efile	e Pu	ıblic Visı	al Render ObjectId: 202311159349300721 - Submission	: 2023-04	-25	T	N: 95-1455284
,(00	20	Return of Organization Exempt From I	ncome	Тах	(DMB No. 1545-0047
Form	ອະ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may	ate foundation	s)	2021	
		f the Treasury nue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the lat	est informa	ation.		Open to Public Inspection
_			lendar year, or tax year beginning 07-01-2021 ,and ending 06-30-2	2022			
		applicable:	C Name of organization		D Employer i	lentif	ication number
		change	SAN DIEGO HEBREW HOMES		95-145528	4	
		hange	Deine husiness as		JJ 14JJZ0	т	
_			Doing business as SEACREST VILLAGE RETIREMENT COMMUNITIES				
Standart return SEACREST VILLAGE RETIREMENT COMMUNITIES Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Teleph							
⊖ Ap	plicati	ion pending	211 SAXONY ROAD		(760) 632-	0081	
			City or town, state or province, country, and ZIP or foreign postal code				
			ENCINITAS, CA 92024		G Gross receip	ts \$ 2	2,068,681
			F Name and address of principal officer: PAM FERRIS	I(a) Is this	a group returr	for	
			211 SAXONY ROAD	subord	linates? subordinates		🗌 Yes 🗹 No
T Tax		mpt status:		include			🗆 Yes 🔲 No
I Tax	k-exei	mpt status:	✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		" attach a list.		
J W	ebsi	te: 🕨 SEA	CRESTVILLAGE.ORG	(C) Group	exemption nu	nber	▶
				Year of forma	tion: 1944 M	State	of legal domicile: CA
K Forn	n of o	organization:	Corporation Trust Association Other			State	
Pa	art I	Sum	nary				
		Briefly des	cribe the organization's mission or most significant activities:				
8		TO PROVID	DE HOUSING AND HEALTH CARE SERVICES TO ELDERLY PERSONS WITHOUT	REGARD FO	R ABILITY TO P	PAY.	
an							
/en							
Governance	23	Check this	s box ▶ □ f voting members of the governing body (Part VI, line 1a)			3	13
×	4		f independent voting members of the governing body (Part VI, line 1b)			4	13
Activities	5		ber of individuals employed in calendar year 2021 (Part V, line 2a)			5	360
INI	6		ber of volunteers (estimate if necessary)			6	87
Act	_		lated business revenue from Part VIII, column (C), line 12		•	7a	237,522
			ated business taxable income from Form 990-T, Part I, line 11		7b	0	
				1	or Year	-	Current Year
	8	Contribut	ons and grants (Part VIII, line 1h)		5,177,601		2,077,864
anu	9		service revenue (Part VIII, line 2g)		17,731,257		18,813,801
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		95,217		142,632
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,004,075		21,034,297
			d similar amounts paid (Part IX, column (A), lines 1–3)	1	0		0
			aid to or for members (Part IX, column (A), line 4)		0		0
\$2	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		12,349,994		12,691,962
nse	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0		0
Exp enses	b	Total fundra	iising expenses (Part IX, column (D), line 25) ▶0				
ā	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,701,331		9,760,288
	18	3 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			21,051,325		22,452,250
	19	Revenue	ess expenses. Subtract line 18 from line 12		1,952,750		-1,417,953
s or				Beginning	of Current Year		End of Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)		46,897,324		44,316,355
t A:			ities (Part X, line 26)		11,931,677		10,742,174
Par			s or fund balances. Subtract line 21 from line 20		34,965,647		33,574,181
	rt II	Ciana	ture Block	J			

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.

