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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the	2013 cale	ndar year, or tax	year beginning	July 1	, 2013, a	nd ending	Jun	e 30	, 20 14	
В	Check if	applicable	C Name of organiza	ation Jewish Family	and Children's S	ervices of the	East Bay		D Employ	er identification n	umber
	Address	change	Doing Business A	s						94-3250304	
	Name ch	ange	Number and stree	et (or PO box if mail is	not delivered to stree	et address)	Room/suite		E Telepho	ne number	
]	Initial reti	urn	2484 Shattuck A	venue			21	10		(510) 704-7480	
]	Terminat	ed		e or province, country,	and ZIP or foreign po	stal code	<u> </u>				
]	Amended	d return	Berkeley, CA 947	704-2076					G Gross re	eceipts \$	
]	Applicati	on pending	F Name and addres	s of principal officer				H(a) is this a gro	oup return for	subordinates? Tyes	₃ 🗸 No
										es included? 🔲 Yes	_
	Tax-exer	npt status	√ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	<u>527</u>	If "No	o," attach	a list (see instruction	ons)
	Website	•						H(c) Group	exemption	number >	
K	Form of c	rganization	✓ Corporation ☐ T	Trust Association	☐ Other ►	L Yea	r of formation	1996	M State	of legal domicile	CA
	art I	Summ							 		
	1	Briefly de	escribe the organ	nization's mission	or most significa	ant activities.	Establis	ned in 1877,	JFCS/E	ast Bay provide	s vital
æ	ł	=	=	ervices in four prin	=						
Activities & Governance				d Immigrant Service							J
E				e organization disc				more than	25% of	its net assets.	
Š				ers of the governir					3	1	17
ල ජ			-	voting members o					4		17
es			•	als employed in ca					5		64
Ē	4			ers (estimate if nec	•	=			6		250
20	l .			revenue from Par					7a		
•				axable income from					7b		
	-	rect dill'o	iatea basiness te	axable income no	111 0111 000 1,11			Prior Ye		Current Y	
	8	Contribu	tions and grants	s (Part VIII, line 14)		·= D		1	,287,596		1,450,066
9	9	Program	service revenue	e (Part VIII, line 2g)	RECEIV	/ピロー:	\`		,207,330 ,177,215	1	2,982,784
Hevenue	10	Invoctme	ant income (Part	VIII, column (A), III	1. Land 7d	300	I ⊢				
Ĕ	1						/: : -		363,398		439,761
	12	Total ray	zenue (Fan Vin, i	column (A), lines,5 8 through 11 (mu	Hearland Strategy I de		12)		86,987		240,982
	13			nts paid (Part IX, o			12/		,915,196		5,113,593
	1	Crants a	no similar amou	embers (Part IX, c		J~11 ~	1 . ⊢		328,798		527,205
	14						≥ 1		0	+	
Š	15		-	tion, employee ben			⁵⁻¹⁰⁾ -	2	,696,819	' 	2,868,98
Expenses	16a		_	fees (Part IX, colu				مِعْرُونِينِ هِمَّ مُعَمِّلُ رِحْدٍ الرابِينِ مُعْرُونِينِ هِمَّ مُعَمِّلُ رِحْدٍ الرابِينِ	Son Price Chi	Fried Sale Contraction	fr. Atale Lo
X			• .	ses (Part IX, colum			13,127	BATTLE OF T		第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
_	17		•	column (A), lines			<u>.</u> ∵ · ⊢	-	829,282	1	1,442,960
	18	-		es 13-17 (must equ				3	,854,899		4,839,147
	19	Revenue	less expenses.	Subtract line 18 fr	om line 12			-1	60,297		274,446
2				. •			86	eginning of Cu			
Balances	20		sets (Part X, line				· ·	4	,048,329	·	4,513,749
Fund B	21		bilities (Part X, lin				· ·		882,831	1	1,073,80
				ices. Subtract line	21 from line 20	· · · ·	<u> </u>	3	,165,498	3	3,439,94
	art II		ture Block								
Un	der pena	Ities of perji	ury, I declare that I ha	ave examined this retui preparer (other than offi	m, including accomp	anying schedule	s and statem	ents, and to t	he best of	my knowledge an	d belief, it i
tru	e, correc	t, and comp	nete Declaration of p	reparer (other than oth	cer) is based on all ir	mormation of with		las any knowi	edge	. /	
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ع د	aid	Print/T	ype preparer's name	Pre	eparer's signature		Date	е	Check	☐ if PTIN	
	epare	r 🖳							self-en	nployed	
	se Onl		name 🕨					Firm	n's EIN ▶		
_			address ▶					Pho	ne no		
۷la	y the If	RS discus	s this return wit	h the preparer sho	wn above? (see	instructions)				🗆 Y	es 🗌 No
Foi	r Papen	vork Red	uction Act Notice	, see the separate i	instructions.		Cat No	11282Y		Form	990 (2013
				•							



