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ObjectId: 202300449349302200 - Submission: 2023-02-13

TIN: 33-0352393

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

IIILEITIAI	ive veii	ide Seivice									
A Fo	r th	e 2021 c	alendar year, or tax year beginning 07-01-2021 ,and endi	ng 06-3	0-2022						
O Add	dress	applicable: change	C Name of organization JEWISH HOME CARE SERVICES INC A CALIF NON-PROFIT BENE CORP				D Employe 33-0352		fication number		
O Na		-	Doing business as								
_		rn/terminated	Seacrest at Home Seacrest Home Health				F Talaahaaa				
		d return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite		E Telephone				
O App	olicati	ion pending	211 Saxony Road				(760) 63	2-0081			
			City or town, state or province, country, and ZIP or foreign postal code Encinitas, CA 92024				G Gross rec	eipts \$ 1	,542,779		
		ſ	F Name and address of principal officer:		H(a)	Is this	a group reti	urn for			
			Bradley Blose 211 Saxony Road			subord	linates?		□Yes <a>✓ No		
			Encinitas, CA 92024		H(b)	Are all include	subordinate	3S	☐ Yes ☐No		
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □	527				st. See i	instructions.		
J W	ebsit	te:▶ sea	crestathome.org		H(c)	Group	exemption i	number	•		
K Forn	n of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year o	of forma	tion: 1989	M State	of legal domicile: CA		
Pa	rt I	Sumi	mary		<u> </u>						
- 10		_	scribe the organization's mission or most significant activities:								
e		Providing _I	personal home care services								
anc									•		
Ë											
Activities & Governance			s box 🕨 🗆					1 .	1		
9			of voting members of the governing body (Part VI, line 1a)					3			
SS			of independent voting members of the governing body (Part VI, line	•		•	•	4	9		
ЩÉ			nber of individuals employed in calendar year 2021 (Part V, line 2a	1	5	57					
cti			nber of volunteers (estimate if necessary)	•	6 7a	15					
A			elated business revenue from Part VIII, column (C), line 12					0			
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11 .		· · ·			7b	0		
	_				<u> </u>	Pric	or Year		Current Year		
2			ions and grants (Part VIII, line 1h)	•	<u> </u>		89,0		46,000		
Revenue		_	service revenue (Part VIII, line 2g)		<u> </u>		1,385,4	_	1,496,779		
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)	•	<u> </u>			0	0		
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>		204,5		1 542 770		
			enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	+		1,678,9	_	1,542,779		
			nd similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>			0	0		
			paid to or for members (Part IX, column (A), line 4)		<u> </u>		1.005.0	0	0		
Expenses		•	other compensation, employee benefits (Part IX, column (A), lines	•	\vdash		1,085,0		1,144,997		
eg.			nal fundraising fees (Part IX, column (A), line 11e)	•	<u> </u>			0	0		
ğ			aising expenses (Part IX, column (D), line 25) 0		-		2244	4.5	335,673		
Seemed.			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	<u> </u>			419,168 1,4			
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u> </u>						
, 00	19	Revenue	less expenses. Subtract line 18 from line 12	•	 _		259,79		62,109		
Net Assets or Fund Balances			of Current Ye	ar	End of Year						
ala	20	Total asse	ets (Part X, line 16)		508,899				585,757		
t As			ilities (Part X, line 26)				34,68	-	49,429		
S.E			s or fund balances. Subtract line 21 from line 20				474,2		536,328		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					2023-02-13	
Sign	Sig	nature of officer			Date	
Here	, , ,	dia Ricca CEO				
		edley Blose CFO oe or print name and title				
	y -7,		Dronnworld dianature	Date	O PTI	'NI
		Print/Type preparer's name	Preparer's signature	Date	Check \bigcup if	IN
Paid					self-employed	
Prepa		Firm's name			Firm's EIN	
Use C	Only	Firm's address			Phone no.	
					Thone no.	
May the	IDS disci	use this return with the prepare	r shown above? (see instructions)		<u> </u>	☐ Yes ☐ No
		Reduction Act Notice, see th			No. 11282Y	Form 990 (2021
						•
			————— Page 2 —			
Form 99	0 (2021)					Page 2
Part II	Sta	atement of Program Serv	ice Accomplishments			
			ponse or note to any line in this P	art III		🗆
_	•	cribe the organization's mission				
Providin	g persona	al home care and home health	services			
2 D	id the org	ganization undertake any signifi	cant program services during the	year which were not I	isted on	
th	ne prior Fo	orm 990 or 990-EZ?				🗆 Yes 🔽 No
If	"Yes," de	escribe these new services on S	chedule O.			
3 D	id the org	ganization cease conducting, or	make significant changes in how i	t conducts, any progr	am	
se	ervices?					🗆 Yes 🛂 No
If	"Yes," de	escribe these changes on Sched	ule O.			
4 D	escribe th	ne organization's program servi	ce accomplishments for each of its	three largest prograi	m services, as meas	sured by expenses.
S aı	ection 50 nd revenu	1(c)(3) and $501(c)(4)$ organizate, if any, for each program ser	tions are required to report the an vice reported.	nount of grants and a	llocations to others,	the total expenses,
4a (0	Code:) (Expenses \$	1,262,595 including grants	of \$) (Revenue \$	1,496,779)
		me care services	1,202,000 mendaning grants	υ. Ψ) (Nevenue 4	1,130,773)
<u> </u>		The cure services				
4b (0	Code:) (Expenses \$	including grants	of \$) (Revenue \$)
_						
_						
_						
_						
_						
_						
_						
_						
4c ((Code:) (Expenses \$	including grants	of \$) (Revenue \$)
_						
_						
_						
_						
_						
_						
_						
_						
4d 0	ther prog	gram services (Describe in Sche	dule O.)			
	Expenses	·	cluding grants of \$	0) (Revenue	\$	0)
4e T	otal pro	gram service expenses	1,262,595			
						Form 990 (2021)

