EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	\pm 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 $$ and $$	ending J	<u>UN 30, 2022</u>	
	heck if	C Name of organization		D Employer identifi	cation number
Г	Addres	HILLEL OF SAN DIEGO			
F	Name change			33-05192	25
	Initial return		Room/suite	E Telephone numbe	
	Final	5717 LINDO PASEO		619-583-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,144,018.
	Ameno return	SAN DIEGO, CA 92115		H(a) Is this a group r	eturn
	Applic tion	F Name and address of principal officer: DIEVEN DEVINE		for subordinates	? Yes X No
	pendir	5717 LINDO PASEO, SAN DIEGO, CA 92115		H(b) Are all subordinates in	ncluded? Yes No
<u> 1 1</u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		e: > WWW.HILLELSD.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1992	M State of legal domicile: CA
Pa	art I	Summary			
ω.		Briefly describe the organization's mission or most significant activities: HILLI			VIBRANT
anc	l	JEWISH PRESENCE FOR SAN DIEGO COLLEGE STU			
Governance	l	Check this box if the organization discontinued its operations or dispos	sed of more	1	
Š				3	25 25
		Number of independent voting members of the governing body (Part VI, line 1b)			24
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			90
ξ		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	Net unrelated business taxable income from Form 990-1, Fart I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,727,444.	5,015,008.
Jue	l	(D. 11/11/11/12/12/12/12/12/12/12/12/12/12/1		0.	0.
Revenue	I .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,780.	47,876.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		298.	81,134.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,766,522.	5,144,018.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		598,452.	759,146.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 129,12	21.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		628,337.	745,730.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,226,789.	1,504,876.
	19	Revenue less expenses. Subtract line 18 from line 12		6,539,733.	3,639,142.
Net Assets or				ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		20,053,737.	23,842,127.
et A	21	Total liabilities (Part X, line 26)		1,041,387.	1,059,764.
Z: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		19,012,350.	22,782,363.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
truo	, 001100	t, and complete. Declaration of proparti (other than officer) is based on an information of win	non proparor	Thus arry knowledge.	
Sig	n	Signature of officer		Date	
Her		STEVEN LEVINE, VP FINANCE			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	I	CYNTHIA FULLER		if self-emplo	P01392967
Prep	arer	Firm's name EISNER ADVISORY GROUP LLC			87-1353108
Use	Only	Firm's address 4225 EXECUTIVE SQUARE, SUITE 115	0		
		LA JOLLA, CA 92037		Phone no. 85	8-558-9200
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1 990 (2021) HILLEL OF SAN DIEGO	33-0519225 Page 2
Pa	rt III Statement of Program Service Accomplishments	.
	Check if Schedule O contains a response or note to any line in this I	Part III
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the	e vear which were not listed on the
_		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in hor	v it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of	its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the am	ount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	01 124
4a	(Code:) (Expenses \$ 993,554. including grants of \$ HILLEL OF SAN DIEGO ("HILLEL") WAS FO	
	CENTER AND INCORPORATED IN CALIFORNIA	
	HILLEL CENTER.	IN COULT 1992 IN CHAIRM CIMITOD
	HILLEL, ACCREDITED BY HILLEL: THE FOU	NDATION FOR JEWISH CAMPUS LIFE,
	SERVES AN ESTIMATED 2,500 JEWISH UNDE	RGRADUATE AND GRADUATE STUDENTS AT
	INSTITUTIONS OF HIGHER EDUCATION ACRO	SS SAN DIEGO COUNTY. STUDENTS FROM
	ALL BACKGROUNDS ARE INVITED TO PARTIC	
	SOCIAL, CULTURAL, EDUCATIONAL, RELIGI	
	PROVIDE OPPORTUNITIES FOR STUDENTS TO	BUILD RELATIONSHIPS WITH EACH
	OTHER AND DEVELOP JEWISH COMMUNITY.	
4b	(Code:) (Expenses \$ including grants of \$	\ (Payonya ¢
1.0	(Code:) (Expenses #	
	-	
	-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$ Total program service expenses ▶ 993,554 •) (Revenue \$
<u>4e</u>	Total program service expenses ▶ 993,554.	Form 990 (2021)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	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			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

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Form 990 (2021) HILLEL OF SAN DIEGO
Part IV Checklist of Required Schedules (continued)

	(Sometimes)		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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	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		
	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	05-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 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		_X_
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		_ <u>x</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di fiote to any inte in this Fart V		V	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		Yes	140
	Enter the number reported in 55% 5 of 1 of in 1030. Enter 40- in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	The same range of the same ran			
_	(gambling) winnings to prize winners?	1c	Х	
_		_		

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HILLEL OF SAN DIEGO 33-0519225 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A

Form **990** (2021)

If "Yes," complete Form 6069.

