(3) to 01(h)). See the instructions for Schedule C for		768						
	Check ► ☐ if the filing organization belongs to an affiliated group.  Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.									
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals group tot									
1a	Total lobbying expenditures to influence	892								
k	,	e a legislative body (direct lobbying)	3,126							
•	- · · · · · · · · · · · · · · · · · · ·	1a and 1b)	4,018							
c			2,922,083	· · · · · · · · · · · · · · · · · · ·						
e		id lines 1c and 1d)	2,926,101	- <del></del>						
, f	Lobbying nontaxable amount. Enter the columns.	296,305								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000								
	Over \$17,000,000	\$1,000,000		<u> </u>						
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	74,076							
h	Subtract line 1g from line 1a Enter -0-	If line g is more than line a	0							
i	Subtract line 1f from line 1c. Enter -0-	_	0							
		either line 1h or line 1i, did the organization file For	m 4720 reporting	☐ Yes ☐ No						

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount				296,305	296,305			
b Lobbying ceiling amount (150% of line 2a, column(e))					444,458			
c Total lobbying expenditures	0	0	0	4,018	4,018			
d Grassroots non-taxable amount				74,076	74,076			
e Grassroots ceiling amount (150% of line 2d, column (e))					111,114			
f Grassroots lobbying expenditures	0	o	0	892	892			

Schedule C (Form 990 or 990-EZ) 2008

		deta	3)	T	(b)	
		Yes	<u> </u>		lmoun	t
le	Ouring the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or					
	eferendum, through the use of:					
	olunteers?	<b>/</b>	✓	-		
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1	<del></del>		
-	Media advertisements?		<b>√</b>	<del> </del>		
	Mailings to members, legislators, or the public?		<u> </u>			
	Publications, or published or broadcast statements?		1	<del>                                     </del>		
	Frants to other organizations for lobbying purposes?	1				
_	tallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	-	<b>√</b>			
	other activities? If "Yes," describe in Part IV		<b>/</b>			
	otal lines 1c through 1i					
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part I	III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	tion !	501(	c)(5), d	or	
					Yes	No
1 W	/ere substantially all (90% or more) dues received nondeductible by members?			1		
	id the organization make only in-house lobbying expenditures of \$2,000 or less?		·	2		
<b>3</b> D	id the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part I	To be completed by all organizations exempt under section 501(c)(4), sect section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.		f Pa			
	ues, assessments and similar amounts from members	. }	_1_			
	ection 162(e) non-deductible lobbying and political expenditures (do not include amounts olitical expenses for which the section 527(f) tax was paid).	of				
	urrent year	. }	2a			
<b>b</b> Ca	arryover from last year	-	2b			
c To	otal	. }	2c			
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	'ing				
	nd political expenditure next year?	. }	5			
an	ixable amount of lobbying and political expenditules (line 20 total minus o and 4) ,					
an	V Supplemental Information					

Schedµle C (Fo	1 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
••••••		,
• • • • • • • • • • • • • • • • • • • •		•••••
,		
		•••••
····		•••••

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

Jev	vish Family and Children's Services of th	94	3250304	
Pa		onor Advised Funds or Other Similar I	Funds or	Accounts. Complete if
	the organization answered "Ye			
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year	4		
2	Aggregate contributions to (during year)	25,500		
3	Aggregate grants from (during year) .	7,811		
4	Aggregate value at end of year	152,366		
5		d donor advisors in writing that the assets hiject to the organization's exclusive legal co		
6	used only for charitable purposes and no	donors, and donor advisors in writing that gi t for the benefit of the donor or donor advis	or or other	
Pa		plete if the organization answered "Yes"	to Form 99	O Part IV line 7
1		d by the organization (check all that apply).		70, 1 dit 10, iii 0 7.
2	☐ Preservation of land for public use (e. ☐ Protection of natural habitat ☐ Preservation of open space	g., recreation or pleasure)   Preservation	n of an histo on of certific	orically important land area ed historic structure
	on the last day of the tax year.			
				Held at the End of the Year
а	Total number of conservation easements		2	a
b		easements	, , ,	b
С	Number of conservation easements on a	certified historic structure included in (a).	—	ec
đ	Number of conservation easements include	led in (c) acquired after 8/17/06	2	d
3	Number of conservation easements modifithe taxable year ▶	ied, transferred, released, extinguished, or t	erminated I	by the organization during
4	Number of states where property subject	to conservation easement is located ▶		•
5	Does the organization have a written policenforcement of the conservation easemen	ry regarding the periodic monitoring, inspect ts it holds?		
6	Staff or volunteer hours devoted to monitor	oring, inspecting, and enforcing easements of	during the	year ▶
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing easements duri	ing the yea	r▶ \$
8		ed on line 2(d) above satisfy the requirement		n 🔲 Yes 🗍 No
9		reports conservation easements in its rever the text of the footnote to the organization's ation easements.		
Par	III Organizations Maintaining Coll	ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	Other Sim	nilar Assets.
1a	art, historical treasures, or other similar asse	nder SFAS 116, not to report in its revenue sets held for public exhibition, education, or rete to its financial statements that describes	esearch in fu	urtherance of public service,
b		nder SFAS 116, to report in its revenue state held for public exhibition, education, or res hese items:		
		/III, line 1		
	(ii) Assets included in Form 990, Part X .			<b>\$</b>
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other similar under SFAS 116 relating to these items:	assets for	financial gain, provide the
		line 1		