		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	_
•	Inspired by enduring Jewish values, the mission of JFCS/East Bay is to promote and strengthen the social and	
	amotional wall have of divisors individuals and families through a the sails Park Park Park	
	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 the	
-	prior Form 990 or 990-EZ?	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?] No
	If "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to content the total expenses, and revenue, if any, for each program service reported.	ed by thers
4a	(Code:) (Expenses \$ 690,198 including grants of \$) (Revenue \$)	
•	Refugee & Immigrant Services - offers multilingual services to refugees and immigrants from Afghanistan, Iran, Iraq, Africa,	
	Bosnia, the former Soviet Union, Mexico, and Central and South America. Services include initial and ongoing	•••••
	resettlement, immigration legal services, family support and child abuse prevention, specialized support for seniors, and assista	nce
	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 \$1,616,040 including grants of \$) (Revenue \$)	
	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. The agency also provides training to those providing mental health services to	
	elementary, middle and high school students.	
4c	(Code:) (Expenses \$1,119,927 including grants of \$) (Revenue \$)	
	Adult Services · provides resources and support to adults and their families, including case management,	
	counseling, family intervention, support groups and educational workshops. Also provides specialized services to	
	Holocaust survivors. Adult Services works with older adults and their family members to preserve	
	independence and allow people to age with dignity in their own homes. Counseling Services provides a broad range of mental	
	health and other supportive services to adults, children and families, including specialized support for people with development	a!
	disabilities and those dealing with bereavement.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 663,623 including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 4,089,788	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	
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_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			,
_	·	4		<u>~</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		·	
	"Yes," complete Schedule D, Part I	6	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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>✓</u>
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	40	,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	√	***
• • • • • • • • • • • • • • • • • • • •	VII, VIII, IX, or X as applicable.	K		201
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	NA.		ZAMENT
a	complete Schedule D, Part VI	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114	-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	✓	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		
J	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	ļ. 	-
	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	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	ļ	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		,	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	 ✓	
13	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	+	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	1
				(2013)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	·	√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>·</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<u>√</u>
d 25a		24d 25a		<u>√</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37	1	1
		1 30		

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>.</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 '	,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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] [64] [64] [65] [7	
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 <i>e-file</i> (see instructions)	2b	-	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		┞ <u>▼</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ļ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		
	See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ļ,	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	``	*-	'
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	┼─
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		 	+
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\\ \tag{\chi}
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7.3		T
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	,		
	organization, have excess business holdings at any time during the year?	8	ļ	/
9	Sponsoring organizations maintaining donor advised funds.	,		-
а	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	 	↓ ✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		٠.	1.
a 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:	٦,		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	`		
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			T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ ·	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1.
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	۱ .		
C	Enter the amount of reserves on hand	+		+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	- ✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	7	1

