

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">JEWISH FAMILY SERVICE OF THE DESERT</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 490 S. FARRELL DR. City or town, state or province, country, and ZIP or foreign postal code PALM SPRINGS CA 92262	D Employer identification number <p align="center">33-0613083</p> E Telephone number <p align="center">760-325-4088</p> G Gross receipts\$ 2,931,831
F Name and address of principal officer: KRAIG JOHNSON 490 S. FARRELL DR. #C208 PALM SPRINGS CA 92262		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.JFSDESERT.ORG		L Year of formation: 1994
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	20																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20																		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	25																		
	6 Total number of volunteers (estimate if necessary)	90																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0																		
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,832,246</td> <td align="right">2,248,403</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">611,489</td> <td align="right">596,716</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">35,200</td> <td align="right">29,056</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-40,515</td> <td align="right">-38,290</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">2,438,420</td> <td align="right">2,835,885</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,832,246	2,248,403	9 Program service revenue (Part VIII, line 2g)	611,489	596,716	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,200	29,056	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-40,515	-38,290	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,438,420	2,835,885
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Part II Signature Block

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

Sign Here	Signature of officer <p align="center">KRAIG JOHNSON</p> Type or print name and title <p align="center">EXECUTIVE DIR.</p>	Date
Paid Preparer Use Only	Print/Type preparer's name ANDREA L. OLIVERI	Preparer's signature <p align="center">COURTESY COPY</p> <p align="center">ORIGINAL FILED ELECTRONICALLY</p>
	Date 02/22/24	Check <input type="checkbox"/> if self-employed PTIN P01890398
	Firm's name COACHELLA VALLEY ACCOUNTING & AUDITING	Firm's EIN 442-325-0089
	Firm's address 43675 ALBA CT LA QUINTA, CA 92253	Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE FOR THE SOCIAL SERVICE NEEDS OF THE JEWISH AND GENERAL COMMUNITY THROUGHOUT THE GREATER COACHELLA VALLEY WITH A COMMITMENT TO PROMOTE THE WELL BEING OF PERSONS OF ALL AGES, INCOME AND LIFESYTLES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,389,944** including grants of\$) (Revenue \$)
PROVIDED COUNSELING SERVICES, CASE MANAGEMENT, INFORMATION AND REFERRAL SUPPORT AND THERAPY GROUPS, ALL TO THE RESIDENTS OF THE COACHELLA VALLEY ON A NON-SECTARIAN BASIS. THIS INCLUDES COUNSELING SERVICES FOR PALM SPRINGS UNIFIED AND DESERT SANDS UNIFIED SCHOOL DISTRICTS' ELEMENTARY SCHOOLS. JFS PROVIDED DIRECT SERVICES TO MORE THAN 2,080 MEN, WOMEN, AND CHILDREN IN NEED.

4b (Code:) (Expenses \$ **126,875** including grants of\$) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **2,516,819**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
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		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	2a	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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		
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.	1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

JAMES MANALAD
PALM SPRINGS

490 S. FARRELL DR #C208

CA 92262

760-325-4088

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 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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRAIG JOHNSON EXECUTIVE DIR.	40.00 0.00			X				108,870	0	17,488
(2) JAMES MANALAD DIR. FIN&ACCTG	40.00 0.00			X				100,425	0	7,312
(3) JOANNE CHUNOWITZ PRESIDENT	25.00 0.00	X		X				0	0	0
(4) AUDREY BERSTEIN CO-VICE PRESIDENT	25.00 0.00	X		X				0	0	0
(5) GAIL SCADRON CO-VICE PRESIDENT	25.00 0.00	X		X				0	0	0
(6) LEE ERWIN BOARD SECRETARY	25.00 0.00	X		X				0	0	0
(7) BARRY KAUFMAN TREASURER	25.00 0.00	X		X				0	0	0
(8) NONA S. SOLOWITZ ASST. TREASURER	25.00 0.00	X		X				0	0	0
(9) AVIVA SNOW IMMED PAST PRESIDENT	25.00 0.00	X		X				0	0	0
(10) OSCAR G ARMIJO DIRECTOR	25.00 0.00	X						0	0	0
(11) MICHELLE CARAFIOL DIRECTOR	25.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DEBRA CARRINGTON	25.00									
DIRECTOR	0.00	X						0	0	0
(13) BOB CARUSO	25.00									
DIRECTOR	0.00	X						0	0	0
(14) JERRY FOGELSON	25.00									
DIRECTOR	0.00	X						0	0	0
(15) LOREN FRIEND	25.00									
DIRECTOR	0.00	X						0	0	0
(16) LOIS GOLD	25.00									
DIRECTOR	0.00	X						0	0	0
(17) BOB GOODFRIEND	25.00									
DIRECTOR	0.00	X						0	0	0
(18) JAN GORDON	25.00									
DIRECTOR	0.00	X						0	0	0
(19) DEBRA KAY	25.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								209,295		24,800
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								209,295		24,800