Dago	•
Page	4

Pa	rt III Organizations Maintain	ing Collections	of Art, Hi	storic	al Treasure:	s, or (	Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply):	and other record	ls, check a	any of t	he following	that a	re a significar	nt use of its collection
а	Public exhibition		d		oan or exch			
b	Scholarly research		е		Other	- <b></b>		
C	☐ Preservation for future genera	tions						
4	Provide a description of the organic Part XIV.	zation's collection	s and exp	laın hov	w they furthe	r the c	organization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	er than to be maint	ained as pa	art of th	e organizatioi	n's col	lection?	Yes No
Pa	rt IV Trust, Escrow and Cust Part IV, line 9, or reporte					on ans	wered "Yes"	to Form 990,
	Is the organization an agent, truste included on Form 990, Part X?							not .
b	If "Yes," explain the arrangement in	n Part XIV and co	nplete the	follow	ng table:		<del></del>	
						1		Amount
	- •					10	<del></del>	
ď	Additions during the year							
е	Distributions during the year					. <u>1e</u>		
f	Ending balance					. <u>1f</u>	<del>'</del>	
	Did the organization include an am If "Yes," explain the arrangement in		), Part X, II	ne 21?				. LYes No
	rt V Endowment Funds. Co		zation an	swered	1 "Yes" to F	orm (	990 Part IV	line 10
	Endownient i dilds. Go	(a) Current year	(b) Prior		(c) Two years		(d) Three years b	
4.	Decision of year belongs	3,017,013	(2) ( 1.0.	,	(0,1)		(4)	(-)
	Beginning of year balance ,	25,500						
b	Contributions	-570,632			·			<del></del>
_	Investment earnings or losses .	-570,032			<del> </del>			
d	Grants or scholarships	·			<del> </del>			
е	Other expenditures for facilities and programs	-105,984						
	Administrative expenses	-21,788					<del></del>	
	End of year balance	2,344,109						
2	Provide the estimated percentage of			as:				
а	Board designated or quasi-endown		%					
b	Permanent endowment ▶1							
	Term endowment ▶%							
3а	Are there endowment funds not in the	e possession of th	ne organiza	ition tha	at are held an	id adm	inistered for th	10 Yes No
	organization by.							Yes No 3a(i) ✓
	(i) unrelated organizations							
h	(ii) related organizations If "Yes" to 3a(ii), are the related org							.   3a(ii)   ✓ .   3b
4	Describe in Part XIV the intended us	anizations listed a ses of the organiz	ation's en	dowme	nedule n: . nt funds			. 30
	t VI Investments—Land, Bu	<u></u>				art X	ine 10	
	Description of investment	(a) Cost or oth	her basis	(b) Cos	st or other s (other)		Depreciation	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements			25	,166	2	21,128	4,038
	Equipment				9,840		07,801	92,039
е	Other	· <u> </u>						
otal	. Add lines 1a-1e. (Column (d) should e	qual Form 990. Pai	t X. columi	n (B), lin	e 10(c))		•	96.077