	00 (2013)			Page 6							
Part											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.							
	Check if Schedule O contains a response or note to any line in this Part VI		• •	<u> </u>							
Secti	on A. Governing Body and Management		Yes	N-							
4.			105	No							
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 17										
	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.		. `								
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 17			ĺ							
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		'1							
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		<u> </u>							
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓							
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		✓							
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?	7a		✓							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			✓							
	stockholders, or persons other than the governing body?	7b_		· .							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1							
_	. ,										
a b	The governing body?	8a 8b	√								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	V								
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	_	✓							
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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,,'	<u></u>	<u> </u>							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	<u> </u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	122	,								
13	Did the organization have a written whistleblower policy?	12c	√								
14	Did the organization have a written document retention and destruction policy?	14	▼								
15	Did the process for determining compensation of the following persons include a review and approval by	ļ. · ·	9.7	1.							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. , 3	1							
а	The organization's CEO, Executive Director, or top management official	15a	1								
b	Other officers or key employees of the organization	15b	✓								
	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		<u> </u>								
	with a taxable entity during the year?	16a		✓_							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ļ	1								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
Coot	organization's exempt status with respect to such arrangements?	16b		L							
<u>Secti</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ California										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)	NINO S							
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551	دردررد	- Orny)							
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and							
	financial statements available to the public during the tax year.	•	,								
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	е								
	organization: ▶ Jewish Family & Children's Services of the East Bay, 2484 Shattuck Ave , Ste 210, Berkeley, CA 947	04; 51	0 704	<u>-74</u> 80							
		For	m 99 () (2013)							

Dago	

Form 990 (2013)

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

Check if Schedule O contains a res	ponse or note to any line in this Part VII							
		 				_		

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any relate	d orga	anız	atic	n c	omper	nsa	ited any curren	t officer, director	, or trustee
				(0	C)					
(A)	(B)				ition	. 41		(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office	er and			or/truste	ee)		compensation from	amount of other
	week (list any hours for	Individual trustee or director	Ins	앞	6	g,E	Former	from the	related organizations	compensation
	related	dred	렱	Officer	en	ploy	me	organization	(W-2/1099-MISC)	from the
	organizations below dotted	S La	ő	'	Key employee	8 8	_	(W-2/1099-MISC)		organization and related
	line)	l rag	1	Ì	yee	8				organizations
		8	Institutional trustee			Highest compensated employee	1			
					-	8				
(1) Peter Metzner										
Board President				✓				0	0	0
(2) Jeanne Reisman, MD		l								
Vice President				✓		L_		0	0	0
(3) Norman Price		ļ	l							
Secretary			<u> </u>	1				0	0	0
(4) Sheldon Kahn			1	١.						
Treasurer			Ь.	✓	ļ			0	0	0
(5) Wayne Batavia		ļ		1						
Past President		<u> </u>	 	ļ	┞		✓	. 0	0	0
(6) Rabbi Yoel Kahn				١.			1			
Personnel Committee Chair		<u> </u>	_	1	ļ.	<u> </u>		0	0	0
(7) Rick Maisel, Ph D.		1		١.	1	1				
Investment Committee Chair		ļ	┞-	1	<u> </u>	ļ	<u> </u>	o	0	0
(8) Ruth Phillips		,		١,	1					
Art of Living Chair		ļ	ļ	✓	-			0	0	<u> </u>
(9) Vicki Zatkin		ļ	1	١,						
Nominations Committee Chair		 		✓	ļ			ļ <u>0</u>	0	0
(10) Rına Alcalay				1			ļ			
Board member		/	 	↓	-	ļ	-	ļc	0	0
(11) Judy Bloomfield										
Board member		✓	_	-	4	-	<u> </u>	ļ <u>.</u>	0	0
(12) Helen Bulwik				ŀ	İ					
Board member		✓		ļ	1	ļ	1_	ļ <u>.</u>	0	0
(13) Rabbi Steven Chester					1					
Board member	_	✓	↓_	4_	1_	—	-		0	0
(14) Fred Feller										
Board member			1.		\perp		}		0	0