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	10,000				
	b Membership dues	1b					
	c Fundraising events	1c	697,470				
	d Related organizations	1d					
	e Government grants (contributions)	1e	100,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,440,933				
	g Noncash contributions included in lines 1a-1f	1g	\$ 29,760				
	h Total. Add lines 1a-1f			2,248,403			
	Program Service Revenue	2a CLIENT FEES		Business Code	596,716	596,716	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				596,716			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			30,193		30,193
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b	1,137			
	c Gain or (loss)	7c	-1,137				
	d Net gain or (loss)			-1,137	-1,137		
	8a Gross income from fundraising events (not including \$ 697,470 of contributions reported on line 1c). See Part IV, line 18						
		8a		56,519			
b Less: direct expenses		8b	94,809				
c Net income or (loss) from fundraising events			-38,290				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			2,835,885	595,579	0	30,193

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,689	201,737	19,952	
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	1,167,204	1,116,025	49,491	1,688
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,534	66,006	5,846	682
9 Other employee benefits	99,955	90,231	4,998	4,726
10 Payroll taxes	117,537	106,959	5,877	4,701
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	11,100	10,101	555	444
d Lobbying				
e Professional fundraising services. See Part IV, line 7	62,500			62,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,610	5,105	337	168
12 Advertising and promotion	39,960	36,155	1,569	2,236
13 Office expenses	47,875	43,316	1,880	2,679
14 Information technology				
15 Royalties				
16 Occupancy	119,402	111,354	4,688	3,360
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,793		4,793	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,275	7,530	414	331
23 Insurance	18,249	16,511	717	1,021
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANT EXPENSES	637,720	637,720		
b PROGRAM EXPENSES	50,132	50,132		
c TELEPHONE/UTILITIES	12,030	10,883	472	675
d OTHER EXPENSES	7,753	7,054	388	311
e All other expenses	7,185		7,185	
25 Total functional expenses. Add lines 1 through 24e	2,711,503	2,516,819	109,162	85,522
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	260	1	260	
	2 Savings and temporary cash investments	1,910,630	2	397,124	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	47,858	4	68,715	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	15,453	9	21,169	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	75,191			
	b Less: accumulated depreciation	57,478	20,329	10c	17,713
	11 Investments—publicly traded securities	192,884	11	1,816,703	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets	516	14		
	15 Other assets. See Part IV, line 11	65,353	15	476,464	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,253,283	16	2,798,148		
Liabilities	17 Accounts payable and accrued expenses	128,243	17	99,224	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	139,257	25	555,066	
	26 Total liabilities. Add lines 17 through 25	267,500	26	654,290	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,684,858	27	1,641,745	
	28 Net assets with donor restrictions	300,925	28	502,113	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	1,985,783	32	2,143,858		
33 Total liabilities and net assets/fund balances	2,253,283	33	2,798,148		

Part 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	2,835,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,711,503
3	Revenue less expenses. Subtract line 2 from line 1	3	124,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,985,783
5	Net unrealized gains (losses) on investments	5	33,693
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,143,858

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MARGIE KULP	25.00									
DIRECTOR	0.00	X						0	0	0
(21) NANCY LEVINE	25.00									
DIRECTOR	0.00	X						0	0	0
(22) RENEE MAYER	25.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