HILLEL OF SAN DIEGO 33-0519225 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 Yes No 25 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 25 **b** Enter the number of voting members included on 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Upon request Another's website Own website 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 the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KRISTEN FORD - 619-583-6080 5717 LINDO PASEO, SAN DIEGO, 92115

Form **990** (2021)

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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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi heck i		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week					1	.00,	from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	itution	ser	Key employee	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) KAREN PARRY	40.00	1						105 540		
EXECUTIVE DIRECTOR	40.00			Х				126,640.	0.	37,231
(2) LISA KALAL	40.00	1						405 004		
DEVELOPMENT DIRECTOR	1 00					X		105,284.	0.	34,194
(3) BRYAN WAX	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0
(4) DANIELLE MILLER	1.00	٠,,							_	0
DIRECTOR	1 00	Х						0.	0.	0 .
(5) DAVID MICHAN DIRECTOR	1.00	·							_	0
(6) EMILY JENNEWEIN	1.00	Х						0.	0.	0 .
DIRECTOR	1.00	х						0.	0.	0 .
(7) JEFF EWAN	1.00	^						0.	0.	0 (
DIRECTOR	1.00	Х						0.	0.	0 .
(8) JEROLD GOLDBERG	1.00	25						•	•	
DIRECTOR	1,00	х						0.	0.	0.
(9) JESSICA LEMOINE	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(10) JODI DIAMOND	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(11) JOEL SMITH	1.00									
DIRECTOR		Х						0.	0.	0 .
(12) JULI BEAR	1.00									
DIRECTOR		Х						0.	0.	0
(13) JULIE DATNOW	1.00									
DIRECTOR		Х						0.	0.	0 .
(14) LARRY KATZ	1.00									
DIRECTOR		Х						0.	0.	0 .
(15) LAURA GALINSON	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(16) MICHAEL LEVINSON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) MITCH SIEGLER	1.00	ļ							_	_
SECRETARY		Х		Х				0.	0.	0 Form 990 (202

Form **990** (2021)

Form 990 (2021) HILLEL OF	SAN DI	EG	O						33-05	19	225	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fet	timate	٠ <u>۲</u>
Name and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation			ount	
	week			nd a di				from	from related	•		other	0.
	(list any	tor						the	organizations	,		pensa	tion
	hours for	direc				, ,		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anizati	ion
	organizations	trus	lal tr		oyee	om pe		1099-NEC)			and	l relate	ed
	below	Individual trustee or director	Institutional trustee	Ja.	Key employee	est c loyee	Je.				orga	nizatio	ons
	line)	Indi	Insti	Officer	Key 6	Highest compensated employee	Former						
(18) MITCHELL DUBICK	1.00												
DIRECTOR		Х						0.		0.			0.
(19) MONICA HANDLER-PENNER	1.00												
DIRECTOR		Х						0.		0.			0.
(20) RABBI SCOTT MELTZER	1.00												
DIRECTOR		х						0.		0.			0.
(21) ROBBIE STONE	1.00	- 22		Н				-		•			•
DIRECTOR	1.00	Х						0.		0.			0.
	1 00	Δ		Н				0.		0.			<u> </u>
(22) ROBERT RUBENSTEIN	1.00												^
DIRECTOR		Х						0.		0.			0.
(23) SABRINA LEITNER	1.00												
DIRECTOR		Х						0.		0.			0.
(24) SHANA WEISMAN	1.00												
DIRECTOR		X						0.		0.			0.
(25) STEVEN LEVINE	3.00												
VP FINANCE		Х		х				0.		0.			0.
(26) TODD KIRSCHEN	5.00									\neg			
PRESIDENT		Х		Х				0.		0.			0.
1b Subtotal								231,924.		0.	71	L,42	
c Total from continuation sheets to Part VII	Section A							0.		0.		- ,	0.
. =								231,924.		0.	71	L,4:	
						٠			000 - f	-	, ,	-, -,	<u> </u>
2 Total number of individuals (including but no	ot ilmited to th	ose	liste	a ab	ove) Wn	io re	eceived more than \$100,	000 of reportable				2
compensation from the organization											T	Yes	No
										1		res	NO
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for so											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om a	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for t	he calendar ve	ear e	endir	na wi	ith c	or wi	thin	the organization's tax v	ear.				
(A)								(B)			(C)	
Name and business	address	NO	ONE	3				Description of s	ervices	С	omper		n
							\dashv						
							-						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				(
SEE PART VII, SECTION	A CONT	IN	UΑ	ΤI	ON	S	ΗE	ETS			Form 9	99 0 (2	2021)