14

					2023-04-20	
Sign	Si	gnature of officer			Date	
Here	BF	RADLEY BLOSE CFO				
		pe or print name and title				
	1	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid				Suit	Check if self-employed	P00188643
	oarer	Firm's name 🕨 MOSS ADAMS LL	Р		Firm's EIN 🕨 9	1-0189318
JSe	Only	Firm's address > 4747 EXECUTIVE	Phone no. (858	3) 627-1400		
		SAN DIEGO, CA	92121			
			shown above? (see instructions)			. 🗹 Yes 🗌 No
or Pa	aperwork	Reduction Act Notice, see the	e separate instructions.	Ca	t. No. 11282Y	Form 990 (202
			Page 2			
orm (990 (2021)	, in the second s			D
Part	-	, atement of Program Servi	ce Accomplishments			Page
Fall		-	-	rt III		
L		scribe the organization's mission:	oonse or note to any line in this Pa			U
-			CES TO ELDERLY PERSONS WITH		ΑΡΊΙ ΙΤΥ ΤΟ ΡΑΥ	
		USING AND HEALTH CARE SERVI	CES TO LEDERET PERSONS WITH	JUT REGARD FOR /	ADILITY TO PAT.	
2	Did the or	ganization undertake any signific	ant program services during the y	ear which were not	t listed on	
		Form 990 or 990-EZ?	15 5,			🗌 Yes 🔽 No
	•	lescribe these new services on Sc				
			make significant changes in how it	conducts any prod	aram	
	services?		hake significant changes in now it	conducts, any pro-	grann	. 🗌 Yes 🔽 No
		lescribe these changes on Schedu				
					·····	
			e accomplishments for each of its ions are required to report the am			
		ue, if any, for each program serv		ount of grants and		iers, the total expenses,
la	(Code:) (Expenses \$	19,629,989 including grants of	f \$) (Revenue \$	18,813,801)
			OUSING TO QUALIFIED RESIDENTS. CH EASURED BASED ON DIRECT AND INDI			
		ATELY \$1,904,000.	EASURED BASED ON DIRECT AND INDI	RECT COSTS. THE TOT	TAL COST OF CHARI	TABLE CARE PROVIDED WAS
b	(Code:) (Expenses \$	including grants of	f\$) (Revenue \$)
					,,,	,
	-					
c	(Code:) (Evnenses ¢	including grants of	F ¢) (Revenue \$)
	(Code.) (Expenses \$	including grants of	Υ Ψ) (nevenue \$)
i i						
d	0th					
d	Other pro (Expenses	gram services (Describe in Sched	lule O.) cluding grants of \$) (Revenu	ıe \$)
_	• •		·	/ (Nevent	~~ 4)
le	rotal pro	ogram service expenses 🕨	19,629,989			Form 990 (202
						rorm 990 (202

– Page 3 –

Form	990 (2021)			Page 3
Par	t IV Checklist of Required Schedules			
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 10	1	Yes Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 18	2	Yes	
3	Did the organization required to complete Schedule <i>D</i> , beneduc of contributors, see instructions. Determinations and 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 <i>C</i> , 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? If "Yes," complete Schedule C, Part II	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	6		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? If "Yes," 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? <i>If "Yes," complete Schedule D, Part IV</i>	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, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😼	11a	Yes	
	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	Yes	
	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> 3	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕲	12a	Yes	
	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 ¹²	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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> " <i>Yes,"</i> complete Schedule <i>F</i> , Parts <i>II</i> and <i>IV</i>	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? <i>If "Yes," complete Schedule G, Part II</i> .	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	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

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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	Yes	
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? <i>If</i> " <i>Yes</i> ," 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	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	28c		No
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? <i>If "Yes," complete Schedule M</i>	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? If "Yes," complete Schedule R, Part 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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
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.	38	Yes	
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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 62			
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	

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Par	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	No
		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? \ldots .	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 7d			
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? \cdot .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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? \ldots .	9b		
0	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			
1	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.)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	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			
с	Enter the amount of reserves on hand			
4a	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		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
s://p	rojects.propublica.org/nonprofits/organizations/951455284/202311159349300721/IRS990			

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1/23,	12:59 PM SAN DIEGO HEBREW HOMES - Form 990- Nonprofit Explorer - ProPublica	а						
	parachute payment(s) during the year?	15		No				
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.							
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .							
	If "Yes," complete Form 6069.		- orm 99	0 (202				
		г	-0111 99	U (202				
	Page 6							
orm	990 (2021)			Page				
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 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	-		,				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	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							
~	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4						
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	Yes					
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?	¹ 3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No				
6	Did the organization have members or stockholders?	6		No				
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		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	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		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	r í					
	Did the energiation have been been been deer as offlicts of	10-	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
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		No				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	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					
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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?	16b						

