Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	020 calen	dar year, or tax year begi	inning //Ul	, 2020,	and ending	j 6/.	30	, 2	20 2021
В	Check if app	olicable:	С					D Employ	er identifi	cation number
	Addres	s change	HILLEL OF SAN D	TEGO				33-0	05192	2.5
	Name (change	5717 LINDO PASEO					E Telepho		
	Initial r	J	SAN DIEGO, CA 92					619-	-583-	6080
		ırn/terminated						017	303	0000
	\vdash							^ •	٠. خ	7 766 500
	-	ed return	F N	1 (6		1	√a) Ic thic :	G Gross rea		7,766,522.
	Applica	ation pending		al officer:						H H
			SAME AS C ABOVE		T 1		If "No,"	subordinates attach a list.	See instr	uctions Yes No
<u> </u>		npt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527				
J	Websit	e:► WW	W.HILLELSD.ORG			I	H(c) Group	exemption nu	mber -	
K		rganization:	X Corporation Trust	Association Other ►	L	Year of formation	n: 1992	2 M s	tate of leg	al domicile: CA
Pa		Summar	у					4		
			be the organization's miss			LEL SEE	KS TO	BE A V	VIBRA	NT JEWISH
Φ	PF	<u>RESENCE</u>	FOR SAN DIEGO C	COLLEGE STUDEN'	TS		$-\Delta$			
anc							Δ			
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ŏ			ox ► ☐ if the organization							
প্ৰ			oting members of the gove						3	22
Se			dependent voting member of individuals employed						5	22
Ě			of volunteers (estimate i						6	29 90
Activities & Governance	7a Tot	al unrelate	ed business revenue from	Part VIII. column (C)	line 12				7a	0.
٩			business taxable income						7b	0.
	D 110	annoiatoc	a basiness taxable interne	7 1101111 01111 330 1,1 0				rior Year	75	Current Year
	8 Coi	ntributions	and grants (Part VIII, line	e 1h)				,422,1	81	7,727,444.
ne			vice revenue (Part VIII, lin					24,5		1,121,444.
Revenue			ncome (Part VIII, column					34,7		38,780.
Be			e (Part VIII, column (A), I					54,7	50.	298.
			e – add lines 8 through 1					,481,5	26.	7,766,522.
			imilar amounts paid (Part					,, 101,0		.,,
			to or for members (Part							
			er compensation, employe					693,3	60	598,452.
es	16 a Dro		fundraising fees (Part IX,					0,55,5	00.	330,432.
Expenses	100 110									
꼾	b lot		sing expenses (Part IX, co			57 <u>,229.</u>				
	17 Otr		ses (Part IX, column (A), I		•			847,4	80.	628,337.
	18 Tot	al expense	es. Add lines 13-17 (must	equal Part IX, column	n (A), line 25)		1	,540,8	40.	1,226,789.
	19 Rev	venue less	expenses. Subtract line	18 from line 12				- 59,3	14.	6,539,733.
or Ces			•					ng of Curren		End of Year
sets alan	20 Tot		(Part X, line 16)				12	,933,9	57.	20,053,737.
A B	21 Tot	al liabilitie	es (Part X, line 26)				1	,023,2	65.	1,041,387.
Net Assets Fund Balanc	22 Net	t assets or	fund balances. Subtract	line 21 from line 20			11	,910,6	92.	19,012,350.
Pa		Signatur	e Block							
Unde	er penalties of	of perjury, I de	eclare that I have examined this re arer (other than officer) is based or	eturn, including accompanying	schedules and stater	ments, and to the	ne best of m	y knowledge	and belief	, it is true, correct, and
com	olete. Declar	ation of prepa	arer (other than officer) is based or	n all information of which prep	parer has any knowle	dge.				
Siç	ın	Signatu	re of officer				Da	te		
He	re	> STE	VEN LEVINE				VP F	INANCE		
		Type or	print name and title							
		Print/Type p	preparer's name	Preparer's signature		Date		Check	if P	TIN
Ра	id	CHRIST	COPHER M. ROBERTS	S CHRISTOPHER	M. ROBERTS			self-employe	ed P	00235008
	eparer	Firm's name								
Us	e Only	Firm's addre						Firm's EIN	33-	0783983
	•			CA 92103				Phone no.		615-5380
May	the IRS	discuss th	nis return with the prepare		instructions				<u> </u>	X Yes No

