

**2013**

**990**

**PUBLIC**

**DISCLOSURE**

Form **990**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>		<b>D Employer identification number</b> <b>95-1644024</b>
	Doing Business As		<b>E Telephone number</b> <b>858-637-3000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>21,024,806.</b>
	<b>8804 BALBOA AVE</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92123</b>		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer: GUINEVERE KERSTETTER SAME AS C ABOVE</b>			<b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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			
<b>J Website:</b> ▶ <b>WWW.JFSSD.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>1918</b> <b>M State of legal domicile:</b> <b>CA</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>STRENGTHEN INDIVIDUALS/ENHANCE FAMILIES/PROTECT THE VULNERABLE WITH SERVICES BASED ON JEWISH VALUES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>360</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>956</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>20,845,797.</b>	<b>15,345,943.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,484,555.</b>	<b>1,767,567.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>859,011.</b>	<b>512,382.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>721,545.</b>	<b>670,009.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>23,910,908.</b>	<b>18,295,901.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>981,615.</b>	<b>1,081,117.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,154,470.</b>	<b>11,446,571.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>192,782.</b>	<b>213,734.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,375,554.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,940,068.</b>	<b>4,622,280.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,268,935.</b>	<b>17,363,702.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,641,973.</b>	<b>932,199.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>49,158,031.</b>	<b>End of Year</b> <b>51,149,351.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>14,076,651.</b>	<b>13,756,651.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>35,081,380.</b>	<b>37,392,700.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>GUINEVERE KERSTETTER, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>AKT LLP</b>		<b>04/21/15</b>		
	Firm's address ▶ <b>7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108</b>				Phone no. (619) 810-4940

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 [X]

1 Briefly describe the organization's mission: SINCE 1918, JEWISH FAMILY SERVICE OF SAN DIEGO HAS BEEN A TRUSTED COMMUNITY RESOURCE FOR PEOPLE IN TIMES OF NEED. OUR WIDE RANGE OF PROGRAMMING PROVIDES HELP AND CARE TO EMPOWER FAMILIES, RESPOND TO CRISIS, AND CARE FOR SENIORS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 8,189,390. including grants of \$ 665,392. ) (Revenue \$ 569,129. ) SELF-SUFFICIENCY: JEWISH FAMILY SERVICE OF SAN DIEGO SEEKS TO BUILD A SAN DIEGO WHERE EVERY INDIVIDUAL AND FAMILY IS SELF-SUFFICIENT, SOCIALLY CONNECTED, AND AGES WITH DIGNITY. SELF-SUFFICIENCY SERVICES PROVIDED INCLUDE COUNSELING, CASE MANAGEMENT, FINANCIAL SERVICES/WORKFORCE DEVELOPMENT, HUNGER ALLEVIATION AND FOOD SECURITY, HOUSING AND HOMELESS SERVICES, REFUGEE RESETTLEMENT & IMMIGRATION, AND POSITIVE PARENTING PROGRAM. BREAST CANCER CASE MANAGEMENT - THE BREAST CANCER CASE MANAGEMENT (BCCM) PROGRAM IS THE ONLY ONE OF ITS KIND IN SAN DIEGO COUNTY. UTILIZING AN INTENSIVE MEDICAL CASE MANAGEMENT MODEL, CASE MANAGERS WORK CLOSELY WITH WOMEN IN THEIR HOMES SO THEY CAN TAKE A BREAK FROM THE ANXIETY OF DAY-TO-DAY ISSUES AND FOCUS ON THEIR TREATMENT.

4b (Code: ) (Expenses \$ 4,508,964. including grants of \$ 379,403. ) (Revenue \$ 862,358. ) AGING WITH DIGNITY: JEWISH FAMILY SERVICE IS THE PREMIER PROVIDER OF SERVICES TO OLDER ADULTS IN SAN DIEGO. JEWISH FAMILY SERVICE SENIOR PROGRAMS INCLUDE GERIATRIC CARE MANAGEMENT, TRANSPORTATION-ON THE GO, SERVING OLDER HOLOCAUST SURVIVORS (SOS), SOCIAL AND WELLNESS CENTERS, FIX IT SERVICE AND FOOD MOBILE.

BIKKUR HOLIM FRIENDLY VISITOR PROGRAM - BIKKUR HOLIM MATCHES VOLUNTEERS WITH HOMEBOUND OLDER ADULTS THROUGHOUT SAN DIEGO COUNTY. VOLUNTEERS PROVIDE COMPANIONSHIP AND PLAY A VITAL ROLE IN CONNECTING OLDER ADULTS TO ADDITIONAL SERVICES AND PROGRAMS AT JFS. IN FISCAL YEAR 2013-2014, BIKKUR HOLIM ASSISTED 28 OLDER ADULTS.