Section C. Disclosure

., 20,		i ubilou
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 (se 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ection
	🗹 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 inter policy, and financial statements available to the public during the tax year.	rest
20	State the name, address, and telephone number of the person who possesses the organization's books and recor BRADLEY BLOSE 211 SAXONY ROAD ENCINITAS, CA 92024 (760) 632-0081	·ds:
		Form 990 (2021)
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Form	990 (2021)	Page 7
Pai	t VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate and Independent Contractors	d Employees,
	Check if Schedule O contains a response or note to any line in this Part VII	🗆
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employe	es
year.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or w List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless mpensation. 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) STEVEN RATNER	1.00	Ň		Ň						
CHAIR	1.00	х		х				0	0	0
(2) DAVID GILBERT	1.00									
TREASURER	2.00	х		х				0	0	0
(3) LEN GREGORY	1.00									
SECRETARY		х		х				0	0	0
(4) JEFFREY PLATT	1.00									
TRUSTEE	0.00	Х						0	0	0
(5) LEO EISENBERG	1.00	X								
TRUSTEE	0.00	х						0	0	0
(6) JOYCE NELSON	1.00									
TRUSTEE	0.00	х						0	0	0
(7) JONATHAN HALBERG	1.00									
TRUSTEE	0.00	х						0	0	0
(8) LARRY KATZ	1.00									
TRUSTEE	0.00	х						0	0	0
(9) ORNA WITTENBERG	1.00									
TRUSTEE	0.00	Х						0	0	0

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(10) GINA TAPPER	1.00						
		Х			0	0	
TRUSTEE	0.00						
(11) ROBERT HAIMSOHN	1.00	V				0	
TRUSTEE	1.00	Х			U	U	
(12) STANLEY PAPPELBAUM MD	1.00					_	
TRUSTEE	1.00	Х			0	0	
(13) MONA PLATT	1.00						
TRUSTEE	0.00	х			0	0	
(14) PAM FERRIS	40.00						
PRESIDENT/CEO	2.00		х		316,966	0	101,00
(15) CARL MEASER	40.00						
coo			х		207,536	0	10,619
(16) BRADLEY BLOSE	40.00						
CFO	2.00		х		182,938	0	30,049
(17) ROBIN ISRAEL	40.00						
CHIEF FOUNDATION OFFICER			х		175,151	0	24,39

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related	than c is b	. ,					(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	both ar directo	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(18) HEIDI KVITLI CHIEF HUMAN RESOURCES OFFICER	40.00 0.00			х				119,675	0	13,049
(19) NANCY STRASSNER DIRECTOR OF NURSING	40.00					х		122,261	0	8,348
(20) MADONNA DENTON DIRECTOR HOME CARE SERVICES	40.00					х		121,268	0	8,722
(21) BAOLOC NGUYEN DIRECTOR OF IT	40.00 0.00					х		108,949	0	7,894
(22) MICHAEL MAYORGA DIRECTOR OF CULINARY	40.00					х		102,943	0	7,905
(23) LEAH HERZ DIRECTOR OF SPIRITUAL LIFE	40.00					х		101,401	0	7,769
1h Sub-Total										