Pai	t III Statement of Program Service Accord			
	Check if Schedule O contains a response or r Briefly describe the organization's mission:	note to any line in this Part III		X
'	SEE SCHEDULE O			
	SEE SCHEDOLE O			
2	Did the organization undertake any significant program s		·	
	Form 990 or 990-EZ?		Y	es X No
•	If "Yes," describe these new services on Schedule O.	ici A - I i - I i A I I	t	, III N
3	Did the organization cease conducting, or make sign If "Yes," describe these changes on Schedule O.	ificant changes in now it conduct	ts, any program services?	es X No
4	Describe the organization's program service accomp	lishments for each of its three la	rgest program services, as measured	hy expenses
•	Section 501(c)(3) and 501(c)(4) organizations are reand revenue, if any, for each program service report	quired to report the amount of ar	ants and allocations to others, the total	al expenses,
4 8	a (Code:) (Expenses \$ 709,160	O. including grants of \$) (Revenue \$	298.)
	HILLEL OF SAN DIEGO ("HILLEL") WA		THE JEWISH CAMPUS CENTER	
	INCORPORATED IN CALIFORNIA IN JUI	LY 1992 AS JEWISH CAM	IPUS HILLEL CENTER.	
	HILLEL, ACCREDITED BY HILLEL: THE			
	ESTIMATED 2,500 JEWISH UNDERGRADU			
	EDUCATION ACROSS SAN DIEGO COUNTY			
	PARTICIPATE IN JEWISH LIFE ON CAN			
	COMMUNITY SERVICE PROGRAMS PROVIDENCE OF THE PROPERTY OF THE P		STUDENTS TO BUILD RELAT.	TONZHTEZ_
	WITH EACH OTHER AND DEVELOP JEWIS	SH COMMUNITY.		
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			. – – – – – – – – – – – – – – – – – – –	
41	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
		- 		
		.)		
			. – – – – – – – – – – – – – – – – – – –	
40	C(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·		· · ·	·
			. – – – – – – – – – – – – – – – – – – –	
	1 Other program services (Describe on Schodule O.)			
4 (d Other program services (Describe on Schedule O.) (Expenses \$ including gr	rants of \$) (Revenue \$)
		19 160) (Leveline A	

Form 990 (2020) HILLEL OF SAN DIEGO Part IV 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	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
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	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b	Х	
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	11 c		Х
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.	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	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		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
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		Х

Form 990 (2020) HILLEL OF SAN DIEGO Part 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		Х
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		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a 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		Х
	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		Х
26	former officer, director, trusteé, key employee, créator 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		Х
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? If 'Yes,' complete Schedule L, Part III.	27		Х
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29		29		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
	<u> </u>			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BA	TEEA0104L 10/07/20	Form	1 990 (2020

Form 990 (2020) HILLEL OF SAN DIEGO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	a 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 29			
ı	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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)?	4 a		Х
ı	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).	_		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a 5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		Λ
6 8	a 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?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ě	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	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?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10 -		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ı	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 22 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?.... X 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization ... SEE .SCHEDULE .O. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

KRISTEN FORD 5717 LINDO PASEO SAN DIEGO CA 92115 619-583-6080

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

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

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

- 1 a 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.

See 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.										
				(C))					
(A) Name and title	(B) Average hours per			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other				
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LISA KALAL	40							100 010		10.000
DEVELOPMENT DIR	0				~	Х		100,010.	0.	19,309.
(2) KAREN PARRY EXECUTIVE DIR.	$-\frac{40}{0}$			X	,			34,983.	0.	15,546.
	$-\frac{1}{0}$	X	"					0.	0.	0.
(4) TODD KIRSCHEN PRESIDENT	- 5	Х		Х				0.	0.	0.
(5) EMILY JENNEWEIN				21						
DIRECTOR (6) MICHELLE BERKOWITZ	0 1	Х						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
	$-\frac{1}{0}$	Х						0.	0.	0.
(8) JODI DIAMOND DIRECTOR	1	Х						0.	0.	0.
(9) MITCHELL DUBICK	1							0.	<u> </u>	<u></u>
DIRECTOR	0	X						0.	0.	0.
(10) JEFF_EWANDIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(11) LAURA GALINSON	1							<u> </u>	<u> </u>	<u></u>
DIRECTOR	0	X						0.	0.	0.
(12) HEIDI GANTWERK	1									
DIRECTOR	0	X						0.	0.	0.
(13) DANIELLE MILLER	$-\frac{1}{0}$	Х						_	0	0
DIRECTOR (14) JEROLD GOLDBERG	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.