(23) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 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 5 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 tay year. (A) Name and business address Description of services Compensation	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (conti	nued)		
Compensation Comp			Average hours per	box,	unles	Pos leck is pe	ttion more	ıs both	an	Reportable compensation	Reportable compensation from	ап	timated lount of	
Board member 19 0 0 0 0 0 0 0 0 0			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	com fro orga and	pensation om the anization i related	
109 Carmi Weininger Board member 17	(15) De	borah Sosebee												
Board member 17 Marwey Weinstein				✓					_	0	0			
17) Hervey Weinstein				1							٠ ا			
Board member									_	<u> </u>	<u>-</u>			
121,066 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0 121,066 0 0				✓						0	0			
22) (24) (25) (26) (27) (27) (28) (29) (-										
(20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (27) (28) (29)		ive Director			\vdash	-	-	-	-	121,066	0			- 1
(22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (27) (28) (29)	7		 	1										
(22)	(20)													
(22)	(04)				_									
(23) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1c Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 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 5 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 tay year. (A) Name and business address Description of services Compensation	(21)													
(24)	(22)													
(25)	(23)													
1b Sub-total	(24)					-	-	-						
1b Sub-total				ļ		<u> </u>			_					
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1 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. (A) Name and business address None	(25)		 	1				ļ						
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1 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. (A) Name and business address None	1b	Sub-total			<u> </u>	٠.			▶	121,066	0			-
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 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. (A) Name and business address Description of services Compensation None	С								▶					
The provided compensation from the organization 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 employee on line 1a? If "Yes," complete Schedule J for such individual employee 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 end in the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person												ļ		
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	2				nose	e lis	ted	abov	e) w	ho received m	ore than \$100,0	00 of		
employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organ	ization > 1					-					Yes	No
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	3													
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual												<u> </u>	<u> </u>	✓
Individual	4	For any individual listed on line 1a, is the	e sum of re	porta	ble 150	cor	npe	nsatio	on a	and other composite Sci	pensation from t	he .		1
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												~	~	1
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation None	5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tior	ı fro	m an	y ur	nrelated organi	zatıon or indıvidı	ual		7
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None	Section									-				
Name and business address Description of services Compensation None		Complete this table for your five highest compensation from the organization. Re												ax
None		(A)	dress								services			
	None								+	•				
2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who									_					
2 Total number of independent contractors (including but not limited to those listed above) who									+					
		Total number of independent contract	ors (includ	ına h	ut r	not	lımi	ited t	0 1	hose listed at	oove) who		. •	

Pari	VIII	Statement of Reve			P - 1 - 1 - 1	D- 41/00		
i i f		Check if Schedule C	contains a res	ponse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns						
g g	b	Membership dues .						
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events .						
	d	Related organizations					-	
	e	Government grants (con				_		
er :	T	All other contributions, g				•		
년 동		and similar amounts not inc		1,450,066				
ק ק ק	g	Noncash contributions include				,		
	h	Total. Add lines 1a-1	<u>f</u>	▶	1,450,066			
Program Service Revenue				Business Code				
eve	2a	Counseling fees		1,155,929				
e B	b	Contracts from govern		837,580				
ξ	С	Other contract revenue	B	363,377				
လ္မွ	d	Homecare fees		625,898				
ram	е							
õ	f	All other program ser						
	g	Total. Add lines 2a-2			2,982,784			
	3	Investment income and other similar amo						
					299,558			
	4	Income from investmen	•					
	5	Royalties	(i) Real	(ii) Personal		· · · · · · · · · · · · · · · · · · ·		,
	~ -	0	(I) real	(ii) i cisonai		,	, ,	1
	6a	Gross rents				•		
	b	Less: rental expenses			, `1	4.4	-, ', , ,	, a,
	C	Rental income or (loss)		1				
	d 7a	Net rental income or Gross amount from sales of	(i) Securities	(ii) Other				
	14	assets other than inventory		· · · · · · · · · · · · · · · · · · ·			' '	
	ь	Less: cost or other basis	2,305,158		, ,			,
	"	and sales expenses .	2 464 655	.1	, ,			
	c	Gain or (loss)	2,164,955	 	1 1	4.5	,	
	d	Net gain or (loss)	140,203		140,203		*	·
	l "	iver gain or (loss) .		· · · · · · · · · · · · · · · · · · ·	140,203			
nue	8a	Gross income from fo	ındraising			•		
ē		events (not including \$	254,667			_	1	
ě		of contributions report				-		•
7		See Part IV, line 18 .]			'
Other Reve	h h	Less: direct expense	_		1			· '
0	c	Net income or (loss)			187,988			
	i	Gross income from g			10,700			
		See Part IV, line 19 .						-
	ь	Less: direct expense	s	,	1 ·			
	С	Net income or (loss)		tivities		······································		
	10a	Gross sales of in	nventory, less					·
		returns and allowand	es a	<u>,</u>				
	Ь	Less: cost of goods	sold k		}	•		
	С	Net income or (loss)	from sales of inv	rentory 🕨	627,749			
		Miscellaneous I		Business Code				
	11a	Other income		52,994	1			
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-	–11d	▶	52,994			
	142	Total revenue Sec.	netriotione	.	7.440.500	-	1	1