JEWISH FAMILY SERVICE OF THE DESERT

Employer identification number

33-0613083

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 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)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 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-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,161,018	1,165,819	1,557,112	1,832,246	1,635,918	7,352,113
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	683,508	659,558	520,858	611,489	596,716	3,072,129
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,844,526	1,825,377	2,077,970	2,443,735	2,232,634	10,424,242
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	54,366	20,000	20,000	116,552	130,103	341,021
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	431,511	460,385	294,611	135,271	142,684	1,464,462
c Add lines 7a and 7b	485,877	480,385	314,611	251,823	272,787	1,805,483
8 Public support. (Subtract line 7c from line 6.)						8,618,759

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,844,526	1,825,377	2,077,970	2,443,735	2,232,634	10,424,242
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,138	27,619	5,818	7,653	30,193	102,421
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	31,138	27,619	5,818	7,653	30,193	102,421
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,875,664	1,852,996	2,083,788	2,451,388	2,262,827	10,526,663

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	81.88 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	78.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

Open to Public Inspection

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF THE DESERT

33-0613083

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **100.00** %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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				
b Buildings				
c Leasehold improvements				
d Equipment		5,142	808	4,334
e Other		70,049	56,670	13,379
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,713

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE - ASSET	467,964
(2) DEPOSITS	8,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	476,464

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE - LIABILITY	487,041
(3) DEFERRED REVENUES	68,025
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	555,066

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,964,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,693
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	94,809
e	Add lines 2a through 2d	2e	128,502
3	Subtract line 2e from line 1	3	2,835,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,835,885

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,806,312
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	94,809
e	Add lines 2a through 2d	2e	94,809
3	Subtract line 2e from line 1	3	2,711,503
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,711,503

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

BOARD DESIGNATED FUNDS CONSIST OF OPERATING RESERVES FOR GENERAL OR SPECIFIC PURPOSES.

THE LEGACY FUND IS A QUASI-ENDOWMENT FUND WHICH PROFESSIONALLY MANAGES DONOR CONTRIBUTIONS. THIS GIVES THE ORGANIZATION THE ABILITY TO GENERATE INVESTMENT EARNINGS FOR DRAWDOWN INTO ONE OF FOUR PROGRAMS OR REINVESTMENT TO GROW THE FUND. DONORS INDICATE WHICH OF THE FOUR PROGRAM AREAS THEY WOULD LIKE THE QUARTERLY EARNINGS DIRECTED TO: EITHER MENTAL HEALTH, CHILDREN AND FAMILIES, SENIORS OR WHERE MOST NEEDED. BALANCES HELD AT JUNE 30, 2023 AND 2022 AMOUNTED TO \$597,502 AND \$592,816, RESPECTIVELY.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES \$ **94,809**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES \$ **94,809**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

JEWISH FAMILY SERVICE OF THE DESERT

Employer identification number

33-0613083

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COMMUNICATION MARK INC 233 TAMPA CIR. ARDEN NC 28704	GRNT WRNG		X	475,000	45,000	430,000
2 ELEVATE INC 1201 CONNECTICUT AVE NW #503 WASHINGTON DC 20036	GRNT WRNG		X	0	17,500	-17,500
3						
4						
5						
6						
7						
8						
9						
10						
Total				475,000	62,500	412,500

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CALIFORNIA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PATRON EVENT (event type)	OTHER EVENT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	586,690	152,509	14,790	753,989
	2 Less: Contributions	581,236	112,084	4,150	697,470
	3 Gross income (line 1 minus line 2)	5,454	40,425	10,640	56,519
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			660	660
	7 Food and beverages	12,700	16,764	3,233	32,697
	8 Entertainment		3,000	3,600	6,600
	9 Other direct expenses	35,760	18,391	701	54,852
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,809
11 Net income summary. Subtract line 10 from line 3, column (d)				-38,290	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2022

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FAMILY SERVICE OF THE DESERT

Employer identification number

33-0613083

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	850	
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROGRAM SUPPLIE)	X	1	28,910	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