Pa	rt VII Section A. Officers, Directors, T	rustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	S (continuea)
		(B)			((•							
	(A) Name and title	Average hours per	box	, unle:	ss pe	erson	e than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated amount	
		week (list any hours for related	Individual or director	Instituti	Officer	Key employee	Highest	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the c an	of other ensation from organization of related anizations	
		organiza - tions below	ndividual trustee or director	nstitutional trustee		nployee	Highest compensated employee	_			org	ariizatioris	
		dotted line)	ee	stee			nsated						
(15)	JULIE DATNOW	1_								_			
(1.0)	DIRECTOR	0	X						0.	0.		0	•
(16)	<u>WAYNE HARRIS</u> DIRECTOR	$-\frac{1}{0}$	Х						0.	0.		0	
(17)	DAVID MICHAN	1	71						0.	0.			<u>•</u>
	DIRECTOR	0	Х						0.	0.		0	
<u>(18)</u>	SABRINA LEITNER	11_							. 4	1			
(10)	DIRECTOR	0	Х						0,	0.		0	•
(19)	_ <u>JESSICA_LEMOINE</u> DIRECTOR	$-\frac{1}{0}$	X						0.	0.		0	
(20)	STEVEN LEVINE	3	71							0.			<u>•</u>
	VP FINANCE	0	Х		Χ				0.	0.		0	
(21)	ROBERT RUBENSTEIN DIRECTOR	$-\frac{1}{0}$	Х					\sim	0.	0.		0	
(22)	MITCH SIEGLER	1	Λ				1	Ć	0.	0.		0	•
	DIRECTOR		Х				V	Ť	0.	0.		0	
(23)	JULIE BEAR	1				7							
(O.1)	DIRECTOR	0	X	()			0.	0.		0	
(24)	RABBI SCOTT MELTZER DIRECTOR	$-\frac{1}{0}$	X						0.	0.		0	
(25)		G											
	Subtotal							>	134,993.	0.		34,855	_
	Total from continuation sheets to Part VII, Sec	tion A						•	0.	0.			
	Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·						>	134,993.	0.		34,855	
2	Total number of individuals (including but not limite	ed to those	listed	abov	ve) v	who	recei	ved		0 of reportable comp	ensatio	n	
	from the organization 1											Yes No	_
3	Did the organization list any former officer, dire	otor truct	00 kg	w or	mnl	0)/0/	o or	hiak	hast companyated	omployee		Yes No	_
3	on line 1a? If 'Yes,' complete Schedule J for su	ich individi	ial				e, or		·····	· · · · · · · · · · · · · · · · · · ·	. 3	Σ	_
4	For any individual listed on line 1a, is the sum the organization and related organizations greasuch individual	of reportab	le co 50,00	mpe	ensa If '\	ation Yes,	and com	oth <i>ple</i>	er compensation te Schedule J for	from	4	Σ	
5	Did any person listed on line 1a receive or according for services rendered to the organization? If 'Yo	rue comper	nsatio	n fro	om	any	unre	late	ed organization or	individual	. 5	Σ	
Sec	tion B. Independent Contractors	es, compre	16 30	neu	uic	3 10	n suc	πρ	<i>(e13011</i>		. 3		
1	Complete this table for your five highest compe	ensated ind	epen	dent	COI	ntra	ctors	tha	at received more the	han \$100,000 of			_
	compensation from the organization. Report compe		trie c	alenc	uar .	year	enai	ng v	(B)	* 		C)	
	(A) Name and business ad	Idress							Description of	of services	Compe	C) ensation	
_													
2	Total number of independent contractors (including \$100,000 of compensation from the organization)		ited to	o tho	se I	liste	d abo	ve)	who received more	than			

		Check if Schedule O contains a response or note to any	/ line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
Con	h	Total. Add lines 1a-1f	7,727,444.			
ne		Business Code	,, = , , = = ,			
Program Service Revenue		All other program service revenue				
	3	Investment income (including dividends, interest, and	1.5 1.5 0			16 150
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	16,452.			16,452.
	-	Royalties				
	6 a b c	Gross rents	0			
		Net rental income or (loss)	<u> </u>			
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)				
		Net gain or (loss)	22,328.			22,328.
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
δ		Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
s		Business Code				
ğ ə	11 a	OTHER_INCOME900099	298.	298.		
Miscellaneous Revenue	b			=		
	С					
Σ E		All other revenue Total. Add lines 11a-11d	222			
		Total revenue. See instructions.	298. 7,766,522.	298.	0.	38,780.
			1,100,344.	<u> </u>	υ.	JO, 100.