4c (Code: ) (Expenses \$ 2,439,098. including grants of \$ 36,322. ) (Revenue \$ 336,080. ) COMMUNITY CONNECTION: JEWISH FAMILY SERVICE BELIEVES THAT TO BE TRULY SELF-SUFFICIENT, ONE MUST BE CONNECTED TO A COMMUNITY, ACHIEVE EMOTIONAL HEALTH, AND SPIRITUAL WELLBEING. IN TIMES OF CRISIS, WHEN INDIVIDUALS AND FAMILIES FACE THE GREATEST CHALLENGES, ECONOMIC SECURITY ALONE DOES NOT PROVIDE THE SUPPORT REQUIRED TO OVERCOME THE OBSTACLE AT HAND. COMMUNITY CONNECTION AND ENGAGEMENT PROGRAMS INCLUDE ADOPTION SERVICES, LEADERSHIP PROGRAMS, BIG PALS, SERVING JEWISH SINGLE PARENTS, PACHIE'S PLACE AND NORTH COUNTY JEWISH CONNECTIONS.

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

4e Total program service expenses 15,137,452.

**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> ?	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	<b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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</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?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Main form body containing questions 1a through 14b with corresponding Yes/No columns and input fields.

**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 in 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
<b>1a</b>	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 in Schedule O.		
	26		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	26		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GUINEVERE A. KERSTETTER - 858-637-3000**  
**8804 BALBOA AVENUE, SAN DIEGO, CA 92123**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JENNIFER LEVITT PRESIDENT	4.00	X		X				0.	0.	0.
(2) MEG GOLDSTEIN 1ST VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) LORETTA H. ADAMS 2ND VICE PRESIDENT	4.00	X		X				0.	0.	0.
(4) EDWARD J. CARNOT TREASURER	4.00	X		X				0.	0.	0.
(5) ADAM WELLAND SECRETARY	4.00	X		X				0.	0.	0.
(6) MICHAEL B. ABRAMSON DIRECTOR	2.00	X						0.	0.	0.
(7) DEBORAH BUCKSBAUM DIRECTOR	2.00	X						0.	0.	0.
(8) KIMBERLY CARNOT DIRECTOR	2.00	X						0.	0.	0.
(9) JUDY FELDMAN DIRECTOR	2.00	X						0.	0.	0.
(10) JOSEPH FISCH DIRECTOR	2.00	X						0.	0.	0.
(11) MATHEW FINK DIRECTOR	2.00	X						0.	0.	0.
(12) KIRA FINKENBERG DIRECTOR	2.00	X						0.	0.	0.
(13) AVI FROHLICHMAN DIRECTOR	2.00	X						0.	0.	0.
(14) MARCIA HAZAN DIRECTOR	2.00	X						0.	0.	0.
(15) KATE KASSAR DIRECTOR	2.00	X						0.	0.	0.
(16) MICHAEL LEES DIRECTOR	2.00	X						0.	0.	0.
(17) STEVEN J. LEVINE DIRECTOR	2.00	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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) PHILIP LINSSEN DIRECTOR	2.00	X						0.	0.	0.
(19) RABBI YAEL RIDBERG DIRECTOR	2.00	X						0.	0.	0.
(20) SHERYL L. ROWLING DIRECTOR	2.00	X						0.	0.	0.
(21) SUSAN SHMALO DIRECTOR	2.00	X						0.	0.	0.
(22) ELYSE SOLLENDER DIRECTOR	2.00	X						0.	0.	0.
(23) KARIN TORANTO DIRECTOR	2.00	X						0.	0.	0.
(24) LOUIS VENER DIRECTOR	2.00	X						0.	0.	0.
(25) CATHY WEIL DIRECTOR	2.00	X						0.	0.	0.
(26) RON S. ZOLLMAN DIRECTOR	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								836,327.	0.	93,944.
<b>d Total (add lines 1b and 1c)</b>								836,327.	0.	93,944.