**SCHEDULE O
(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

2022

**Open to Public
Inspection**

Name of the organization

JEWISH FAMILY SERVICE OF THE DESERT

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**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO PROVIDE FOR THE SOCIAL SERVICE NEEDS OF THE JEWISH AND GENERAL COMMUNITY
THROUGHOUT THE GREATER COACHELLA VALLEY WITH A COMMITMENT TO PROMOTE THE
WELL BEING OF PERSONS OF ALL AGES, INCOME AND LIFESYTTLES. IT ACCOMPLISHES
ITS PURPOSE BY MAKING AVAILABLE COUNSELING SERVICES IN ADDITION TO
FINANCIAL AID IN TIMES OF NEED. ITS SOURCES OF INCOME CONSISTS OF AN
ALLOCATION FROM THE JEWISH FEDERATION OF THE DESERT, COUNSELING FEES FROM
CLIENTS, GRANTS, SPECIAL EVENTS AND DONATIONS AND AS SUCH, IT IS SUBJECT
TO VARIOUS MARKET CONDITIONS, WHICH WOULD AFFECT THOSE REVENUES FROM TIME
TO TIME.**

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

**JFS OFFERS MANY ADDITIONAL PROGRAMS THAT BENEFIT COACHELLA VALLEY
RESIDENTS. FOR INSTANCE:**

**THROUGH GENEROUS GRANTS PROVIDED BY BIGHORN CARES, THE CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES, CITIES OF INDIAN WELLS AND RANCHO MIRAGE,
COACHELLA VALLEY WELLNESS FOUNDATION, MORONGO BAND OF MISSION INDIANS,
PACIFIC WESTERN BANK, STATER BROS. CHARITIES, AND PROVIDE DONORS, ABOUT
\$126,900 IN FUNDS WERE DISBURSED FOR EMERGENCY NEEDS FOR THOSE WITH LOW
INCOMES. DISBURSEMENTS WERE MADE DIRECTLY TO VENDORS FOR NECESSITIES SUCH
AS OVERDUE RENT AND UTILITIES, FOOD AND MEDICATIONS.**

**THE "LET'S DO LUNCH" (LDL) PROGRAM CONTINUES TO OFFER IN-PERSON PROGRAMMING
DESIGNED TO SIGNIFICANTLY REDUCE SENIOR ISOLATION AND THE CONFOUNDING**

Name of the organization

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JEWISH FAMILY SERVICE OF THE DESERT

33-0613083

DELETERIOUS EFFECTS KNOWN TO BE ASSOCIATED WITH BEING OR FEELING ALONE. ALL SIX LOCATIONS CONTINUE TO OPERATE, OFFERING ONCE-MONTHLY OR TWICE-MONTHLY PROGRAMMING, AND PROGRAM FUNCTIONS SUCH AS THE QUARTERLY DISTRIBUTION OF A GERIATRIC DEPRESSION SCALE (GDS) TO CHECK CLIENT MOOD AND CONNECTIONS TO OTHER JFS SERVICES AS WELL AS TO SERVICES PROVIDED BY OTHER AGENCIES CONTINUE. WHILE A SMALL NUMBER OF CLIENTS CONTINUE TO WEAR MASKS, FEARS OVER COVID OR ANY OTHER COMMUNICABLE DISEASE SEEM TO BE WANING IN THIS CLIENT POPULATION.

CAFE EUROPA, THE ONCE-MONTHLY EDUCATIONAL AND SOCIALIZATION PROGRAM FOR LOCAL HOLOCAUST SURVIVORS ALSO CONTINUES TO BE OFFERED IN-PERSON AT THE JEWISH FEDERATION OF THE DESERT OFFICE. ALTHOUGH THE TOLERANCE EDUCATION CENTER HAS REOPENED, IT IS CURRENTLY BEING RUN BY A LOS ANGELES-BASED CONSULTING TEAM WHO HAS MADE LITTLE OUTREACH TO THE LOCAL COMMUNITY. A SMALL NUMBER OF VOLUNTEERS FROM THE JFS AUXILIARY CONTINUE TO ASSIST THE AGENCY'S DIRECTOR OF COMMUNITY OUTREACH TO COORDINATE PROGRAMMING, AND SPECIAL EVENTS ON HANUKKAH, PURIM, AND PASSOVER CONTINUE TO BE HELD AT TEMPLE SINAI IN PALM DESERT. DURING THE REPORTING TIME PERIOD, A SIGNIFICANT GRANT FROM THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES WAS AWARDED, ALLOWING JFS TO OFFER SUBSTANTIAL FINANCIAL ASSISTANCE TO CAFE EUROPA MEMBERS (HOLOCAUST SURVIVORS) THROUGH JUNE, 2025 FOR ITEMS SUCH AS HEALTHCARE, DURABLE MEDICAL EQUIPMENT, DENTAL, IN-HOME SUPPORT SERVICES, FOOD, RENTAL/MORTGAGE ASSISTANCE, UTILITY PAYMENTS, AND CASE MANAGEMENT SERVICES.