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 (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States, See Part IV, line 22 . . . 527,205 527,205 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 145.000 145.000 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 2,265,707 1,948,536 142,705 174,466 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 47,587 38,492 5,700 3,395 Other employee benefits 9 220,707 174,812 29,623 16,272 10 189,981 153,622 22,694 13,665 Fees for services (non-employees): 11 a Management Legal 12,895 12,895 Accounting 14,994 14,994 c d Professional fundraising services. See Part IV, line 17 Investment management fees 190,471 137,580 24,743 28,148 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion 12 13,976 149 3,348 17,473 13 Office expenses 113,395 84,109 7,632 21,654 14 Information technology . 15 Royalties 16 Occupancy 240,044 204,630 20,933 14,481 Travel 17 56,045 51,374 4,378 293 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 12,887 5,416 892 19,195 20 5,536 5,536 21 Payments to affiliates <u>5,9</u>78 22 Depreciation, depletion, and amortization . 7,499 1,312 209 23 8,750 317 192 9,259 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Dues, subscriptions, bank fees 35,826 26,541 3,981 5,304 Homecare provider 551,435 551,435 Loss on grant recision 100,000 C 100,000 Printing and photography 10,725 90 30,099 40,914 All other expenses Telephone
Total functional expenses. Add lines 1 through 24e 26,241 1,029 709 27,979 25 4,839,147 4,089,788 436,232 313,127 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash-non-interest-bearing 464,480 450,944 2 2 Savings and temporary cash investments 3 3 648,340 553,318 4 4 352,484 499,768 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . . . 9 35,404 18,942 10a Land, buildings, and equipment: cost or 4,7 5 other basis. Complete Part VI of Schedule D 10a Less. accumulated depreciation 10b 10c 246,850 12,924 17.247 11 Investments—publicly traded securities 11 2,444,376 2,672,500 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11... 13 14 14 15 15 Other assets. See Part IV, line 11 90,321 301.030 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 4,048,329 16 4,513,749 17 Accounts payable and accrued expenses 17 482,626 683,064 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 _ :_ ' Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 300,205 23 290,741 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 100,000 100,000 Total liabilities. Add lines 17 through 25 882,831 26 26 1,073,805 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 2,510,221 27 2,775,447 28 555,277 28 634,497 100,000 29 30,000 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and . 34 complete lines 30 through 34. ? Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 3,165,498 3,439,944 34 34 Total liabilities and net assets/fund balances . 4,048,329 4,513,749

	Pa	ge 12
	5,11	3,593
		9,147
		4,446
		5,498
	3,43	9,944
	Yes	No
- ',		-
*	^	-
. 5		
2a		✓
	•, •,	-
, +	117	"
2b	✓	

Form **990** (2013)

Form 9	90 (2013)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,11	3,593
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,83	9,147
3	Revenue less expenses. Subtract line 2 from line 1	3		27	4,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,16	5,498
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10		3,43	9,944
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 1	,,,,,	e.
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ın	*		- '
	Schedule O.		انس	3	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or		٠,٠,١	٠,٠
	reviewed on a separate basis, consolidated basis, or both.		-	3.	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a		** ;	2
	separate basis, consolidated basis, or both:		1, 35	£ 4, 1	· .
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				i com succión is
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	%₹.′	i en	1.
	Schedule O.		, , ,,	20 m	<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	íorth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