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 **6**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or 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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 131,648.				
	<b>d</b> Related organizations	<b>1d</b> 1,159,200.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,741,356.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 7,313,739.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	140,200.				
	<b>h Total.</b> Add lines 1a-1f	15,345,943.				
	<b>Program Service Revenue</b>	<b>2 a</b> CLIENT FEES	Business Code 624100	773,384.	773,384.	
<b>b</b> PROGRAM REVENUE		624100	641,049.	641,049.		
<b>c</b> ON THE GO FEES		900099	353,134.	353,134.		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,767,567.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		294,971.		294,971.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,745,683.			
		(ii) Other	6,200.			
		<b>b</b> Less: cost or other basis and sales expenses	2,533,805.	667.		
		<b>c</b> Gain or (loss)	211,878.	5,533.		
	<b>d</b> Net gain or (loss)		217,411.		217,411.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 131,648. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	864,442.			
<b>b</b> Less: direct expenses		194,433.				
<b>c</b> Net income or (loss) from fundraising events			670,009.		670,009.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		18,295,901.	1,767,567.	0.	1,182,391.	

**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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,081,117.	1,081,117.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	574,555.	364,223.	112,533.	97,799.
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	8,687,209.	7,783,803.	241,339.	662,067.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	258,227.	234,886.	8,050.	15,291.
9 Other employee benefits	1,146,812.	1,043,154.	35,750.	67,908.
10 Payroll taxes	779,768.	695,177.	25,904.	58,687.
11 Fees for services (non-employees):				
a Management				
b Legal	5,217.	5,217.		
c Accounting	50,200.		50,200.	
d Lobbying	2,357.		2,357.	
e Professional fundraising services. See Part IV, line 17	213,734.			213,734.
f Investment management fees	54,090.		54,090.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	486,332.	317,002.	134,258.	35,072.
12 Advertising and promotion	103,873.	72,858.	60.	30,955.
13 Office expenses	466,684.	370,440.	21,594.	74,650.
14 Information technology				
15 Royalties				
16 Occupancy	713,565.	695,786.	9,500.	8,279.
17 Travel	567,710.	510,834.	46,857.	10,019.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,656.	13,231.	7,754.	671.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	379,009.	334,075.	12,528.	32,406.
23 Insurance	140,169.	117,872.	18,905.	3,392.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	859,661.	834,225.	21,430.	4,006.
b <b>EQUIPMENT RENTAL/EXPENS</b>	316,543.	299,596.	5,739.	11,208.
c <b>OTHER EXPENSES</b>	309,852.	228,914.	38,808.	42,130.
d <b>REPAIRS AND MAINTENANCE</b>	145,362.	135,042.	3,040.	7,280.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	17,363,702.	15,137,452.	850,696.	1,375,554.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,918,147.	1	4,275,102.	
	<b>2</b> Savings and temporary cash investments .....	0.	2	0.	
	<b>3</b> Pledges and grants receivable, net .....	7,017,054.	3	6,194,481.	
	<b>4</b> Accounts receivable, net .....	73,681.	4	153,157.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	53,884.	5	43,658.	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....	52,299.	7	11,567.	
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	118,886.	9	78,025.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,909,130.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,941,857.			
		10,117,784.	<b>10c</b>	10,967,273.	
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	17,676,051.	12	19,332,679.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
<b>15</b> Other assets. See Part IV, line 11 .....	11,130,245.	15	10,093,409.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	49,158,031.	16	51,149,351.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,832,423.	17	1,972,398.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	313,580.	19	275,620.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,600,000.	23	1,600,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	10,330,648.	25	9,908,633.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,076,651.	26	13,756,651.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	18,690,717.	27	23,643,611.	
	<b>28</b> Temporarily restricted net assets .....	8,812,271.	28	10,691,639.	
	<b>29</b> Permanently restricted net assets .....	7,578,392.	29	3,057,450.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	35,081,380.	33	37,392,700.		
<b>34</b> Total liabilities and net assets/fund balances .....	49,158,031.	34	51,149,351.		

**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	18,295,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,363,702.
3	Revenue less expenses. Subtract line 2 from line 1	3	932,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,081,380.
5	Net unrealized gains (losses) on investments	5	1,775,668.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-396,547.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,392,700.