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 r	· · · · · · · · · · · · · · · · · · ·			
Do i 6b,	not include amounts reported on lines 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	131,964.	72,580.	22,434.	36,950.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	375,035.	206,269.	63,756.	105,010.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	373,033.	200,203.	8	103,010.
9	Other employee benefits	52,014.	28,608.	8,842.	14,564.
10	Payroll taxes	39,439.	21,691.	6,705.	11,043.
11	Fees for services (nonemployees):			,,,,,,,	
a	Management				
	b Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		5		
	- · · · · · · · · · · · · · · · · · · ·				
	Investment management fees				
_	(A) amount, list line 11g expenses on Schedule O.)	\sim			
	Advertising and promotion		10.100	0.404	20.410
13	Office expenses	41,680.	10,130.	3,131.	28,419.
14	Information technology	6,481.	3,564.	1,102.	1,815.
15	Royalties				
16	Occupancy	64,700.	35,585.	10,999.	18,116.
17	Travel	337.	337.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	32,134.	9,640.	22,494.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,898.	87,394.	27,013.	44,491.
23	Insurance	24,362.	13,399.	4,142.	6,821.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM COSTS	186,888.	186,888.		
	PROFESSIONAL FEES	110,251.	33,075.	77,176.	
c	ADMINISTRATION	2,606.	23,570.	2,606.	
c		2,000.		2,000.	
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,226,789.	709,160.	250,400.	267,229.
	·	1,220,700.	,05,100.	230, 100.	20,,225.
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).				
	30F 30-2 (A3C 330-72U)		1		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		544,252.	1	6,258,570.
	2	Savings and temporary cash investments		50,076.	2	24,409.
	3	Pledges and grants receivable, net		608,168.	3	1,342,087.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, direct trustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons	or, 35%		5	
	6	Loans and other receivables from other disqualified persons (as defin section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ed under		6	
	_					
'n	7	Notes and loans receivable, net.	L		7	
et	8	Inventories for sale or use		0.710	8	10.005
Assets	9	Prepaid expenses and deferred charges		2,740.	9	18,805.
			068,990.	7		
	b	· · · · · · · · · · · · · · · · · · ·	282,455.	9,614,136.	10 c	9,786,535.
	11	Investments — publicly traded securities	-		11	
	12	Investments – other securities. See Part IV, line 11		2,114,585.	12	2,568,609.
	13	Investments – program-related. See Part IV, line 11		<u> </u>	13	
	14	Intangible assets.			14	
	15	Other assets. See Part IV, line 11			15	54,722.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		12,933,957.	16	20,053,737.
	17	Accounts payable and accrued expenses		106,677.	17	107,199.
	18	Grants payable		18		
	19	Deferred revenue		19		
ω,	20	Tax-exempt bond liabilities	L		20	
Ë	21	Escrow or custodial account liability. Complete Part IV of Schedule I	L.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, tr key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		781,888.	23	783,488.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir and other liabilities not included on lines 17-24). Complete Part X of	d parties, Schedule D.	134,700.	25	150,700.
	26	Total liabilities. Add lines 17 through 25		1,023,265.	26	1,041,387.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.				
ā	27	Net assets without donor restrictions		9,282,931.	27	10,045,327.
Ba	28	Net assets with donor restrictions		2,627,761.	28	8,967,023.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund	L		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.			31	
t A	32	Total net assets or fund balances		11,910,692.	32	19,012,350.
Ne	33	Total liabilities and net assets/fund balances.	<u></u>	12,933,957.	33	20,053,737.
	_	TEE 104441 401071	_			

BAA TEEA0111L 10/07/20 Form **990** (2020)