132008 12-09-21

Form 990 HILLEL OF	. SAN DI	.EG	iU						33-051	9225
Part VII Section A. Officers, Directors, Tru	s, aı	nd H	lighe	est	Compensated Employe					
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WAYNE HARRIS	1.00									•
PRESIDENT ELECT	1 00	Х		Х				0.	0.	0.
(28) LUCY BECKETT	1.00								0.	0
BOARD MEMBER/STUDENT REPRESENTATIVE (29) OFEK SUCHARD	1.00	Х						0.	0.	0.
BOARD MEMBER/STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
(30) BEN ZARRABIAN	1.00	^						0.	· ·	0.
BOARD MEMBER/STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
										<u></u>
		:								
Total to Part VII, Section A, line 1c										

33-0519225

ı aı	LVI				a in this Dout VIII			
		Check if Schedule O	contains a response of	or note to any iin	<u>(A)</u>	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Fodorated compaigns	1a					300110113 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues						
हें है								
fts,		Fundraising events						
ija je		Related organizations						
ons,		Government grants (contr						
utio	т	All other contributions, gifts,		015,008.				
ë ë		similar amounts not included	***	013,000.				
out	_	Noncash contributions included in		>	5,015,008.			
Oa	r	Total. Add lines 1a-1f		Business Code	5,015,000.			
_	0 -			Busiliess Code				
ice	2 a							
er.	b							
n S /en	C							
ar Be	C	·						
Program Service Revenue	e							
-		All other program service						
\dashv	3	Total. Add lines 2a-2f						
	3	Investment income (included) other similar amounts)	-		34,494.			34,494.
	4	Income from investment of			34,434.			34,4346
	4 5		• •	•				
	3	Royalties	(i) Real	(ii) Personal				
	6 -	Gross rents	60 35 402	(ii) i ciocitai				
	o a	Least rental expanses	6b 0.					
		Less: rental expenses	6c 35,402.					
		Rental income or (loss)		>	35,402.	35,402.		
		Net rental income or (loss)Gross amount from sales of	(i) Securities	(ii) Other	33,4021	33,402		
	1 6	assets other than inventory	7a 13,382.	(ii) Other				
		Less: cost or other basis	7a 15,502.					
a	L		7b 0.					
ž	_	and sales expenses						
Revenue		Net gain or (loss)		>	13,382.			13,382.
e. H		Gross income from fundraisi			13/3021			13,3021
ŎĘ.	0.0	including \$	of					
Ŭ		contributions reported on						
		·	8a					
	b	Less: direct expenses						
	-	Net income or (loss) from		•				
	9 a	Gross income from gamin	·					
		Part IV, line 19	-					
	b							
	c	: Net income or (loss) from		•				
	10 a	Gross sales of inventory, I						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from						
		, ,	,	Business Code				
Miscellaneous Revenue	11 a	CARES ACT CRE	DIT	900099	44,732.	44,732.		
ine,	b	OMITTO TATOONE		900099	1,000.	1,000.		
elle eve	c	;						
lsc B	c	All other revenue						
2	e	Total. Add lines 11a-11d			45,732.			
	12	Total revenue. See instruction			5,144,018.	81,134.	0.	47,876.