THE JFS EXPRESS VOLUNTEER TRANSPORTATION PROGRAM CONTINUES TO BE SUSPENDED, BUT THE AGENCY IS NOW CONSIDERING OPENING THE PROGRAM DUE TO SUBSIDING

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PANDEMIC FEARS AND AN INCREASE IN IN-PERSON APPOINTMENTS. TRANSPORTATION CONTINUES TO BE A BURDEN FOR MANY COACHELLA VALLEY RESIDENTS, ESPECIALLY SENIORS.

JFS HAS ESTABLISHED A ONCE-MONTHLY VOLUNTEER-DRIVEN FOOD DISTRIBUTION PROGRAM IN PARTNERSHIP WITH FIND FOOD BANK. ON THE FIRST FRIDAY OF EACH MONTH, FIND DELIVERS FOOD BOXES AND FRESH PRODUCE TO JFS, AND VOLUNTEERS PACK THEIR CARS WITH THE FOOD ITEMS AND DELIVER THEM TO JFS CLIENTS AT SEVERAL LOCATIONS THROUGHOUT THE COACHELLA VALLEY. THERE IS NO CHARGE TO JFS CLIENTS, AND THIS WELL-RECEIVED PROGRAM WILL EXPAND COMMENSURATE WITH THE RECRUITMENT OF ADDITIONAL VOLUNTEERS.

THE JFS COUNSELING PROGRAM'S CLIENT SCHEDULING PARADIGM WAS AMENDED TO ENSURE THE ABILITY TO PROVIDE EXISTING CLIENTS WITH A "CLINICALLY-APPROPRIATE" NUMBER OF AVAILABLE APPOINTMENTS, REDUCING THE NUMBER OF UNDUPLICATED COUNSELING CLIENTS SEEN. THE MOVE, THOUGH, IMPROVES THE CLINICAL SERVICE OFFERED BY THE AGENCY AS WELL AS REINFORCING THE NEED TO CONTINUE ALL EFFORTS TO INCREASE THE AGENCY'S CLINICAL BANDWIDTH.

IN ORDER TO ADDRESS THE NEED TO INCREASE CLINICAL BANDWIDTH IN THE FACE OF THERAPIST RECRUITING CHALLENGES, THE JFS CLINICAL INTERN PROGRAM HAS BEEN REINITIATED UNDER THE TITLE, "INCREASING CURRENT AND FUTURE ACCESS TO MENTAL HEALTH SERVICES." THIS PROGRAM UTILIZES SUPERVISED INTERNS TO PROVIDE NO-COST COUNSELING TO AGENCIES WITH WHOM JFS IS COLLABORATING. DURING THE REPORTING PERIOD, A MEMORANDUM OF UNDERSTANDING (MOU) WAS EXECUTED WITH THE DESERT CANCER FOUNDATION, AND EXPECTATIONS ARE THAT SEVERAL ADDITIONAL PARTNERS WILL BE IDENTIFIED AS THE

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PROGRAM GROWS.

JFS STAFF MEMBERS CONTINUE TO PARTICIPATE IN COMMUNITY EFFORTS TO IMPROVE BEHAVIORAL HEALTH AND SENIOR SERVICES. THE JFS DIRECTOR OF COMMUNITY OUTREACH SERVES AS THE CHAIR OF THE LOCAL SENIOR COLLABORATIVE (A GROUP OF AGENCIES PROVIDING SERVICES TO SENIORS), AND THE EXECUTIVE DIRECTOR SERVES AS THE CO-CHAIR OF THE "EXPANDING ACCESS" SECTION OF THE COACHELLA VALLEY BEHAVIORAL HEALTH COLLECTIVE, AND HE SITS ON THE STEERING COMMITTEE FOR THE COACHELLA VALLEY RESOURCE COLLABORATIVE (A GROUP OF SERVICE PROVIDERS COORDINATED BY MOLINA HEALTHCARE) AND ON ADVISORY BOARDS FOR JEWISH FAMILY SERVICE OF SAN DIEGO AND THE RIVERSIDE COUNTY TRANSPORTATION REIMBURSEMENT AND INFORMATION PROJECT (TRIP).