JEWISH HOME CARE SERVICES INC A CALIF NON-PROFIT BENE CORP - Form 990- Nonprofit Explorer - ProPublica

8/1/23, 1:03 PM

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Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	_		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12-		Na
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a 12b		No No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
145	Did the erganization maintain an effice, employees, or agents outside of the United States?	13 14a		No No
	Did the organization maintain an office, employees, or agents outside of the United States?	144		INO
	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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form **990** (2021)

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Par	t IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
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? <i>If "Yes," complete Schedule J</i>	23		No				
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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		,				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No				
b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>							
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O							
Pa	Statements Regarding Other IRS Filings and Tax Compliance			-				
	Check if Schedule O contains a response or note to any line in this Part V							
		Ī	Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
-	(gambling) winnings to prize winners?	1c	Yes					
		F	orm 99	0 (2021)				

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No

۱6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		N
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			
		F	orm 99	0 (2
	Page 6 ———————————————————————————————————			
rm	990 (2021)			Pa
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			V
Se	ction A. Governing Body and Management	• •	• •	_
	delon in deverming body and riandgement		Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 9			
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		N
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		N
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Ν
6	Did the organization have members or stockholders?	6		N
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		ı
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		١
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		N
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		Ν
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		
La	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
h	form?	11a		١
		12-	Vaa	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
5a	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		N
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

Section C. Disclosure

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

CA

18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	☐ Own website ☐ Another's website ☐ Upon request ☑ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Bradley Blose 211 Saxony Road Encinitas, CA 92024 (760) 632-0081	
		Form 990 (2021)
	Page 7	
	raye /	
orm	990 (2021)	Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emploand Independent Contractors	yees,
	Check if Schedule O contains a response or note to any line in this Part VII	\square

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, ι in of tor/t	t che unles ficer rust	ss per and a	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Haimsohn Trustee	0	Х						0	0	0
(2) Anne Nagorner Trustee	0	Х						0	0	0
(3) David Marsh MD Trustee	0	Х						0	0	0
(4) Len Gregory Secretary	0	х		х				0	0	0
(5) Steven Ratner Trustee	0	Х						0	0	0
(6) Gina Tapper Trustee	0	Х						0	0	0
(7) Steven Steinberg MD Trustee	0	х						0	0	0
(8) Cindy Bloch Trustee	0	Х						0	0	0
(9) Stanley Pappelbaum MD Chair	0			х				0	0	0
(10) Pam Ferris	2									