vame of the organization	1						mpioyer id	enuncation	numper		
lewish Family and Ch							94-3250304				
		rity Status (All organ						nstructio	ns.		
•	•	ition because it is: (For		_		-	-				
		hes, or association of			ed in sect	tion 170(l	b)(1)(A)(i)	١.			
		170(b)(1)(A)(ii). (Attac		-							
		spital service organiza									
_	•	on operated in conjunc	tion with	a hospita	al describ	ed in se d	ction 170	(b)(1)(A)	(iii). Enter the	9	
•	ame, city, and state						·				
section 17	0(b)(1)(A)(iv). (Com	•						/ernment	al unit desci	ribed in	
7 📝 An organiza											
8 A communi	ty trust described i	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II)						
9 🗆 An organiza	ation that normally	receives: (1) more that	ın 331/3%	of its su	pport fro						
support fro	m gross investme	d to its exempt functi ent income and unrelater lifter June 30, 1975. Se	ated bus	iness tax	kable inc	ome (les	s section				
	-	l operated exclusively						4)			
•	-	nd operated exclusive			-				or to carry	out the	
purposes of	f one or more pub	olicly supported organ describes the type of s	izations	described	in secti	on 509(a)(1) or se	ection 50	9(a)(2). See		
a 🗌 Typ									ionally integ	rated	
• •	• •	that the organization		•	=				-		
other than	foundation manage	ers and other than one									
or section 5			- fram 1	the IDC t	hat it ia	0 Tuno	I Tupo I	Lor Tur	o III auggo	dina	
	nization received a n, check this box	a written determination	on mom t	ille ins i	nat it is	a Type	ı, rype i	ı, or ryp	ie ili suppoi	·	
•	· ·	he organization accep	vae bet	aft or co	ntributio	n from a	nv of the			. П	
g Since Augi following p		ne organization accep	oled ally	giit oi oc		n nom a	11 y 01 1110				
(i) A perso	on who directly or i	ndirectly controls, eith						d in (II) a	nd Ye	s No	
	•	on described in (i) abo	_								
	•	a person described in							11g(iii)	-	
		ion about the support							1 i g(m)		
						au notifi	(.5)		(sii) Amount of	monotony	
(i) Name of supported organization	i (ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(Iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		organizat (i) organi	ls the tion in col zed in the S?	(vii) Amount of monetary support		
		(see insulictions))	Yes	No	Yes	No	Yes	No			
(A)											
(D)						 					
(B)					:						
(C)											
(D)											
(E)											
	-	,	—	,	 				1		

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,157,455	1,292,819	1,348,781	1,287,596	1,450,066	6,536,717
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1,232,313	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,201,000	1,100,000	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,157,455	1,292,819	1,348,781	1,287,596	1,450,066	6,536,717
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		, , , , , , , , , , , , , , , , , , ,				
6	Public support. Subtract line 5 from line 4.		,8 11.4		٠,,	, ,	6,536,717
	on B. Total Support						0,000,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,157,455	1,292,819	1,348,781	1,287,596	1,450,066	6,536,717
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,677	69,401	27,619	303,623	299,558	778,878
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,933,544	2,144,742	2,236,643	2,264,202	3,213,351	11,792,482
11	Total support. Add lines 7 through 10			-	ને '	,	19,108,077
12	Gross receipts from related activities, etc					12	19,108,077
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·		· · · · ·	▶ 🗀
<u>Secti</u>	on C. Computation of Public Suppor					 	
14	Public support percentage for 2013 (line					14	34 21 %
15	Public support percentage from 2012 Scl					15	37.20 %
168	331/3% support test—2013. If the organibox and stop here. The organization qua						
b	331/3% support test—2012. If the organ	· ·	•	-			_
U							
17a	the check this box and stop here. The organization qualifies as a publicly supported organization						
	organization						-
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization in the control organization in	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check the The organization	his box and st on qualifies as	op here. a publicly
18	Private foundation. If the organization d instructions	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	ata listed ben	ow, piease co	omplete i art		
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(=, =000	(-,,	(5, 251,	(=, ==, ==	(5, 25.0	1.7 . 0 . 0.
·	received. (Do not include any "unusual grants ")	}					
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	ĺ					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				!	!	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					j	
	received from other than disqualified	1		1			
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year		1.	<u> </u>	1		
С 8	Add lines 7a and 7b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- !	1		 	
0	line 6.)			South to the second	图影为对		
Secti	on B. Total Support	19. 3 · 11a		1	<u> </u>	[•·········	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2010	(0, 2011	(4) 2012	(6) 2010	(1) 10.44
-	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .			ļ			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1	1				
	or not the business is regularly carried on		ļ				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			ļ	<u> </u>	ļ	
13	Total support. (Add lines 9, 10c, 11,		1				
4.4	and 12.)		l final control	and Albinot for the			= E01/-\/0\
14	First five years. If the Form 990 is for toganization, check this box and stop he	•			•		
Soot							• • • • •
<u>Secti</u>	ion C. Computation of Public Suppo Public support percentage for 2013 (line			13 column (f)\		. 15	%
16	Public support percentage for 2013 (infe					. 16	9
	ion D. Computation of Investment Ir			<u> </u>	· · · · ·	. 1	
17	Investment income percentage for 2013	_		by line 13. coli	ımn (f)) , .	. 17	9
18	Investment income percentage from 201	•		=			9
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2012. If the organi		_				
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of						