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3/1/23,	12:59 PM	SAN DIEG	O HEBR	EW HOMES - I	Form 990- Non	profit Ex	plorer - ProPublic	а		
c]	Fotal from continuation sheets to	Part VII, Section A	· ·					-		
	Fotal (add lines 1b and 1c)				1,5	59,088		0		219,75
2	Total number of individuals (includi of reportable compensation from the second s		those lis	ted above) whe	o received mor	e than \$	100,000			
								-	Yes	No
3	Did the organization list any forme line 1a? If "Yes," complete Schedul			key employee,		pensate	d employee on			N
4	For any individual listed on line 1a, organization and related organizati	is the sum of reporta	able com	pensation and	other compens		om the	3		No
	individual					• •		4	Yes	
5	Did any person listed on line 1a red services rendered to the organizati							5		No
	ection B. Independent Contra									
1	Complete this table for your five hi from the organization. Report comp							mpens	ation	
	Nam	(A) e and business address				De	(B) scription of services		(C Compei	
AJ GA	ALLAGHER				I		CE SERVICES		compe	615,731
	DX 742886									
	ANGELES, CA 90074 CT REHABILITATION LLC					REHABILI	TATION SERVICES			532,846
PO BO	DX 71985									
	AGO, IL 60694 CARPET BARN INC					CONSTRU	CTION			228,933
	VEST 8TH STREET									220,555
NATIO	ONAL CITY, CA 92050							VICES		105 290
	E RIGHT LLC						RECOGNITION SER	VICES		195,280
	44TH ST ID RAPIDS, MI 49508									
TWO	MAGNETS					HEALTHCA	RE STAFFING			100,756
	S LEMON AVE IUT, CA 91789									
	Total number of independent contract compensation from the organization		t limited	to those listed	above) who re	ceived n	nore than \$100,0	00 of		
									Form 99	0 (2021
				_						
				Page 9						
Form	990 (2021)									Page
Pa	The statement of Revenue of Reven									\square
	Check if Schedule O conta	ins a response or not	e to any	line in this Par (A)	t VIII (E	<u></u>	 (C)	<u> </u>	 (D	
				Total revenu		ed or npt tion	Unrelated business revenue		Rever excluded x under 512 -	hue 1 from sections
	Federated campaigns 1a	a								
	ributions,									
	Membership dues 11)								
Simi										
Amo	tung raising events 10									
d	Related organizations 10	1								
е	Government grants (contributions)	2								
	All other contributions, gifts, grants, and similar amounts not included above	F								
g	7,885 Noncash contributions included in lines 1a - 1f:\$ 19	1								
h	Fotal. Add lines 1a-1f	· · · Þ 2,	,077,864							

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						Business Code				
		RESIDENT SERVICES				900099	11,593,874	11,593,874		
anna	,	SKILLED NURSING				900099	6,941,229	6,941,229		
Service Revenue	1	MANAGEMENT SERVIO	CES			900099	186,319	30,000	156,319	
arvir	1	OTHER REVENUE				00000	92,379	11,176	81,203	
8						900099	9			
Drooram										
á	-	All other program s	serv	rice revenue.						
		Total. Add lines 2			•	18,813,80	1			
		Investment income inilar amounts)				terest, and other	137,567			137,567
		Income from invest				nd proceeds				
	5 F	Royalties				►				
		[(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a	1						
	b	Less: rental expenses	6t	þ						
	с	Rental income or (loss)	60							
	d	Net rental income					4			
		[(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	a 1,0	39,449					
	b	Less: cost or other basis and sales expenses	7t	• 1,0	34,384		-			
		Gain or (loss)	70		5,065					
		Net gain or (loss)			· ·	► ►	5,065			5,065
Revenue	b	Gross income from fun (not including \$ contributions reported See Part IV, line 18 Less: direct expense Net income or (loss	l on • ses	of line 1c).	8a 8b	nts				
Other			-,			iits · · •	1			
Ĭ	<i>.</i> .	Gross income from g See Part IV, line 19	jam •	ing activities.	9a					
	b	Less: direct expense	ses		9b					
	С	Net income or (loss	s) fr	om gaming a	ctivitie	es 🕨	-			
		Gross sales of inve returns and allowa	nce	S	10a					
		Less: cost of goods			10b	rv 🕨	J			
		Net income or (loss Miscellaneo			Ivento	Business Code				
	11	a								
	b									
	с				—					<u> </u>
	C									
	d	All other revenue								
		Total. Add lines 11		11d	¹ .	•				

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LA IOTAI REVENUE. See INSTRUCTIONS	•	•	•	►	21,034,297	18,576,279	237,522	142,632

		21,051,257	10,570,275	237,322	112,052
					Form 990 (2021)
		Page 10			
		ruge 10			
Form 990	(2021)				Page 10
Part IX	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	must complete colu	umn (A).