President			0			Х					0		0		
11) Bradley Blose			2			Ī.,									
FO			0			Х					0		0		
											-				
	ļ													Form 99	n (202
														101111 33	0 (202
					Page	e 8									
000 (2021)															
orm 990 (2021) Part VII Section A. Officers, Di	roctors	Tructoo	. Kov	Emn	love	205	and	∐ ia	hoc	t Component	od En	nlovoos	· (con	tinuad)	Page
Section A. Officers, Di	rectors,	Trustees	s, key	ЕШР	юує	ees,	anu	піу	iies	t Compensar	eu En	ipioyees	COIII	inueu)	
(A)		(B)	Daaih	: (-1	(C)	1			(D)	Ι,	(E)		(F)	
Name and title	ho	verage urs per	than	ion (d one b	ox, ι	unles	ss pei	rson		Reportable compensation	со	Reportable mpensation	on	Estima amount o	of other
		ek (list y hours	is	both a direc				a	or	from the ganization (W-		om relate nizations		compen from	
	for		2 5	T	_	_		Ţ	1	2/1099- ISC/1099-NEC	_	2/1099- C/1099-N		organizat relat	ion an
	belo	w dotted	일	Institutional	Officer	e ve	ng ghe	Former	1411	13C/ 1099-NLC	1 1113	C/ 1099-N	LC)	organiza	
		line)	ecto	utio	**	mp	st c	Œ,							
			Individual trustee or director	na.		Key employee	Highest compensated employee								
			996	Truste		Ф	pen								
				199			sate								
					<u> </u>		à								
				+											
											-		_		
				+				+					-		
				-				-							
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				1	1			1							
				+	t	\vdash		+	\vdash		+		+		
				+	1			+	\vdash		+-		_		
1b Sub-Total	· · ·	 Section		•		•	*						-		
d Total (add lines 1b and 1c) .				•			•			0			0		
2 Total number of individuals (inclu						bove	e) wh	o rec	eive	d more than \$	100,000)	•		
of reportable compensation from							•			· •	, - , -				
														Yes	No
B Did the organization list any forn				tee, k	ey e	mplo	yee,	or hi	ghes	st compensate	d emplo	yee on			
line 1a? If "Yes," complete Sched	ule J for s	uch indivi	dual .	•	•	•		•	•			•	3		No
For any individual listed on line 1	a, is the s	um of rep	ortable	comp	ensa	atior	and	othe	r cor	mpensation fro	m the				1
organization and related organiza		iter than s	• • •	JU! IT	res	, C	•	:te 50	ea	uie i for such			4		No
										anization or inc		_	⊢	-	110