schedule A (F	orm 990 or 990-EZ) 2013 Page ••
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Jewish Family and Children's Services of the East Bay 94-3250304 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 200.000 Aggregate grants from (during year) . . 3 O 4 Aggregate value at end of year 289,512 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 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" to Form 990, Part IV, line 7. 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 an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. b 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: 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:

Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follow	ving that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research					
С	☐ Preservation for future generations	5				
4	Provide a description of the organizat		nd explain how the	hey further the org	anization's exem	pt purpose in Part
	XIII.		•	•		
5	During the year, did the organization	solicit or receive of	donations of art,	historical treasure	s, or other similar	•
	assets to be sold to raise funds rather	than to be mainta	ned as part of the	e organization's co	illection?	☐ Yes ☐ No
Part	Part IV Escrow and Custodial Arrangements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes"	to Form 990, P	art IV, line 9, or a	reported an amo	ount on Form
1a	Is the organization an agent, trustee,	custodian or other	er intermediary for	or contributions or	other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able:		
					An	nount
C	Beginning balance				:	
d	Additions during the year					
е	Distributions during the year				-	
f	Ending balance			<u> </u>		
2a	Did the organization include an amoui					
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been provide	ed in Part XIII .	<u> U </u>
Par			. t - E 000 E) 1		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
_	5				· · · · · · · · · · · · · · · · · · ·	
1a	Beginning of year balance	78,803	73,272	77,860	65,994	
b	Contributions	200,000				40,000
С	Net investment earnings, gains, and					
	losses	11,627	9,259	-1,860	13,579	
d	Grants or scholarships		-2,834	-1,858	-794	-160
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	-918	-894			
g	End of year balance	289,512	78,803			65,994
2	Provide the estimated percentage of t			, column (a)) neid	as:	
a	Board designated or quasi-endowmer		<u>0</u> %			
b	Permanent endowment	0%				
С	Temporarily restricted endowment ►	0%	00/			
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the	•		at are hold and ad	lministered for the	_
3a	organization by:	e possession or th	e organization th	at are nelu anu au	in in instered for the	
						Yes No 3a(i) ✓
	(i) unrelated organizations					
	(ii) related organizations					
ь 4	Describe in Part XIII the intended use:		•			3b
_	VI Land, Buildings, and Equip		in a chaothneath	41103.		
r ai	Complete if the organization		' to Form 990. F	Part IV. line 11a.	See Form 990 I	Part X line 10.
	Description of property	(a) Cost or ot	·		Accumulated	(d) Book value
	Section of property	(investm		other) d	epreciation	
1a	Land			423	AND WHAT	
þ	Buildings					
С	Leasehold improvements		12,225		5,254	6,971
d	Equipment		251,872		241,596	10,276
е	Other	<u>. </u>				
Total.	. Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part X, columi	n (B), line 10(c).)	▶	17,247