Check if Schedule O contains a response or note to an	y line in this Part IX		<u> </u>	🛛
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,183,979	72,000	1,111,979	
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	9,539,286	8,924,502	614,784	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,098	150,084	6,014	
9 Other employee benefits	1,062,558	897,395	165,163	
10 Payroll taxes	750,041	642,126	107,915	
11 Fees for services (non-employees):				
a Management				
b Legal	19,917		19,917	
c Accounting	54,170		54,170	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,297		5,297	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,893,971	1,629,963	264,008	
12 Advertising and promotion	100,049		100,049	
13 Office expenses	30,260	9,003	21,257	
14 Information technology	73,499		73,499	
15 Royalties				
16 Occupancy	1,047,620	1,047,020	600	
17 Travel	17,800	13,793	4,007	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,185		10,185	
20 Interest	318,588	318,588		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,621,344	2,543,599	77,745	
23 Insurance	497,231	395,424	101,807	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a FOOD	1,118,114	1,118,114		
b HEALTHCARE SUPPLIES	388,420	388,420		
c COVID TESTING & RELATED	328,677	328,677		
d REGULATORY FEES	317,488	317,488		
ΔII other expenses	917 658	833 793	83 865	

ΔII other expenses

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	E All outer expenses	517,000	000,,00	00,000	
25	Total functional expenses. Add lines 1 through 24e	22,452,250	19,629,989	2,822,261	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).				

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-	~	\sim	- 1	1

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in t	his Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		3,473,402	1	949,087	
	2	Savings and temporary cash investments			495,328	2	152,611
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			729,659	4	616,763
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	director, or, or 35%		5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	fied persons (as			6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			8		
SS	9	Prepaid expenses and deferred charges			433,905	9	432,872
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	49,363,257			
	b	Less: accumulated depreciation	10b	19,179,663	31,547,486	10c	30,183,594
	11	Investments—publicly traded securities			11		
	12	Investments-other securities. See Part IV, line	🗖	3,105,871	12	4,525,889	
	13	Investments-program-related. See Part IV, line			13		
	14	Intangible assets	🗖		14		
	15	Other assets. See Part IV, line 11	ト	7,111,673	15	7,455,539	
	16	Total assets. Add lines 1 through 15 (must equ			46,897,324	16	44,316,355
	17	Accounts payable and accrued expenses			2,061,796	17	1,404,817
	18	Grants payable		_	_,,	18	.,,
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities	• •	_		20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedul			21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	ner officer, direct butor, or 35% co	or, trustee, key ntrolled entity		22	
<u> </u>	22	Converte mortage and notes payable to uprola	tod third portion	_	7,542,341	22	7.264.275
	23 24	Secured mortgages and notes payable to unrela	•		7,042,041	23	7,204,273
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	ayables to related		2,327,540		2,073,082
	26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .			11,931,677	26	10,742,174
ses		Organizations that follow FASB ASC 958, ch		and and			
and	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			31,647,458	27	30,233,495
Bal	27	Net assets with donor restrictions		· · ·	3,318,189	27	3,340,686
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC	958, check her	 •e▶ □ and	3,310,109	20	3,340,000
E		complete lines 29 through 33.					
0 0	29	Capital stock or trust principal, or current funds		·		29	
ete	30	Paid-in or capital surplus, or land, building or eq	uipment fund	··· L		30	
Ass	31	Retained earnings, endowment, accumulated inc	come, or other fu	unds		31	
et	32	Total net assets or fund balances		[34,965,647	32	33,574,181
N	33	Total liabilities and net assets/fund balances .		[46,897,324	33	44,316,355

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Part XI Reconcilliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				<
			21	024.207
1 Total revenue (must equal Part VII, column (A), line 12)	1			,034,297
2 Total expenses (must equal Part IX, column (A), line 25)	2			,452,250
3 Revenue less expenses. Subtract line 2 from line 1	3			,417,953
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,965,647
5 Net unrealized gains (losses) on investments	5			-358,702
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			385,189
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)	10		33	,574,18
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: 🛛 🗌 Cash 🗹 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 separate basis, consolidated basis, or both:	on a			
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
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	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	Зb		
		55		0 (2021)

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Additional Data

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