**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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number <b>95-1644024</b>
---	---

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13411692.	13337176.	15030865.	20845797.	15345943.	77971473.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13411692.	13337176.	15030865.	20845797.	15345943.	77971473.
<b>5</b> 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) .....						4392596.
<b>6 Public support.</b> Subtract line 5 from line 4.						73578877.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	13411692.	13337176.	15030865.	20845797.	15345943.	77971473.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1186866.	1752026.	1689704.	854,706.	294,971.	5778273.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	627,351.		925,274.	721,545.	670,009.	2944179.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						86693925.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,368,142.
<b>13 First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.87	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	84.60	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number <b>95-1644024</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,443,130.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,251,427.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,206,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,122,506.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,051,641.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>502,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number <b>95-1644024</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>487,907.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>394,517.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>319,027.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number  <b>95-1644024</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number <b>95-1644024</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number <b>95-1644024</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		219.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		361.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		710.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		1,067.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			2,357.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

HUNGER ADVOCACY NETWORK (HAN) LETTERS OF SUPPORT AND CALLS  
 TO ACTION ON ASSEMBLY AND STATE BILLS RELATED TO HUNGER AND  
 HUNGER-RELATED ISSUES; MEETINGS AND PHONE CALLS WITH ELECTED OFFICIALS;  
 FLIGHTS AND PARTICIPATION IN THE HUNGER ACTION COALITION DAY IN  
 SACRAMENTO.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: JEWISH FAMILY SERVICE OF SAN DIEGO
Employer identification number: 95-1644024

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets held for public exhibition.

**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 are a 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 programs
- 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" to 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	7,665,412.	2,362,318.	2,070,977.	1,738,634.	1,604,519.
b Contributions	401,285.	4,955,633.	410,422.		16,829.
c Net investment earnings, gains, and losses	1,082,816.	355,941.	-94,297.	381,288.	166,411.
d Grants or scholarships					
e Other expenditures for facilities and programs	698,762.	8,480.	24,784.	48,845.	49,135.
f Administrative expenses					
g End of year balance	8,450,751.	7,665,412.	2,362,318.	2,070,977.	1,738,624.

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

- a Board designated or quasi-endowment  57.00 %
- b Permanent endowment  36.00 %
- c Temporarily restricted endowment  7.00 %

The percentages in 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:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 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" to 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		4,023,335.		4,023,335.
b Buildings		7,534,899.	1,913,167.	5,621,732.
c Leasehold improvements				
d Equipment		1,251,626.	566,623.	685,003.
e Other		1,099,270.	462,067.	637,203.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,967,273.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) BENEFICIAL INTERESTS IN		
(B) ENDOWMENT FUNDS	8,030,935.	END-OF-YEAR MARKET VALUE
(C) STATE OF ISRAEL BONDS	1,000.	COST
(D) FUNDS HELD AT JEWISH		
(E) COMMUNITY FOUNDATION	11,300,744.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>19,332,679.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	62,007.
(2) INVESTMENTS IN SUBSIDIARIES	426,518.
(3) INTERCOMPANY RECEIVABLES	9,604,884.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>10,093,409.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) DEFERRED COMPENSATION	354,663.
(3) INTERCOMPANY PAYABLES	9,553,970.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>9,908,633.</b>

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 FIN 48 (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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	23,396,184.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,775,668.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	201,046.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,491,299.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	6,468,013.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,928,171.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	54,090.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,313,640.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,367,730.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	18,295,901.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	21,064,664.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	201,046.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	5,264,193.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	5,465,239.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,599,425.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	54,090.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,710,187.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,764,277.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,363,702.

**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 III, LINE 4:**

ARTWORK IS HELD FOR FINANCIAL GAIN AND ITS FUTURE APPRECIATED VALUE WILL BE USED TO ENHANCE PROGRAMS.

**PART V, LINE 4:**

THE BENEFICIAL INTERESTS IN ENDOWMENT FUNDS ARE HELD BY JEWISH COMMUNITY FOUNDATION AND COMERICA BANK AND ARE MANAGED IN ACCORDANCE WITH UPMIFA.

JEWISH FAMILY SERVICE OF SAN DIEGO'S (JFS) SPENDING POLICY IS TO DISBURSE FUNDS AVAILABLE IN ACCORDANCE WITH DONOR RESTRICTIONS TO MEET THE CURRENT PROGRAM NEEDS OF JFS.