JFS CONTINUES TO PROVIDE NEEDED COMMUNITY SERVICES, PREVENTING HOMELESSNESS AND IMPROVING THE QUALITY OF LIFE FOR THOUSANDS OF LOCAL RESIDENTS ANNUALLY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT COPIES ARE PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL PRIOR TO FILING OF THE COMPLETED TAX RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AN ANNUAL QUESTIONNAIRE IS PROVIDED TO THE BOARD MEMBERS TO REPORT ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUD

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ES REVIEW BY THE BOARD OF DIRECTORS, USE OF DATA AS TO COMPARABLE
COMPENSATION AND CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY
EMPLOYEES INVOLVES THE REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, USE
OF DATA AS TO COMPARABLE COMPENSATION AND CONTEMPORANEOUS DOCUMENTATION AND
RECORD KEEPING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCS, POLICIES, AND FINANCIAL STATEMENTS MAY BE ACQUIRED BY
REQUEST TO THE BOARD OF DIRECTORS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
SPECIAL EVENTS EXPENSES	\$ 94,809
SPECIAL EVENTS EXPENSES	\$ -94,809

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number
33-0613083

JEWISH FAMILY SERVICE OF THE DESERT

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,671

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,671
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25				
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					516
					516

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
2	Cabinets	11/04/11	3,204			3,204	7 MO S/L	3,204	0
4	Security Camera	2/07/12	1,526			1,526	7 MO S/L	1,526	0
7	Data base	8/01/14	10,000			10,000	3 MO S/L	10,000	0
8	Chairs (25)	12/01/15	2,359			2,359	7 MO S/L	2,219	140
9	Flooring	12/01/15	10,867			10,867	7 MO S/L	10,219	648
10	Levono Ideapad 110 Laptop	6/05/17	348			348	5 MO S/L	348	0
11	Steel Lateral File Cab x2	6/07/17	497			497	7 MO S/L	361	71
12	Steel Lateral File Cab	6/08/17	248			248	7 MO S/L	179	35
13	72 Steel Storage Cab	6/19/17	179			179	7 MO S/L	129	26
14	72 Steel Storage Cab	6/21/17	174			174	7 MO S/L	125	25
15	HP BusPro Desktop Finance	6/19/17	523			523	5 MO S/L	523	0
16	Office Chairs (10) Remain	6/30/11	2,385			2,385	7 MO S/L	2,385	0
17	Telephone System	6/15/18	5,290			5,290	5 MO S/L	4,320	970
19	Security System	6/26/19	2,350			2,350	5 MO S/L	1,410	470
20	Computers (10 Dells)	2/19/20	7,343			7,343	5 MO S/L	3,427	1,469
21	Firewall	6/17/20	1,572			1,572	7 MO S/L	449	225
23	Lobby donor tree	7/01/19	4,668			4,668	7 MO S/L	2,001	667
24	Lobby window	9/30/19	13,824			13,824	7 MO S/L	5,430	1,885