1/23, 1:03 PM JEWISH HOME C	CARE SERVICES INC A	CALIF NON-PROF	IT BENE CORP - Fo	rm 990- Nonprofit E	Explorer -	- ProPublica
services rendered to the organization?	f "Yes," complete Sched	ule J for such perso	n		5	No
Section B. Independent Contractor	rs			<u>-</u>		
Complete this table for your five highes from the organization. Report compensation.	t compensated independance	dent contractors tha	t received more tha	n \$100,000 of com	pensatior	า
	(A)	ear ending with or w		(B)		(C)
Name and San Diego Hebrew Homes	d business address			cription of services nt, HR and accounting		mpensation 180,404
11 Saxony Road			svcs	ne, me and accounting		2007.0.
ncinitas, CA 92024						
2 Total number of independent contractors	(including but not limited	d to those listed abo	ove) who received m	ore than \$100,000	of	
compensation from the organization $ ightharpoonup$ 1						2 000 (2021
					FOIT	n 990 (2021
		Page 9				
000 (2021)						
Part VIII Statement of Revenue						Page S
Check if Schedule O contains a	response or note to any	y line in this Part VII	1			. \square
	,	(A)	(B)	(C)	T ,	(D)
		Total revenue	Related or exempt	Unrelated business	excl	Revenue luded from
			function revenue	revenue		nder sections 12 - 514
Federated campaigns 1a			•	•		
ontributions, 0						
hu Membership dues 1b						
otherAmt 0						
nno Englishing events 1c						
d Related organizations 1d						
0						
e Government grants (contributions) 1e						
0						
f All other contributions, gifts, grants, and similar amounts not included						
above 1f						
46,000						
g Noncash contributions included in lines 1a - 1f:\$						
Ines 1a - 1r:\$						
0						
h Total. Add lines 1a-1f	46,000		1	1		
	Business Code	1,496,779	1,496,779	1	0	
2a Home care services	624100	1,130,773	1,130,773		Ŭ	
	_					
9 :						
Service Revenue	_			1	+	
E	_					
Program						
& 	_	0) (0	
f All other program service revenue.						
9 Total. Add lines 2a-2f	1,496,779					
3 Investment income (including dividend similar amounts)	s, interest, and other					
4 Income from investment of tax-exemp	t bond proceeds	L			1	
5 Royalties	▶				1	
(i) Real	(ii) Personal					

8/1/23	, 1:03 PM	JEWISH HOME	CARE SERVICE	ES INC A	CALIF NON-PRO	FIT BENE CORP - F	orm 990- Nonprofit E	xplorer - ProPublica
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	0	0				
	d Net rental income	or (loss)		•	1			
		(i) Securi	ties (ii) O	ther				
	7a Gross amount from sales of assets other than inventory	7a						
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c	0	0				
	d Net gain or (loss)			•	1			
Revenue		of I on line 1c).	8a 8b					
Other	c Net income or (loss	s) from fundraisir	ng events	•				
ð	Gross income from g See Part IV, line 19	gaming activities.	9a					
	b Less: direct expens		9b]			
	c Net income or (loss	s) from gaming a	ctivities	>		ls s		
	10aGross sales of invereturns and alloward b Less: cost of goods	nces	10a 10b					
	c Net income or (loss	s) from sales of i	nventory	•	•			
		us Revenue	Business	Code				
	11a							
	b							
	С							
	d All other revenue							
	e Total. Add lines 11	la-11d		•		0		
	12 Total revenue. Se	ee instructions .		•	1,542,7	70 1 406 77	9 (0
					1,342,/	79 1,496,77	9	Form 990 (2021)
					5 40			
					Page 10 ——			
Forn	n 990 (2021)							Page 10
Pa	Section 501(c	of Functional	4) organizations	must cor	nnlete all columns	. All other organization	ons must complete co	olumn (A)
-								липп (A).
	not include amounts 8b, 9b, and 10b of Pa	reported on lin		.c to any	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assis domestic governments	stance to domest			0	expenses 0	general expenses	expenses
2	Grants and other assis Part IV, line 22	stance to domest	ic individuals. See	e	0	0		
3	Grants and other assis governments, and fore and 16.	eign individuals. S	See Part IV, lines	15	0	0		
4	Benefits paid to or for			-	0	0		