	Complete if the organization answered				
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	eld equity interests				
(O) O+b		· · · · 			
(A)					
`' (B)					
(C)			·····		
(D)					
(E)		· 			
(F) (F)					
(G)					
(H)					
	1			. , ,	
	n) must equal Form 990, Part X, col. (B) line 12)	L	•		
Part VIII	Investments—Program Related.	"\/aa" ta Farra 00	O Dant N/ 15-	. 11- O F (200 David V. Bara 40
	Complete if the organization answered			r	
	(a) Description of investment	(1	b) Book value		nod of valuation of-year market value
(1)					
(2)			·		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (l	o) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
,	Complete if the organization answered	"Yes" to Form 99	0, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Descrip	otion			(b) Book value
(1) Deposits	S				11,518
(2) Benefici	al interest in Endowment funds				289,512
(3)			·		
(4)					
(5)		-			
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) li	ine 15.)			301,030
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" to Form 99	0, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.		, , , ,		
1.	(a) Description of liability	(b) Book value	1		
(1) Federal ır	ncome taxes		1		
(0)	ible advances	100,000	₹		•
(3)	ibic davances	100,000	-		ı
(4)					•
(5)			┥		,
(6)			┥		
(7)			\dashv		
(8)			-		
		 	-		1
(9)	h) must oqual Form 000. Dark V. and (D) line 05).	<u></u>	_		
	b) must equal Form 990, Part X, col (B) line 25.)	100,00			
z. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to	o the organizatio	n s financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FIN 48) (ASC 740). Check h	ere it the text of	ine rootnote has bee	n provided in Part XIII 🗀

Part		Return.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	4
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	5,113,593
a	t i i i i i i i i i i i i i i i i i i i	
b	Net unrealized gains on investments	,`
C	Recoveries of prior year grants	, i
d	Other (Describe in Part XIII.)	*-*
e	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	2e 0 3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	``.
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 5,113,593
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 3,854,899
2	Amounts included on line 1 but not on Form 990 Part IX line 25	2,01
а	Donated services and use of facilities	2
b	Prior year adjustments	
С	Other losses	100 Total
đ	Other (Describe in Part XIII.)	The state of the s
е	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 0
4		S nee
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	The first of the f
b		
_c	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,854,899
Part V,	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infi- Line 4 - The agency has several named endowment funds, some of which are for general support and some cific purposes (e.g. Older Adult Services programs).	of which are designated

SCHEDULE 1 (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2013) **%**□ (h) Purpose of grant or assistance **Employer Identification number** √ Yes 94-3250304 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash (e) Amount of non-grant cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance ewish Family and Children's Services of the East Bay (P) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Partl <u>R</u> ල ₹ Ξ <u>Q</u> Ε <u>®</u> 5 12) 9 9

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 263,854 19,520 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 72 54 1 Assistance to low income Holocaust Survivors 2 Assistance to the economically disadvantaged (a) Type of grant or assistance ო Ŋ ဖ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Jewish Family and Children's Services of the East Bay	94-3250304
Part I, Line 1: The agency serves people of all affiliations, races, and backgrounds in Alameda and Co	ntra Costa Counties
Part III, Line 4d: JFCS/East Bay's Home Care for Seniors program strives to provide high-quality, top i	notch home care services at an
affordable price Volunteer Services mobilizes community members to assist agency clients and staff	·
Part VI, Section B Policies	
Line 11b: Yes, 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	mbers before it is filed
Section B, Policies: Line 12c: Did the organization regularly and consistently monitor and enforce co	mpliance with the policy?
Yes, Board members and key employees are annually asked to disclose potential conflicts. They are a	also required to disclose any
potential conflict at the time it arises at any point during the year.	
Line 15 a: Executive Director compensation is determined annually by the Board's ED evaluation com	mittee, comprised
of the president, personnel committee chair, and VP or president elect. The committee receives data if	from the annual
Northern California Compensation & Benefits Survey conducted by the Nonprofits Compensation Ass	ociates, along with data
from the annual ED compensation survey conducted by the Association of Jewish Family & Children's	s Agencies,
covering agencies throughout the US and Canada Based on its evaluation of the ED's performance, t	the agency budget, and the salary
survey data, the committee makes its recommendation, then adopted by the board as part of its budge	et approval process.
Line 15 b: The ED and Director of HR & Operations, as well as Personnel Committee members review	comparability data
on an annual basis. The data is used by the ED in developing the agency's annual budget, which is a	pproved by the board.
Section C, Disclosure	
Line 19: How the organization makes its governing documents, conflict of interest policy, and financial	al statements available to the public?
Financial statements are available in the agency's annual report, in print and on the agency's website	. Governing documents and
conflict of interest policies are available to the public on request.	