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			ipiete column (A).	
	not include amounts reported on lines 6b, 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,	466,432.	249,462.	180,035.	36,935.
6	trustees, and key employees	400,452.	249,402.	100,033.	30,933.
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	135,146.	135,146.		
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)	12,614.	6,938.	2,144.	3.532.
9	Other employee benefits	95,779.	52,679.	16,282.	3,532. 26,818.
10	Payroll taxes	49,175.	27,046.	8,360.	13,769.
11	Fees for services (nonemployees):	·	,		•
а	Management				
b	Legal				
С	Accounting	135,101.		135,101.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	39,743.			39,743.
13	Office expenses	138,823.	76,352.	23,600.	38,871.
14	Information technology	7,199.	3,959.	1,224.	2,016.
15	Royalties				
16	Occupancy	0.050	0.050		
17	Travel	2,258.	2,258.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87.		87.	
20	Interest	01.		01.	
21	Payments to affiliates	139,334.	111,468.	13,933.	13,933.
22 22	Depreciation, depletion, and amortization	19,579.	10,769.	3,328.	5,482.
23 24	Other expenses. Itemize expenses not covered	17,313.	10,103.	3,320.	J,40Z.
24	above. (List miscellaneous 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.)				
а	PROGRAM COSTS	317,477.	317,477.		
b	BANK FEES	7,272.	,	727.	6,545.
c	ADMINISTRATIVE EXPENSES	3,883.		3,883.	3,0200
d	CHANGE IN BAD DEBT PROV	-65,026.		-6,503.	-58,523.
	All other expenses	, , , , , ,		- ,	,
25	Total functional expenses. Add lines 1 through 24e	1,504,876.	993,554.	382,201.	129,121.
<u> 26</u>	Joint costs. Complete this line only if the organization	·		•	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note t	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,258,570.	1	5,061,669
	2	Savings and temporary cash investments			24,409.	2	134,369
	3	Pledges and grants receivable, net			1,342,087.	3	1,789,985
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			18,805.	9	31,060
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,915,432.			
	b	Less: accumulated depreciation	10b	1,418,469.	9,786,535.	10c	14,496,963
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			2,568,609.	12	2,190,535
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14	145 - 14		
	15	Other assets. See Part IV, line 11		54,722.	15	137,546	
	16	Total assets. Add lines 1 through 15 (must equal			20,053,737.	16	23,842,127
	17	Accounts payable and accrued expenses			107,199.	17	231,837
	18	Grants payable		18	26 222		
	19	Deferred revenue				19	36,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these			702 400	22	770 427
-	23	Secured mortgages and notes payable to unrelate			783,488.	23	772,437
	24	Unsecured notes and loans payable to unrelated the	-			24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	-	·	150 700		10 400
		of Schedule D			150,700. 1,041,387.		19,490, 1,059,764,
	26	Total liabilities. Add lines 17 through 25			1,041,307.	26	1,059,764
ပ္သ		Organizations that follow FASB ASC 958, check	nere				
9	07	and complete lines 27, 28, 32, and 33.		1	10,045,327.	27	15,354,161
ala	27	Net assets without donor restrictions			8,967,023.	28	7,428,202
g	28	Net assets with donor restrictions			0,901,025.	28	7,420,202
<u>.</u> ≣		Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.	, cne	ck nere			
<u>P</u>	20		1		20		
ets	29	Capital stock or trust principal, or current funds				29 30	
ISSE	30	Paid-in or capital surplus, or land, building, or equi Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	31				19,012,350.	32	22,782,363
Ž	32	Total liabilities and not assets/fund balances			20,053,737.	33	23,842,127
	33	Total liabilities and net assets/fund balances			20,000,1010	JJ	Form 990 (2021