Pai	rt 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>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	766,5	522.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	226,	789.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	539,	733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,	910,6	592.
5	Net unrealized gains (losses) on investments.	5		561,9	925.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,	012,3	350.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	were the organization's financial statements audited by an independent accountant?		2	b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	te			
	basis, consolidated basis, or both: X 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?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 8	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?		3	а	Х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
BAA	TEEA0112L 10/19/20		For	m 990	(2020)
	TEEA0112L 10/19/20				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name o	f the organization					Employer identifi	cation number			
	LEL OF SAN DIEGO					33-05192	_ ~			
Part							uctions.			
The o	rganization is not a private found A church, convention of church A school described in section 1	nes, or association of ch	nurches described in sect	ion 1 70 (b)(1)(A)(•				
3	A hospital or a cooperative h	nospital service organi	ization described in sec	tion 170	0(b)(1)(A	A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general p	ublic described			
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)		\sim				
9	An agricultural research organi or university or a non-land-grauniversity:		(see instructions). Enter							
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	eject to certain exception income (less section)	ns; and	(2) no r	nore than 33-1/3% of	its support from gross			
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509 ((a)(3). Check the box in			
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect								
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	y having control or ation(s). You			
С	Type III functionally integrated	. A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with, it	s supported			
d	organization(s) (see instructi Type III non-functionally integ functionally integrated. The	ons). You must comp rated. A supporting org	olete Part IV, Sections A anization operated in cor	A, D, an onnection	d E. with its s	supported organization((s) that is not			
e	instructions). You must com Check this box if the organiz	plete Part IV, Section ation received a writte	s A and D, and Part V. en determination from t	he IRS						
	integrated, or Type III non-fu Enter the number of supported									
	Provide the following information	•								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					1					
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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.)

Sec	tion A. Public Support			·	•		
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do pat include any 'unusual grants.'). PT. VI	2,076,908.	2,236,976.	1,910,058.	1,422,181.	7,727,444.	15,373,567.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,076,908.	2,236,976.	1,910,058.	1,422,181.	7,727,444.	15,373,567.
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)				R		3,115,579.
6	Public support. Subtract line 5 from line 4				6		12,257,988.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,076,908.	2,236,976.	1,910,058.	1,422,181.	7,727,444.	15,373,567.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,569.	81,575	90,584.	34,750.	16,452.	265,930.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,		350.	,	,	350.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	\C				298.	298.
11	Total support. Add lines 7 through 10	.0					15,640,145.
12	Gross receipts from related active	vities, etc. (see ins	structions)				0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						78.38%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	56.78 %
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	ioto notou polon,	prodes semprets				
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	(4) = 1.10	(-)		(4) 2000	(4, 222	(7
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				CO,		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.			CUP			
С	Add lines 7a and 7b			~			
8	Public support. (Subtract line 7c from line 6.)			J			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		O/				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	all					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .	3					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul			. 10			
	Public support percentage for 20	•	• • •		•	<u> </u>	%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
17	Investment income percentage for	•		-	* * * *	├	0%
18	Investment income percentage fi					L	%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. Th	ie organization qu	alifies as a public	ly supported organ	nization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	5a		
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
b	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the	9a		
c	supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b 9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	ЭC		
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
ć		son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
(A 35%	controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	or mo office orgar than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of ea	ch of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
C					
Sec	tion i	D. All Type III Supporting Organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	orgar vear	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	lile o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played s regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			ı
1					
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ć	ᆷ	the organization satisfied the Activities Test. Complete line 2 below.			
ŀ	· ∐⊺	the organization is the parent of each of its supported organizations. Complete line 3 below.			
(: [] T	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the order organization was responsive? If 'Yes,' then in Part VI identify those supported Inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	more	ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's position that his supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
ā		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	·t V	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		Q	
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	d Type III supporting org	ganization

Schedule A (Form 990 or 990-EZ) 2020

Part V T	Type III Non-Functi	onally Integrated	d 509(a)(3) Supporting	Organizations	(continued)
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Sec	Section D — Distributions							
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details							
	in Part VI). See instructions.	8						
9	Distributable amount for 2020 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.		-0	
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