Part VII Investments—Other Securities	s See Form 990 Part	Y line 12	Page
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	market value
Financial derivatives and other financial products			<del></del>
Closely-held equity interests			
Other		<del></del>	
	-	<del></del>	
	-	<del>- </del>	
	· <del> </del>	<del></del>	
	•		
	-		<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Relate	ed. See Form 990, Part	X, line 13.	<u>.                                  </u>
' (a) Description of investment type	(b) Book value	(c) Method of v	valuation
	<del> </del>	Cost or end-of-year	market value
	ļ <u>-</u>		
	<del></del>		<del></del>
	<u> </u>		
	<del> </del>	<del>.  </del>	<del></del>
<del></del>	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
Deposits			17,257
Beneficial interest in Endowment Fund			23,675
			<del></del>
			<del>- </del>
	<del></del>		
<del></del>			
Total. (Column (b) should equal Form 990, Part X, co	ol. (B) line 15.)		40,932
Part X Other Liabilities. See Form 990,	Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes		0	
	<u> </u>		
		_	
	}	<del></del>	
		<del> </del>	
		<b>-</b>	
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)		0	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,484,735			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,926,101			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	-441,366			
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5_				
6	Investment expenses	6				
7	Prior period adjustments	7	16,790			
8	Other (Describe in Part XIV)	8				
9	Total adjustments (net). Add lines 4–8	9	16,790			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-458,156			
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe				
1	Total revenue, gains, and other support per audited financial statements	1	2,467,945			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ĺ				
a	Net unrealized gains on investments	4				
b	Donated services and use of facilities	4	1			
С	Recoveries of prior year grants	4				
d	Other (Describe in Part XIV)	+	_			
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3	2,467,945			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	-				
b	Other (Describe in Part XIV)		40.700			
E C		4c	<del></del>			
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	<u> </u>	2,484,735			
		1	2,926,101			
1	Total expenses and losses per audited financial statements	<u>'</u>	2,920,101			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated Services and use of Identities	┨				
b	Thoryear adjustments	1				
C	Losses reported on Form 990, Fart IX, line 25	1				
d	Other (Describe III rait XIV)	2e				
e	Add lines 2a through 2d	3	2,926,101			
3 4	Subtract line <b>2e</b> from line <b>1</b>	_	<del></del>			
•	Investment expenses not included on Form 990, Part VIII, line 7b					
a	Other (Describe in Part XIV)	1				
'b	and the same in th	4c	0			
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,926,101			
	t XIV Supplemental Information		<u> </u>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
Par	t XII, Line 4b - A net positive adjustment was made by our auditors	<b></b> -				
Par	t V, Line 4 - The agency's board-designated endowment fund is intended to support the long-		_			
and	health of the organization. It may also be used to provide funding to seed new programmati					
	pecome self-sustaining or revenue-generating; increase agency visibility in order to attract do					
	clients; or enhance the agency's infrastructure. In addition, the agency has several named endowment funds, some of					
	ch are for general support, and some of which are designated for specific purposes (e.g. Olde	er Ac	lult Services			
pro	grams).					

Schedule D (For	rm 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
		····
		• • • • • • • • • • • • • • • • • • • •
·		• • • • • • • • • • • • • • • • • • • •
		•••••
		•••••
		·
•		
<b></b>		
		***************************************
		•••••
·		• • • • • • • • • • • • • • • • • • • •
		•••••

### SCHEDULÈ G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Employer identification number 3250304 Jewish Family and Children's Services of the East Bay Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants **Email solicitations** Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? LI Yes LI No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid to (i) Name of individual (iii) Did fundraiser have (IV) Gross receipts (vi) Amount paid to (ii) Activity (or retained by) fundraiser listed in col (i) custody or control of (or retained by) or entity (fundraiser) from activity contributions? organization Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.									d		
		More than project on	(a) Event #1 Annual (event type)	(b) Event #2	(c) Other Events	(d)	Total E col (a) col (c	throug	gh		
Revenue	1	Gross receipts	88,112								
	3	Less: Charitable contributions	0			<del> </del>					
		minus line 2)	88,112								
	4	Cash prizes	0			-					
sesuec	5	Non-cash prizes									
Direct Expenses	6	Rent/facility costs									
Ö	7	Other direct expenses   Direct expense summary Ad	36,424			,	<del></del>				
Рa	8 9 rt	Or rer	orte	49	,706) 9,406						
		Gaming. Complete if t than \$15,000 on Form	990-EZ, line 6a.	vered 163 to 10111	550, 1 art 1v, iiie 15,	01 10			,10 		
Revenue			(a) Bingo (b) Pull tabs/Instant (c) Other gaming bingo/progressive bingo					(d) Total gaming (Add col (a) through col (c))			
Re	1	Gross revenue				<u> </u>					
nses	2	Cash prizes				-					
Direct Expenses	3	Non-cash prizes					_				
Direc		Rent/facility costs							<del></del>		
{	_5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	<del> </del>					
,	6	Volunteer labor	□ No	☐ No	□ Yes			<del></del> -			
		Direct expense summary. Add	_			(			)		
	8	Net gaming income summary	. Combine lines 1 and 7	7 in column (d)	•	L		V			
9 a b	ls ti	er the state(s) in which the or he organization licensed to op No," Explain	-	-		•	9a	Yes	No		
10-		·	amus kaanaa musku	l augmended as because	atod diamon the tarrier		10a	· · · · · · · · · · · · · · · · · · ·			
		re any of the organization's gives," Explain:	aning licenses revoked	a, suspended or termin	ared during the tax yea		,00				
11		es the organization operate gane organization a grantor, ber			a partnership or other	 entity	11	i			
_		ned to administer charitable of			a partitionally of other	criticy	12				