**Part XIII** Supplemental Information (continued)

## PART X, LINE 2:

JEWISH FAMILY SERVICE OF SAN DIEGO BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED WITH REVENUE	194,433.
CHANGE IN INVESTMENT SUBSIDIARY	-396,547.
REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT	4,693,413.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,491,299.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES	1,313,640.
---	------------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED WITH REVENUE	194,433.
EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT	5,069,760.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,264,193.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES	1,710,187.
---	------------





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		GALA	GOLF TOURNAMENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	886,820.	94,750.	14,520.	996,090.
	2	Less: Contributions	131,648.			131,648.
	3	Gross income (line 1 minus line 2)	755,172.	94,750.	14,520.	864,442.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,457.		1,457.
	6	Rent/facility costs		11,362.	545.	11,907.
	7	Food and beverages	79,376.	5,033.	143.	84,552.
	8	Entertainment	33,456.			33,456.
	9	Other direct expenses	62,550.	397.	114.	63,061.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				194,433.
	11	Net income summary. Subtract line 10 from line 3, column (d)				670,009.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		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 operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization

**JEWISH FAMILY SERVICE OF SAN DIEGO**

**Employer identification number  
95-1644024**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2013)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY FUNDS FOR CLIENTS IN CRISIS	556	206,982.	0.		
HEMOCARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	38	338,773.	0.		
HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	421	477,687.	0.		
CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	18	27,175.	0.		
SCHOLARSHIPS	21	30,500.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

GRANTS ARE PROVIDED TO CLIENTS BASED ON STIPULATIONS PROVIDED  
 BY THE FUNDER. ALL GRANT APPLICATIONS ARE REVIEWED BY THE APPROPRIATE  
 PROGRAM DIRECTOR AND SENIOR MANAGER. FISCAL REVIEWS THE CODING ON ALL GRANT  
 REQUESTS TO ENSURE THEY ARE CODED TO THE CORRECT GRANT. CLAIMS FOR  
 REIMBURSEMENT ARE PREPARED, REVIEWED BY MANAGEMENT AND SUBMITTED TO THE  
 APPROPRIATE FUNDING AGENCIES WITH A COPY TO THE PROGRAM DIRECTOR FOR  
 REVIEW.

**Part IV** Supplemental Information

PART IV - ADDITIONAL SUPPLMENTAL INFORMATION

RUBENSTEIN SCHOLARSHIPS:

FOLLOWING ARE CRITERIA FOR RUBENSTEIN SCHOLARSHIPS:

-FOR DEPENDENT STUDENTS, GROSS FAMILY INCOME CANNOT EXCEED \$90,000 FOR FAMILIES WITH THREE OR MORE CHILDREN, \$80,000 FOR FAMILIES WITH TWO CHILDREN, AND \$70,000 FOR FAMILIES WITH ONE CHILD.

-HIGH SCHOOL GRADES MUST BE 2.0 OR HIGHER. JUNIOR AND UP MUST SHOW A 2.5 GRADE POINT AVERAGE FOR THE MOST RECENT PERIOD COMPLETED.

-ALTHOUGH THE COMMITTEE MAY GRANT EXCEPTIONS IN EXTREME CIRCUMSTANCES, APPLICANTS MUST BE RESIDENTS OF SAN DIEGO COUNTY.

-STUDENTS ARE EXPECTED TO APPLY FOR OTHER FINANCIAL AID AND TO WORK IN ORDER TO CONTRIBUTE TO THEIR EDUCATIONAL EXPENSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? .....	<b>5a</b>	X
<b>b</b>	Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? .....	<b>6a</b>	X
<b>b</b>	Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL HOPKINS CHIEF EXECUTIVE OFFICER	(i)	230,091.	0.	0.	35,019.	8,117.	273,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN LAPIDUS FORMER SR. DIR. DEVELOPMENT	(i)	140,339.	0.	0.	5,565.	162.	146,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL BORG SPITZER FORMER EXECUTIVE DIRECTOR	(i)	0.	0.	122,013.	0.	8,901.	130,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDA HUTKIN-SLADE FORMER DIVISIONAL DIRECTOR	(i)	100,584.	0.	0.	3,530.	7,780.	111,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING AND

APPROVING STAFF SALARY RANGES, INCLUDING THE CONTRACT FOR THE CEO. AN

INDEPENDENT OUTSIDE CONSULTANT PROVIDED RESEARCH AND RECOMMENDATIONS FOR

THE SALARY RANGES FOR THE CEO, CPO, CAO AND CFO. THIS DATA IS PRESENTED TO

AND APPROVED BY THE BOARD.



SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization: JEWISH FAMILY SERVICE OF SAN DIEGO
Employer identification number: 95-1644024

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 43,658.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

SEE PART V FOR CONTINUATIONS



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **JEWISH FAMILY SERVICE OF SAN DIEGO** Employer identification number **95-1644024**

**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	134	140,200.	SALES PRICE
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 ▶ ( _____ )				
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 IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THE FOLLOWING COMPANY TO CONDUCT ITS

VEHICLE DONATION PROGRAM:

CHARITABLE ADULT RIDES AND SERVICES, INC.