25	Dell Precision 3650 Tower	6/13/22	1,159			1,159	5 MO S/L	19	232
26	Photo Copier Remaining Ba	1/27/09	1,533			1,533	7 MO S/L	1,533	0
27	Highspeed scanner - Fujitsu	7/19/22	1,092			1,092	5 MO S/L	0	200
28	Video/Security System	10/01/22	4,050			4,050	5 MO S/L	0	608
Total Other Depreciation			<u>75,191</u>			<u>75,191</u>		<u>49,807</u>	<u>7,671</u>
Total ACRS and Other Depreciation			<u>75,191</u>			<u>75,191</u>		<u>49,807</u>	<u>7,671</u>
Amortization:									
22	Website	9/29/19	<u>6,188</u>			<u>6,188</u>	3 MO Amort	<u>5,672</u>	<u>516</u>
			<u>6,188</u>			<u>6,188</u>		<u>5,672</u>	<u>516</u>
Grand Totals			81,379			81,379		55,479	8,187
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>81,379</u>			<u>81,379</u>		<u>55,479</u>	<u>8,187</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
2	Cabinets	11/04/11	3,204	3,204	3,204	0	0	0
4	Security Camera	2/07/12	1,526	1,526	1,526	0	0	0
7	Data base	8/01/14	10,000	10,000	10,000	0	0	0
8	Chairs (25)	12/01/15	2,359	2,359	2,219	140	140	0
9	Flooring	12/01/15	10,867	10,867	10,220	647	648	1
10	Levono Ideapad 110 Laptop	6/05/17	348	348	348	0	0	0
11	Steel Lateral File Cab x2	6/07/17	497	497	361	71	71	0
12	Steel Lateral File Cab	6/08/17	248	248	179	35	35	0
13	72 Steel Storage Cab	6/19/17	179	179	129	26	26	0
14	72 Steel Storage Cab	6/21/17	174	174	125	25	25	0
15	HP BusPro Desktop Finance	6/19/17	523	523	523	0	0	0
16	Office Chairs (10) Remain	6/30/11	2,385	2,385	2,385	0	0	0
17	Telephone System	6/15/18	5,290	5,290	4,320	970	970	0
19	Security System	6/26/19	2,350	2,350	1,410	470	470	0
20	Computers (10 Dells)	2/19/20	7,343	7,343	3,427	1,469	1,469	0
21	Firewall	6/17/20	1,572	1,572	449	225	225	0
23	Lobby donor tree	7/01/19	4,668	4,668	2,001	667	667	0
24	Lobby window	9/30/19	13,824	13,824	5,430	1,885	1,885	0
25	Dell Precision 3650 Tower	6/13/22	1,159	1,159	19	232	232	0
26	Photo Copier Remaining Ba	1/27/09	1,533	1,533	1,533	0	0	0
27	Highspeed scanner - Fujitsui	7/19/22	1,092	1,092	0	200	200	0
28	Video/Security System	10/01/22	4,050	4,050	0	608	608	0
Total Other Depreciation			<u>75,191</u>	<u>75,191</u>	<u>49,808</u>	<u>7,670</u>	<u>7,671</u>	<u>1</u>
Total ACRS and Other Depreciation			<u>75,191</u>	<u>75,191</u>	<u>49,808</u>	<u>7,670</u>	<u>7,671</u>	<u>1</u>
Amortization:								
22	Website	9/29/19	<u>6,188</u>	<u>6,188</u>	<u>5,672</u>	<u>516</u>	<u>516</u>	<u>0</u>
			<u>6,188</u>	<u>6,188</u>	<u>5,672</u>	<u>516</u>	<u>516</u>	<u>0</u>
Grand Totals			81,379	81,379	55,480	8,186	8,187	1
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>81,379</u>	<u>81,379</u>	<u>55,480</u>	<u>8,186</u>	<u>8,187</u>	<u>1</u>