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,14</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,50		
3	Revenue less expenses. Subtract line 2 from line 1	3		,63		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	,01	2,3	<u>50.</u>
5	Net unrealized gains (losses) on investments	5		-29	8,3	78.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-1	1,7	18.
8	Prior period adjustments	8		44	0,9	67.
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	22	,78	2,3	63.
Pa	t 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		1
				Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization HILLEL OF SAN DIEGO 33-0519225 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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		•	,							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2236976.	1910058.	1422181.	7727444.	5015008.	18311667.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	222525	1010050	1 100101		5045000	1001166				
	Total. Add lines 1 through 3	2236976.	1910058.	1422181.	7727444.	5015008.	18311667.				
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,						6202402				
	column (f)						6323493.				
	Public support. Subtract line 5 from line 4.						11988174.				
	• • • • • • • • • • • • • • • • • • • •	() 22/2	(1) 22/2	() 22/2	() 2222	() 000 (T				
	ndar year (or fiscal year beginning in)	(a) 2017 2236976.	(b) 2018 1910058.	(c) 2019 1422181.	(d) 2020 7727444.	(e) 2021 5 0 1 5 0 0 9	(f) Total 18311667.				
	Amounts from line 4	2230970.	1910030.	1422101.	1121444.	2012000.	10311007.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	81,575.	90,584.	34,750.	16,452.	34,494.	257,855.				
0	and income from similar sources Net income from unrelated business	01,575.	70,304.	34,730.	10,452.	34,434.	251,055.				
9	activities, whether or not the										
	business is regularly carried on		350.				350.				
10	Other income. Do not include gain		3301				3301				
10	or loss from the sale of capital										
	assets (Explain in Part VI.)				298.	81,134.	81,432.				
11	Total support. Add lines 7 through 10						18651304.				
	Gross receipts from related activities,	etc. (see instructio	ns)			12					
	First 5 years. If the Form 990 is for th	•				01(c)(3)					
	organization, check this box and stop										
Sec	ction C. Computation of Public										
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	64.28 %				
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	78.38 <u>%</u>				
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X				
b	33 1/3% support test - 2020. If the o	•		•		•					
	and stop here. The organization quali										
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances te										
b	10% -facts-and-circumstances test	_					10% or				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
	organization meets the facts-and-circu		-				>				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>				

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		Т	Т	Т	Т	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
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.)		<u> </u>				I
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . , .	
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2021 (li			column (f)\		15	04
	11 1 0	, , , , , , , , , , , , , , , , , , , ,	,	· · · · · · · · · · · · · · · · · · ·		16	% %
	Public support percentage from 2020 ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
.00	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2020. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** 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.
- **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.
- 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.
- 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 accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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," answer line 10b below.
 - **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.)

_		Yes	No
L	1		
L	2		
L	3a		
L	3b		
Н	3c		
Н	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
L	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
L_	10b		

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Sche	dule A (Form 990) 2021 HILLEL OF SAN DIEGO	33-051922	5 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's organization, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting 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 each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	73 0317223 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions.
•	All other Type III non-functionally integrated supporting organizations mus		•	r art vij. Occ mon actiono.
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

HILLEL OF SAN DIEGO

Employer identification number 33-0519225

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funds and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	
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 donor advisors in	_	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , , ,	
Par		ganization anguared "Voc" on Form 000 D	
1	·		art iv, line 7.
'	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation)		historically important land area
	Protection of natural habitat	· —	a historically important land area a certified historic structure
	Preservation of open space	Freservation of a	a certified historic structure
2	Complete lines 2a through 2d if the organization held a quality	find conservation contribution in the form o	f a conservation easement on the last
2	day of the tax year.	ned conservation contribution in the form o	Held at the End of the Tax Year
a	Total number of conservation easements		
			•
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year ▶	,g, -,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the
_	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(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, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

		.,	,			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		3,205,061.		3,205,061.		
b Buildings		4,586,718.	925,159.	3,661,559.		
c Leasehold improvements						
d Equipment		662,151.	493,310.	168,841.		
e Other		7,461,502.		7,461,502.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 HILLEL OF SA Part VII Investments - Other Securities.	N DIEGO	33-	-0519225 Page
Part VIII Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
	(a) Doon value	(0)	or your market raise
Financial derivatives Closely held equity interests			
3) Other			
(A) INVESTMENTS	2,190,535.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,190,535.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(Is) Dealers les
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability	5 555, 1 41117, 1110 1	1.5 5.7 7.11 555 7.5111 555, 7 417 75, 1116 25.	(b) Book value
(1) Federal income taxes			(2) 20011 14140
(2) OPERATING LEASE LIABILITY			9,675
(3) FINANCE LEASE LIABILITY			9,815
(4)			2,013
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

19,490.

Part XI	Recon	ciliation	of Revenue	per Audited	Financial:	Statements	With F	Revenue	per	Return