4669 MURPHY CANYON ROAD

SAN DIEGO, CA 92123

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

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR PROGRAMS ARE AVAILABLE THROUGHOUT SAN DIEGO COUNTY AND THE  
COACHELLA VALLEY. MANY PEOPLE TURN TO JEWISH FAMILY SERVICE WITH A  
SPECIFIC NEED, SUCH AS HUNGER. BUT WHAT BEGINS WITH ONE JFS PROGRAM  
OFTEN LEADS TO PROVIDING A MUCH LARGER SCOPE OF ASSISTANCE, INCLUDING  
COUNSELING, EDUCATION, JOB COACHING, TRANSPORTATION, AND MORE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BCCM SERVES PATIENTS DURING TREATMENT AND FOLLOW-UP CARE PHASES,  
CONDUCTS SUPPORT AND NAVIGATION SERVICES AFTER DIAGNOSIS, AND CREATES  
INDIVIDUAL ACTION PLANS TO OFFER SUPPORT, FINANCIAL ASSISTANCE, AND  
LINKAGES TO COMMUNITY PARTNERS FOR ADDITIONAL RESOURCES. IN FISCAL  
YEAR 2013-2014, BCCM SERVED 94 BREAST CANCER PATIENTS THROUGHOUT SAN  
DIEGO COUNTY. WHILE OPEN TO ANYONE LIVING WITH BREAST CANCER AT ANY  
POINT ON THE CONTINUUM OF CARE - REGARDLESS OF AGE, RELIGION, CULTURE,  
ETHNIC BACKGROUND, OR SEXUAL ORIENTATION - THE PROGRAM TARGETS THE MOST  
VULNERABLE PATIENTS WHO ARE MEDICALLY UNDERSERVED, UNINSURED, AND  
UNDERINSURED. THIS INCLUDES CLIENTS FROM DIVERSE BACKGROUNDS, MANY WITH  
LANGUAGE BARRIERS THAT CAN LIMIT THEIR ACCESS TO CRUCIAL SERVICES.

CLINICAL COUNSELING - THE CLINICAL COUNSELING PROGRAM OFFERS  
COMPASSIONATE, SUPPORTIVE, EXPERT HELP FOR FAMILIES AT EVERY STAGE OF  
LIFE. PROFESSIONAL THERAPISTS PROVIDE INDIVIDUAL, FAMILY, COUPLES, AND  
GROUP COUNSELING FOR CHILDREN, TEENS, ADULTS, COUPLES AND FAMILIES, AND  
FOR PERSONS SUFFERING FROM MOOD DISORDERS, SURVIVORS OF VIOLENCE, OR  
ISSUES RELATED TO THE AGING PROCESS.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

IN FISCAL YEAR 2013-2014, CLINICAL COUNSELING SUPPORTED FAMILIES AND INDIVIDUALS BY PROVIDING 4,830 PSYCHOTHERAPY SESSIONS, 266 GROUP SESSIONS, SPACE FOR AND ACCESS TO AL-ANON AND PFLAG SUPPORT GROUPS AT OUR AGENCY AND SERVED 503 CLIENTS.

COMMUNITY CASE MANAGEMENT - COMMUNITY CASE MANAGEMENT (CCM) HAS BEEN A VITAL PART OF JEWISH FAMILY SERVICE FOR OVER 15 YEARS, PROVIDING ASSISTANCE CRITICAL TO THE PHYSICAL, EMOTIONAL, FINANCIAL, AND SPIRITUAL WELL-BEING OF INDIVIDUALS AND FAMILIES IN CRISIS. THE GOALS OF THE PROGRAM ARE TO ENABLE CLIENTS TO IMPROVE THEIR STANDARD OF LIVING, RESTORE THEM TO THEIR PREVIOUS LEVELS OF INDEPENDENT FUNCTIONING, PREVENT A RECURRENCE OF CRISIS, AND ULTIMATELY MOVE THEM TOWARD SELF-SUFFICIENCY. CCM PROGRAM PROVIDES SHORT-TERM COUNSELING AND CASE MANAGEMENT TO JEWISH ADULTS AND FAMILIES NEEDING ASSISTANCE IN ADDRESSING BARRIERS SUCH AS FINANCIAL CRISIS, MENTAL HEALTH DIAGNOSES, AND MEDICAL ISSUES. IN FISCAL YEAR 2013-2014, 675 CLIENTS SPOKE WITH A CASE MANAGER ABOUT ISSUES ASSOCIATED WITH DAILY LIVING AND COPING SKILLS. CCM PROVIDED EMERGENCY FOOD, FINANCIAL ASSISTANCE, REFERRALS FOR MENTAL HEALTH, HOUSING, LEGAL, AND MEDICAL/DENTAL RESOURCES, ALONG WITH PERSONALIZED ACTION PLANS WERE CREATED TO ASSIST THESE CLIENTS AND THEIR FAMILIES MOVE TOWARDS SELF-SUFFICIENCY. JEWISH FAMILY SERVICE IS ONE OF THE ONLY AGENCIES IN SAN DIEGO COUNTY TO OFFER FINANCIAL ASSISTANCE.