PART II, LINE 1 - UNUSUAL GRANTS

	2016			2017			2018			2019			2020		TOTAL
S	().	S		0.	S		0.	S		0.	S	5,575,649.	S	5,575,649.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2020	2019	2018	2017	2016
OTHER INCOME	TOTAL	\$ 298. \$ 298.	<u>\$ 0.</u>	\$ 0.	\$ 0.	<u>\$ 0.</u>
				, 0	$\mathcal{O}_{\mathbf{z}}$	
				PK		
			, 05			
			SCA			
		BLICD				
•	१					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

HII	LLEL OF SAN DIEGO			33-0519225
Par	t Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds or Acc	counts.
	Complete if the organization answ	wered 'Yes' on Form 990, F	art IV, line 6.	
		(a) Donor advised fun	ds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing tof the donor or donor advisor, or	that grant funds can be us r for any other purpose co	sed only nferring Yes No
Da				
Fai	Conservation Easements. Complete if the organization answers	wered 'Yes' on Form 990 F	Part IV line 7	
1				
-	Preservation of land for public use (for example)	•	<u> </u>	orically important land area
	Protection of natural habitat	,	Preservation of a certi	, ,
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contrib	ution in the form of a conser	rvation easement on the
				Held at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation ease			
•	Number of conservation easements on a certification	fied historic structure included in	(a) 2 c	
(Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or	terminated by the organization	on during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re	garding the periodic monitoring, i	nspection, handling of vio	lations,
_	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring, i	inspecting, nandling of violations, an	id enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, insper ► \$	ecting, handling of violations, and er	nforcing conservation easem	nents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	oorts conservation easements in i to the organization's financial sta	ts revenue and expense stements that describes the	tatement and balance sheet, and e organization's accounting for
Par	till Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Tr wered 'Yes' on Form 990. F	easures, or Other Sir	nilar Assets.
1.	a If the organization elected, as permitted under			d halanco shoot works of art
1 (historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	i, or research in furtherand	ce of public service, provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or re	revenue statement and ba search in furtherance of pub	lance sheet works of art, lic service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hamounts required to be reported under FASB			
i	Revenue included on Form 990, Part VIII, line	1		▶\$
	Assets included in Form 990, Part X			

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):													
a Public exhibition d Loan or exchange program													
b Scholarly research e Other													
c Preservation for future generations													
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part line 9, or reported an amount on Form 990, Part X, line 21.	IV,												
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	1												
on Form 990, Part X?	No												
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:													
c Beginning balance													
c Beginning balance 1 c d Additions during the year 1 d													
e Distributions during the year.													
f Ending balance.													
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	No												
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.													
	l												
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.													
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	back												
1a Beginning of year balance 2,090,743. 2,121,647. 2,089,812. 2,029,029. 1,930,22.	271.												
b Contributions													
c Net investment earnings, gains,													
and losses	491.												
d Grants or scholarships													
e Other expenditures for facilities and programs													
	733.												
g End of year balance 2,539,318. 2,090,743. 2,121,647. 2,089,812. 2,029,0													
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	,_,,												
a Board designated or quasi-endowment ► 51.00 %													
b Permanent endowment ► 49.00%													
c Term endowment ►													
The percentages on lines 2a, 2b, and 2c should equal 100%.													
3 a Are there endowment funds not in the possession of the organization that are held and administered for the													
organization by:	No												
(i) Unrelated organizations													
(ii) Related organizations	X												
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?													
4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII													
Part VI Land, Buildings, and Equipment.													
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, lin	e 10.												
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book val	ue												
(investment) basis (other) depreciation	0.61												
1a Land													
b Buildings	<u> 394.</u>												
	100												
d Equipment 640,321. 466,131. 174, e Other 2,636,890. 2,636,													
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 9,786,													