Pai	t XI Reconciliation of Revenue per Audited Financial Staten	iiciito witti	nevenue per m	cai i i.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,833,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-298,378.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-298,378.
3	Subtract line 2e from line 1			3	5,132,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,717.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,717.
_					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,144,018.
	rt XII Reconciliation of Expenses per Audited Financial State	ments Witl	h Expenses per		5,144,018. n.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments Witl	h Expenses per		n.
	rt XII Reconciliation of Expenses per Audited Financial State	ments Witl 2a.	h Expenses per		5,144,018. n. 1,504,876.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments Witl 2a.	h Expenses per	Returi	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments Witl 2a.	h Expenses per	Returi	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a	h Expenses per	Returi	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per	Returi	n.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per	Returi	n.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per	Returi	n. 1,504,876. 0.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	Returi	n. 1,504,876.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1 2e	n. 1,504,876. 0.
Pa 1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per	1 2e	n. 1,504,876. 0.
Pa 1 2 a b c d e 3 4	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per	1 2e	n. 1,504,876. 0.
Pa 1 2 a b c d e 3 4 a b b	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	h Expenses per	1 2e	n. 1,504,876. 0.

| Part XIII | Supplemental Information.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FINANCE LEASE - HILLEL LEASES AN AUTOMOBILE TOTALING \$17,500 WHICH IS CLASSIFIED AS A FINANCE LEASE. THE LEASE MATURES IN NOVEMBER 2022.THE PRESENT VALUE OF MINIMUM LEASE PAYMENTS IS \$9,815. AMORTIZATION RELATED TO THE AUTOMOBILE WAS \$2,508 AT JUNE 30, 2022. INTEREST EXPENSE RELATED TO THE FINANCE LEASE TOTALED \$19 FOR THE FISCAL YEAR ENDED JUNE 30, 2022. THE WEIGHTED AVERAGE REMAINING LEASE TERM IS .17 YEARS AND THE WEIGHTED AVERAGE DISCOUNT RATE IS .17% AT JUNE 30, 2022.

OPERATING LEASE - HILLEL LEASES OFFICE EQUIPMENT UNDER AN OPERATING LEASE. THE LEASE IS NON-INTEREST BEARING AND MATURES IN APRIL 2025. IN ACCORDANCE WITH FASB ASC 842, HILLEL RECOGNIZES A RIGHT-OF-USE ASSET AND LEASE

Part XIII | Supplemental Information (continued)

LIABILITY IN THE STATEMENT OF FINANCIAL POSITION RELATED TO THE OPERATING

LEASE. THE EQUIPMENT LEASE EXPENSE IS RECOGNIZED ON A STRAIGHT-LINE BASIS

OVER THE EXPECTED LEASE TERM. DIFFERENCES BETWEEN AMOUNTS PAID AND AMOUNTS

EXPENSED ARE RECORDED AS CHANGES IN THE RIGHT-TO-USE ASSET AND LEASE

LIABILITY.

PART V, LINE 4 - INTENDED USE 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 USCD ENGAGEMENT PROFESSIONAL
- -ARONOFF ENDOWMENT FUND SDSU HILLEL PROGRAM

PART X - FASB ASC 740 FOOTNOTE

HILLEL IS A PUBLIC CHARITY AND 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 EXCEPT FOR TAXES ON NET UNRELATED

BUSINESS INCOME. SINCE HILLEL HAS NO OBLIGATION FOR UNRELATED BUSINESS

INCOME TAX FOR THE FISCAL YEAR ENDED JUNE 30, 2022, NO PROVISIONS FOR

FEDERAL OR STATE INCOME TAXES HAVE BEEN MADE.

IN ACCORDANCE WITH FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES, HILLEL EVALUATES ANNUALLY ANY UNCERTAIN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN BY APPLYING A THRESHOLD OF MORE

LIKELY THAN NOT FOR RECOGNITION. MANAGEMENT EVALUATED ITS TAX POSITIONS

Schedule D (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

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, SECTION A, LINE 6:
ANY PERSON WHO MAKES A CHARITABLE CONTRIBUTION TO THE ORGANIZATION IN THE
PRECEDING YEAR IS CONSIDERED A "MEMBER".

FORM 990, PART VI, SECTION A, LINE 7A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization HILLEL OF SAN DIEGO

Employer identification number 33-0519225

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, SECTION A, LINE 7B:

THE MEMBERS VOTE AT THE ANNUAL MEETING TO ELECT DIRECTORS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

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 INFORMATION 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 DIRECOTR, AND ANY COMMITTEE APPOINTED TO ADDRESS

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** HILLEL OF SAN DIEGO 33-0519225 CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTE REVIEWS THE EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION FOR THAT POSITION. KEY EMPLOYEES ARE REVIEWED BY THE EXECUTIVE DIRECTOR WITH RECOMMENDATIONS GOING TO THE EXECUTIVE COMMITTEE FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: 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.