DAVID RUBENSTEIN MEMORIAL SCHOLARSHIP - THE DAVID RUBENSTEIN MEMORIAL SCHOLARSHIP PROGRAM SERVES LOW-INCOME HIGH SCHOOL GRADUATES FROM THE SAN DIEGO JEWISH COMMUNITY WHO PLAN TO ATTEND COLLEGE OR VOCATIONAL SCHOOL. RECIPIENTS DEMONSTRATE BOTH FINANCIAL NEED AND EVIDENCE OF

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

STRONG ACADEMIC PERFORMANCE AND COMMUNITY INVOLVEMENT. IN THE 2013-2014 FISCAL YEAR, 26 STUDENTS RECEIVED SCHOLARSHIPS TO OFFSET FEES FOR UNIVERSITY AND VOCATIONAL STUDIES FOR THE 2014-2015 ACADEMIC YEAR AND THE PROGRAM AWARDED A TOTAL OF \$50,250 IN SCHOLARSHIPS TO 33 STUDENTS.

DESERT HORIZON TRANSITIONAL HOUSING - DESERT HORIZON TRANSITIONAL HOUSING PROGRAM PLACES HOMELESS INDIVIDUALS DIRECTLY FROM THE STREETS AND EMERGENCY SHELTERS INTO HOUSING WITH CLIENT-FOCUSED SUPPORTIVE SERVICES. LOCATED IN THE WESTERN COACHELLA VALLEY, THE RESIDENTIAL PROGRAM OFFERS FURNISHED, MULTI-BEDROOM RESIDENTIAL UNITS LOCATED IN SAFE NEIGHBORHOODS. DURING FISCAL YEAR 2013-2014, DESERT HORIZON SERVED 94 HOMELESS ADULTS, WHICH INCLUDED 70 MEN AND 24 WOMEN.

DESERT VISTA PERMANENT SUPPORTIVE HOUSING - DESERT VISTA PERMANENT SUPPORTIVE HOUSING IS THE ONLY PROGRAM OF ITS KIND IN THE COACHELLA VALLEY SPECIFICALLY TARGETING CHRONICALLY HOMELESS AND INDIVIDUALS WITH DISABILITIES. DESERT VISTA PLACES HOMELESS INDIVIDUALS WITH DISABILITIES DIRECTLY FROM THE STREETS AND EMERGENCY SHELTERS INTO PERMANENT SUPPORTIVE HOUSING UNITS WITH APPROPRIATE SUPPORTIVE SERVICES. IN THE 2013-2014 FISCAL YEAR, DESERT VISTA SERVED 57 ADULTS CONSISTING OF 44 MEN AND 13 WOMEN, INCLUDING 11 OLDER ADULTS OVER 62 YEARS OF AGE.

EMPLOYMENT & CAREER SERVICES - EMPLOYMENT & CAREER SERVICES (ECS) ASSISTS UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS OF SAN DIEGO COUNTY WITH CAREER GUIDANCE, JOB SEARCH ASSISTANCE, AND EMPLOYMENT-RELATED SUPPORTIVE SERVICES. CLIENTS CAN ACCESS ECS THROUGH THE JFS WEBSITE, MONTHLY JFS CAREER PLANNING AND JOB SEARCH SKILLS WORKSHOPS, LOCAL