BAA Schedule D (Form 990) 2020

(a) Doss		TYPS ON FORM 991	0, Part IV, line 11b. See Form	990 Part X line 12
(a) DESI	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
	cial derivatives	. , ,		,
` '	ly held equity interests			
	INVESTMENTS	2,568,609.	END OF YEAR MARKET VALU	JE
				<u>- </u>
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨	2,568,609.		
Part VIII	I Investments − Program Related.	IV. I E 004	N/A	000 D LV I: 10
	Complete if the organization answered		D, Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)			()	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) •	- , 		
Part IX	Other Assets.	N/A		
	Complete if the organization answered		0, Part IV, line 11d. See Form	
/1)	(a) De	scription		(b) Book value
(1)				
(3)				
	.()			
(4)				
(4) (5) (6) (7)	,8\			
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)				
(4) (5) (6) (7) (8) (9) (10)				
(4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (b	3) line 15.)		>
(4) (5) (6) (7) (8) (9) (10)	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
(4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1		25.
(4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descr	· · · · · · · · · · · · · · · · · · ·		
(4) (5) (6) (7) (8) (9) (10) Total. (Col Part X	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	orm 990, Part IV, line 1		25. (b) Book value
(4) (5) (6) (7) (8) (9) (10) Total. (Col Part X	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descr	orm 990, Part IV, line 1		25. (b) Book value
(4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fede (2) REE	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	orm 990, Part IV, line 1		25. (b) Book value
(4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fede (2) REE (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	orm 990, Part IV, line 1		25. (b) Book value
(4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fede (2) REE (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	orm 990, Part IV, line 1		25. (b) Book value
(4) (5) (6) (7) (8) (9) (10) Total. (Colored States of Colored S	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	orm 990, Part IV, line 1		25. (b) Book value
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(4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X 1. (1) Fedde (2) REE (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Columnation of the columnation of the columnati	Other Liabilities. Complete if the organization answered 'Yes' on F (a) Descreral income taxes	form 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line 2	25. (b) Book value 150,700.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	8,620,313.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	5.	
b Donated services and use of facilities	6.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	853,791.
3 Subtract line 2e from line 1	3	7,766,522.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	7,766,522.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,518,655.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	6.	
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	291,866.
3 Subtract line 2e from line 1	3	1,226,789.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,226,789.

Part XIII | Supplemental Information.

BAA

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V. LINE 4 - INTENDED USES OF ENDOWMENT FUND

HILLEL'S CURRENT SPENDING POLICY IS TO DISBURSE 5% OF THE VALUE OF THE FUND ANNUALLY, BASED ON THE FUND'S VALUE ON MARCH 31, TO BE APPLIED TO THE FOLLOWING FISCAL YEAR'S OPERATING BUDGET. HOWEVER, DISBURSEMENTS SHALL BE LIMITED TO THE EXTENT IT WOULD REDUCE THE FUND BALANCE BELOW THE PERMANENTLY RESTRICTED AMOUNTS:

- •PERLMAN ENDOWMENT FUND DIRECTOR'S POSITION AT UCSD
- JACOBS ENDOWMENT FUND UCSD ENGAGEMENT PROFESSIONAL
- •ARONOFF ENDOWMENT FUND SDSU HILLEL PROGRAM

Schedule D (Form 990) 2020

PART X - FASB ASC 740 FOOTNOTE

HILLEL OF SAN DIEGO, A CALIFORNIA NOT-FOR-PROFIT CORPORATION, IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX POSITIONS FOR THE OPEN TAX YEARS AS OF JUNE 30, 2020, WERE PUBLIC DISCLOSURE. REVIEWED, AND IT WAS DETERMINED THAT HILLEL HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

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. ► Attach to Form 990 or 990-EZ.

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

HILLEL OF SAN DIEGO

Employer identification number 33-0519225

FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

HILLEL SEEKS TO BE A VIBRANT JEWISH PRESENCE FOR SAN DIEGO COLLEGE STUDENTS, INVOLVING THEM IN WAYS WHICH ENHANCE THEIR CONNECTION TO THE JEWISH RELIGION, THE JEWISH PEOPLE AND THEIR LASTING COMMITMENT TO JEWISH LIFE.

- •TO FURTHER THIS MISSION, HILLEL IS COMMITTED TO THE FOLLOWING GOALS: SERVING THE NEEDS OF INDIVIDUAL JEWISH STUDENTS.
- •CREATIVELY ENGAGING AND EMPOWERING JEWISH STUDENTS THROUGH PERSONAL INTERACTIONS AND COMPELLING PROGRAMS.
- BUILDING A STRONG SENSE OF BELONGING AND JEWISH IDENTITY.
- •NURTURING INTELLECTUAL AND SPIRITUAL GROWTH IN A PLURALISTIC COMMUNITY.
- ADVOCATING FOR JEWISH STUDENT NEEDS ON CAMPUS AND IN THE COMMUNITY.
- ·LINKING THE CAMPUS COMMUNITY TO THE LARGER JEWISH COMMUNITY, LOCALLY AND GLOBALLY.
- HELPING STUDENTS CULTIVATE A CLOSER CONNECTION TO ISRAEL.
- •DEVELOPING A CAMPUS AND ORGANIZATIONAL CULTURE IN WHICH THE QUALITY OF THE RELATIONSHIPS ATTRACTS INVOLVEMENT.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

ANY PERSON WHO MAKES A CHARITABLE CONTRIBUTION TO THE ORGANIZATION IN THE PRECEDING YEAR IS CONSIDERED A "MEMBER".