Page	3
------	---

Schedule G (Form 990 or 990-FZ) 20	MΩ

					Yes	No	
13	Indicate the percentage of gaming activity operated in.	1 1		1			
а	The organization's facility	13a	%				
b	An outside facility	13b	%				
14	Provide the name and address of the person who prepares the organization's gaming and records:	/spec	al events books				
	Name ▶					ļ	
	Address ▶	<i>-</i>					
15a	Does the organization have a contract with a third party from whom the organization revenue?			15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	• • • • • • •	and the				
С	If "Yes," enter name and address:						
	Name ▶						
	Address ▶	<b>-</b>					
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer ☐ Employee ☐ Independent contractor						
17	Mandatory distributions:				ŀ	1	
,a	Is the organization required under state law to make charitable distributions from the	gam	ng proceeds to				
	retain the state gaming license?			17a			
b	Enter the amount of distributions required under state law distributed to other exempt on the organization's own exempt activities during the tax year ▶ \$	organı	zations or spent			]	

Schedule G (Form 990 or 990-EZ) 2008

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Organizations,	in the U.S.
Assistance to	and Individuals
Grants and Other	Governments,

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

۱ ي	•
5	1
1545-004	(
ġ.	(
משכ	4
5	

Open to Public 20**08** 

Inspection	Employer identification number

**2** □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 3250304 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance 94 (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Jewish Family and Children's Services of the East Bay (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization

Schedule-1 (Form 990) 2008

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

Use Schedule I-1 (Form 990) if additional space is needed. Part III

(f) Description of non-cash assistance					r additional information.						
(e) Method of valuation (book, FMV, appraisal, other)					I, line 2, and any othe						
(d) Amount of non-cash assistance	0				on required in Part		1 1 1 1 1 1 1 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
(c) Amount of cash grant	49,647				ovide the informati						
(b) Number of recipients	20				te this part to pr						
(a) Type of grant or assistance	Assistance to low income Holocaust Survivors				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047 Open to Public Inspection

3250304

Employer identification number

94

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Jewish Family and Children's Services of the East Bay	94	3250304
Part III, Line 4d - Other Program Services: Counseling Services provides a broad range of	f ment	al health and other
supportive services to adults, children and families, including specialized support for peo	ple wit	th disabilities and
those dealing with bereavement.	<b></b> -	
Part VI, Section A Governing Body and Management		
Line 10: Was a copy of the Form 990 provided to the organization's governing body befor	e it wa	s filed?
Yes. Form 990 responses are formulated by staff and then reviewed by the board presider	ıt, trea	surer, and other board
members as designated by the board president. The final Form 990 is provided to all board	d mem	bers before it is filed.
Section B, Policies: Line 12 c: Does the organization regularly monitor and enforce con	npliano	ce with the policy?
Yes. Board members and key employees are annually asked to disclose potential conflicts	s. The	y are also required to
disclose any potential conflict at the time it arises at any point during the year.	<b></b> .	
Line 15 a : Executive Director compensation is determined annually by the Board's ED Eva	aluatio	n committee,
comprised of the president, personnel committee chair, and VP or president elect. The co	mmitte	ee receives data from the
annual Northern California Compensation & Benefits Survey conducted by the Center for I	Non Pr	ofit Management, along
with data from the annual ED compensation survey conducted by the Association of Jewis	sh fam	ily & Children's Agencies,
covering agencies throughout the US & Canada. Based on its evaluation of the ED's perfo	rmanc	e, the agency budget,
and the salary survey data, the committee makes its recommendation, then it is adopted b	y the b	oard as part of its budget
approval process.	·	
Line 15 b: The ED and Director of HR & Operations, as well as Personnel Committee members	ers re	view comparability
data on an annual basis. The data is used by the ED in developing the agency's annual bu	dget, v	which is approved by the
board.		
Section C, Disclosure		
Line 19: How does the organization make its governing documents, conflict of interest pol	licy, ar	d financial statements
available to the public?	<b>-</b> -	
Financial statements are available in the agency's annual report, in print and on the agency	y's wel	osite. Governing
documents and conflict of interest policies are available to the public on request.	<b>-</b> -	