5 Compensation of current officers, directors, trustees, and

Page 11 —	8/1/23,		VICES INC A CALIF NON-PRO	OFIT BENE CORP - F	orm 990- Nonpro	ofit Explorer - ProPublica
defined under section 49560/(13) and person described in section 49560/(13) and vages. 90.1,460 901,140 10,030 0 0 0 0 0 0 0 0 0	-			-		
8 Pension plans accruals and contributions (include section dol.) (a) and 30(b) employer contributions)		defined under section 4958(f)(1)) and persons desc	cribed in	0		0 0
## 40(Q) and #40(E) employer contributions ## 9 Other employee benefits ## 111 1311 107/096	7	Other salaries and wages	. 961,482	901,162	60	0,320
10 Peyroll taxes	8		cion	0		0 0
11 Fees for services (non-employees): 211,455 156,319 0 <t< td=""><td>9</td><td>Other employee benefits</td><td>111,311</td><td>107,098</td><td>4</td><td>,213 0</td></t<>	9	Other employee benefits	111,311	107,098	4	,213 0
a Management	10	Payroll taxes	. 72,204	67,569	4	,635 0
Degree	11	Fees for services (non-employees):				
Accounting 0 0 0 0 0 0 0 0 0	а	Management	211,455	156,319	55	5,136 0
d Lobbying	b	Legal				
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (Film e1) a mount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 13 Office expenses 3.628 10 1.528 10 1.1759 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Filiprostrement management fees 0						
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion		·				
(A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion		-		ū		
13 Office expenses 3,628 0 3,628 0 0 3,628 0 0 11,752 0 0 11,752 0 0 11,752 0 0 0 0 0 0 0 0 0		(A) amount, list line 11g expenses on Schedule O)				
14 Information technology						
15 Royalties 0 0 0 0 0 0 0 0 0			,			·
16 Occupancy						
17 Travel				_		
18 Payments of travel or entertainment expenses for any fedderal, state, or local public officials 19 Conferences, conventions, and meetings 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		• •	•	_		
19 Conferences, conventions, and meetings 0 0 0 0 0						
20 Interest		federal, state, or local public officials .		_		
21 Payments to affiliates			•	_		
22 Depreciation, depletion, and amortization .						
23 Insurance						
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule O.) a Credit card fees 21,272 0 21,272 0 21,272 0 0 c Other 22,835 16,653 6,182 0 d e All other expenses 0 0 0 0 0 0 0 c Other 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Page 11 Form 990 (2021) Page 11 C Cash-non-interest-bearing				_		0
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 Credit card fees 21,272 0 21,272 0 0 0 21,272 0 0 0 c Other 22,835 16,653 6,182 0 d e All other expenses 0 0 0 0 0 0 25 Total functional expenses. Add lines 1 through 24e 1,480,670 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Page 11				0	43	0
a Credit card fees 21,272 0 21,272 0 21,272 0 0 22,272 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		miscellaneous expenses in line 24e. If line 24e amo exceeds 10% of line 25, column (A) amount, list line	unt			
c Other		,	21,272	. 0	21	,272 0
d e All other expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i	• COVID testing	9,900	9,900		0 0
d e All other expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Othor	77 835	16 653	6	182
e All other expenses Page 11 Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX Page 3 Page 3 Pledges and grants receivable, net			22,033	10,033	Š	,,102
Total functional expenses. Add lines 1 through 24e 1,480,670 1,262,595 218,075 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX				0		0 0
Page 11 Form 990 (2021) Page 11 Form 990 (2021) Page 11 Form 990 (2021) Page 11 Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX 1 Cash-non-interest-bearing		•		_	219	-
Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX Cash-non-interest-bearing End of year End o	26	Joint costs. Complete this line only if the organizat reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	tion	1,202,333	210	,,,,,
Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX			I	l		Form 990 (2021)
Check if Schedule O contains a response or note to any line in this Part IX			Page 11 ——			Page 11
1 Cash-non-interest-bearing	1.0		and the same than the state of the same			
1 Cash-non-interest-bearing		Check if Schedule O contains a response or r	note to any line in this Part IX	(A)		
2 Savings and temporary cash investments		1 Cach non interest bearing		2099 01		
3 Pledges and grants receivable, net		•				
4 Accounts receivable, net				·		
5 Loans and other receivables from any current or former officer, director,						
trustee, key employee, creator or founder, substantial contributor, or 35%		5 Loans and other receivables from any current	or former officer, director,		, -	<u>, , , , , , , , , , , , , , , , , , , </u>

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

Financial Statements and Reporting

Part XII

			Yes	No
1	Accounting method used to prepare the Form 990: Cash ✓ Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C).		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
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orm	990 (2021)			
Additional Data			n to Fo	rm
	C-ft ID- 21012170			
Software ID: 21013178 Software Version: v1.00				
Software version: V1.00 Form 990, Special Condition Description:				
Special Condition Description				
Special Condition Description				