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE MEMBERS VOTE AT THE ANNUAL MEETING TO DETERMINE THE BOARD OF DIRECTORS AND TO RATIFY THE ACTIONS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE MEMBERS VOTE AT THE ANNUAL MEETING TO ELECT DIRECTORS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S AUDIT IS REVIEWED FOR COMMENTS AND INPUT BY THE AUDIT COMMITTEE,
THE EXECUTIVE DIRECTOR, AND ANY STAFF DIRECTED BY THE EXECUTIVE DIRECTOR TO REVIEW
THE AUDIT PRIOR TO SUBMISSION TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD OF
DIRECTORS MUST REVIEW AND APPROVE THE COMPLETED AUDIT ONCE THE FINANCE COMMITTEE
REVIEWS THE AUDIT AND RECOMMENDS IT FOR A VOTE. THE FORM 990 IS THEN REVIEWED BY
THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BUSINESS MANAGER FOR COMMENTS AND INPUT
PRIOR TO SUBMISSION TO THE VICE PRESIDENT OF FINANCE AND A CPA ON THE FINANCE
COMMITTEE OR THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY
RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS
INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.
SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE OWNERSHIP OF A BUSINESS
THAT MIGHT PROVIDE GOODS OR SERVICES TO HILLEL. ANY SUCH INFORMTION REGARDING
BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS
CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR OF THE BOARD,
THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF
INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH
THE IMPLEMENTATION OF THIS POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION
FOR THAT POSITION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

KEY EMPLOYEES ARE REVIEWED BY THE EXECUTIVE DIRECTOR WITH RECOMMENDATIONS GOING TO

THE EXECUTIVE COMMITTEE FOR APPROVAL.

Name of the organization

HILLEL OF SAN DIEGO

Employer identification number

33-0519225

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC AS REQUESTED DURING NORMAL BUSINESS HOURS AT HILLEL OF SAN DIEGO, 5717 LINDO PASEO, SAN DIEGO, CA 92115.



Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

Automation	c 6-Month Extension of Time. Only sub	mit origina	al (no copies needed).			
	ons required to file an income tax return other the			s, RE	MICs, and tr	usts must
use ronni /u	orm 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions.			Taxpa	Taxpayer identification number (TIN)	
Type or						
print	HILLEL OF SAN DIEGO			33-	0519225	
File by the	Number, street, and room or suite number. If a P.O. box, see it	instructions.		100	0010110	
due date for filing your return. See instructions.	5717 LINDO PASEO					
	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	actions.			
	SAN DIEGO, CA 92115					
Enter the Re	turn Code for the return that this application is f	for (file a sep	parate application for each return)			01
Application s For		Return Code				Return Code
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-Bl		02	Form 1041-A			08
Form 4720 (03	Form 4720 (other than individual)			09
Form 990-Pf		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990-1	(trust other than above)	06	Form 8870			12
If the orgIf this is check th	e No. ► 619-583-6080_ ganization does not have an office or place of but for a Group Return, enter the organization's four is box ► If it is for part of the group, asion is for.	r digit Group	e United States, check this box Exemption Number (GEN) If	this is	for the who	ole group,
for the	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or tax year beginning7/01 , 2020 ax year entered in line 1 is for less than 12 mon	r the organiz _, and endir	ng <u>6/30</u> , ²⁰ <u>21</u> .	zation nal retu		
	ange in accounting period			1	1	
nonref	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions	<u></u>		3 a	\$	0.
	application is for Forms 990-PF, 990-T, 4720, or ments made. Include any prior year overpayme			3 b	\$	0.
EFTPS	te due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions	S	3 c	ļ. <u> </u>	0.
Caution: If v	rou are going to make an electronic funds withdr	rawal (direct	dehit) with this Form 8868, see Form 84	153-FC	and Form	8879-FO for

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)