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2022

For calendar year 2022, or tax year beginning **07/01/22**, and ending **06/30/23**

Name

Employer Identification Number

JEWISH FAMILY SERVICE OF THE DESERT

33-0613083

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		AUX EVENT - OTH			(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	14,790			14,790
	2 Less: Charitable contributions	4,150			4,150
	3 Gross income (line 1 minus line 2)	10,640			10,640
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	660			660
	7 Food/beverages	3,233			3,233
	8 Entertainment	3,600			3,600
	9 Other expenses	701			701

Form **990****Two Year Comparison Report****2021 & 2022**For calendar year 2022, or tax year beginning **07/01/22**, ending **06/30/23**

Name

Taxpayer Identification Number

JEWISH FAMILY SERVICE OF THE DESERT**33-0613083**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1,707,246	2,148,403	441,157
	2. Membership dues and assessments			
	3. Government contributions and grants	125,000	100,000	-25,000
	4. Program service revenue	611,489	596,716	-14,773
	5. Investment income	7,653	30,193	22,540
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	27,547	-1,137	-28,684
	8. Net income or (loss) from fundraising events	-40,515	-38,290	2,225
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	2,438,420	2,835,885	397,465
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	207,626	221,689	14,063
	16. Salaries, other compensation, and employee benefits	1,355,720	1,457,230	101,510
	17. Professional fundraising fees	53,997	62,500	8,503
	18. Other professional fees	11,445	16,710	5,265
	19. Occupancy, rent, utilities, and maintenance	99,453	119,402	19,949
	20. Depreciation and Depletion	10,157	8,275	-1,882
	21. Other expenses	642,065	825,697	183,632
	22. Total expenses. Add lines 13 through 21	2,380,463	2,711,503	331,040
	23. Excess or (Deficit). Subtract line 22 from line 12	57,957	124,382	66,425
Other Information	24. Total exempt revenue	2,438,420	2,835,885	397,465
	25. Total unrelated revenue			
	26. Total excludable revenue	646,689	625,772	-20,917
	27. Total assets	2,253,283	2,798,148	544,865
	28. Total liabilities	267,500	654,290	386,790
	29. Retained earnings	1,985,783	2,143,858	158,075
	30. Number of voting members of governing body	19	20	
31. Number of independent voting members of governing body	19	20		
32. Number of employees	25	25		
33. Number of volunteers	90	90		

Form **990****Tax Return History****2022**

Name

JEWISH FAMILY SERVICE OF THE DESERT

Employer Identification Number

33-0613083

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants				1,832,246	2,248,403	
Membership dues						
Program service revenue				611,489	596,716	
Capital gain or loss				27,547	-1,137	
Investment income				7,653	30,193	
Fundraising revenue (income/loss)				-40,515	-38,290	
Gaming revenue (income/loss)						
Other revenue						
Total revenue				2,438,420	2,835,885	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				207,626	221,689	
Other compensation				1,355,720	1,457,230	
Professional fees				65,442	79,210	
Occupancy costs				99,453	119,402	
Depreciation and depletion				10,157	8,275	
Other expenses				642,065	825,697	
Total expenses				2,380,463	2,711,503	
Excess or (Deficit)				57,957	124,382	
Total exempt revenue				2,438,420	2,835,885	
Total unrelated revenue						
Total excludable revenue				646,689	625,772	
Total Assets				2,253,283	2,798,148	
Total Liabilities				267,500	654,290	
Net Fund Balances				1,985,783	2,143,858	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ 17,473					
TOTAL	\$ 17,473					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE DIVIDENDS	\$ 12,720					
TOTAL	\$ 12,720					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER PROFESSIONAL EXPENSES	\$ 5,610	\$ 5,105	\$ 337	\$ 168
TOTAL	<u>\$ 5,610</u>	<u>\$ 5,105</u>	<u>\$ 337</u>	<u>\$ 168</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MEMBERSHIP EXPENSES	\$ 7,185	\$	\$ 7,185	\$
TOTAL	<u>\$ 7,185</u>	<u>\$ 0</u>	<u>\$ 7,185</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
MICHELLE & DONALD CARAFIOL	\$	\$	\$	\$ 5,100	\$ 5,065
LEE ERWIN & TIM JOCHEN				25,045	30,000
HELENE GALEN		10,000	10,000	5,000	
LOIS & FORESTER GOLD				5,085	9,076
WENDY & BOB GOODFRIEND				25,000	25,000
DEBRA & MICHAEL KAY				5,318	5,625
SUSAN & WILLIAM LEVIN				10,000	10,000
GAIL & ROBERT SCADRON				5,270	10,162
SANFORD SEFLOW				5,352	8,855
AVIVA & RON SNOW				25,382	26,320
	54,366	10,000	10,000		
TOTAL	\$ <u>54,366</u>	\$ <u>20,000</u>	\$ <u>20,000</u>	\$ <u>116,552</u>	\$ <u>130,103</u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2022	165,312	142,684
2021	159,785	135,271
2020	315,449	294,611
2019	478,915	460,385
2018	450,268	431,511
TOTAL	<u>\$ 1,569,729</u>	<u>\$ 1,464,462</u>

PATRON EVENT**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 4,263
BANK CHARGES	1,855
EVENT PLANNER	26,656
PHOTOGRAPHY	970
MISC EXPENSES	286
SUPPLIES	842
EVENT EXPENSES	888
TOTAL	<u>\$ 35,760</u>

OTHER EVENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 4,235
BANK FEES	2,614
VALET	2,551
EVENT EXPENSE	8,991
TOTAL	<u>\$ 18,391</u>

AUX EVENT - OTHER**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
BANK FEES	\$ 504
EVENT SUPPLIES	197
TOTAL	<u>\$ 701</u>