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

JEWISH ORGANIZATIONS, AND/OR REFERRALS FROM JFS CASE MANAGERS AND OTHER STAFF. ECS SERVES CLIENTS OF ALL INCOME AND EDUCATION LEVELS. IN THE 2013-2014 FISCAL YEAR, ECS HOSTED THREE GET CONNECTED WITH LINKEDIN SPECIAL EVENTS, WHERE 44 PARTICIPANTS LEARNED HOW TO NAVIGATE THIS SOCIAL MEDIA TOOL FOR JOB SEARCH. PARTICIPANTS ALSO HAD THE OPPORTUNITY TO ATTEND A LINKEDIN CLINIC, AND RECEIVED HANDS-ON INSTRUCTION TO CREATE AN ACCOUNT, SET UP A PROFILE, AND CONNECT WITH OTHERS; BUILT THE ECS EMPLOYER DATABASE TO OVER 200 SAN DIEGO COUNTY EMPLOYERS REPRESENTING A WIDE RANGE OF INDUSTRIES; HELD 29 CAREER PLANNING AND FINANCIAL WORKSHOPS THAT ASSISTED 236 INDIVIDUALS TO GAIN JOB SEARCH SKILLS AND IMPROVE PERSONAL FINANCE MANAGEMENT; 38 CLIENTS OBTAINED EMPLOYMENT; 97% OF CLIENTS INCREASED THEIR JOB SEEKING SKILLS AFTER RECEIVING SERVICES; AND, 23 CLIENTS WERE MATCHED WITH A JOB COACH WHO MENTORED THEM IN THEIR FIELD OF WORK.

HAND UP YOUTH FOOD PANTRY - THE HAND UP YOUTH FOOD PANTRY AT JFS HELPS PEOPLE GET BACK ON THEIR FEET. NOT ONLY DOES IT PROVIDE FOOD TO THOUSANDS OF HUNGRY INDIVIDUALS AND FAMILIES IN SAN DIEGO COUNTY, BUT BY INCLUDING CASE MANAGERS AT DISTRIBUTION SITES THE PROGRAM OPENS THE DOOR TO THE ARRAY OF VITAL SERVICES OFFERED AT JFS. THE HAND UP YOUTH FOOD PANTRY AND HAND UP TEEN LEADERSHIP PROGRAMS WORK IN TANDEM TO PROVIDE OPPORTUNITIES FOR YOUTH TO DEVELOP LEADERSHIP SKILLS THROUGH SERVICE-LEARNING. HIGH SCHOOL STUDENTS ENGAGE IN THE LOCAL FIGHT AGAINST HUNGER BY ORGANIZING FOOD DRIVES AND FUNDRAISERS, MAKING EDUCATIONAL PRESENTATIONS, MANAGING PANTRY AND DISTRIBUTION VOLUNTEERS, AND PARTICIPATING IN STATE-LEVEL LEGISLATIVE ADVOCACY. THE HAND UP YOUTH FOOD PANTRY CURRENTLY OPERATES EIGHT DISTRIBUTION LOCATIONS, WITH AN INCREASING FOCUS ON PROVIDING NUTRITIOUS FOOD TO THE MOST VULNERABLE



Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

AND IMPOVERISHED IN THE COMMUNITY. IN THE 2013-2014 FISCAL YEAR, THE HAND UP YOUTH FOOD PANTRY DISTRIBUTED 407,158 POUNDS OF FOOD (EQUIVALENT TO 318,113 MEALS) TO 4,698 INDIVIDUALS, COORDINATED 138 COMMUNITY FOOD DISTRIBUTIONS, ORGANIZED 628 VOLUNTEERS WHO SPENT 5,662 HOURS DISTRIBUTING FOOD, DIAPERS AND HYGIENE ITEMS, AND PROVIDED \$14,719 IN FINANCIAL ASSISTANCE TO 198 FOOD RECIPIENTS TO HELP THEM ACHIEVE GREATER SELF-SUFFICIENCY.

IMMIGRATION SERVICES - THROUGH JEWISH FAMILY SERVICE (JFS) OF SAN DIEGO'S IMMIGRATION SERVICES, TWO ATTORNEYS AND TWO BIA ACCREDITED REPRESENTATIVES ON STAFF PROVIDE COMMUNITY MEMBERS LOW-COST ASSISTANCE WITH A VARIETY OF APPLICATIONS SUCH AS: DEFERRED ACTION FOR CHILDHOOD ARRIVAL (DACA), FAMILY-BASED REUNIFICATION, REFUGEE/ASYLEE BASED GREEN CARDS AND REPLACEMENT GREEN CARDS, TRAVEL DOCUMENTS, U.S. CITIZENSHIP & IMMIGRATION SERVICES (USCIS) FEE WAIVERS, CUBAN ADJUSTMENT ACT CASES, AND NATURALIZATION. JFS ALSO OFFERS CLASSES TO HELP CLIENTS PREPARE FOR THEIR CITIZENSHIP INTERVIEWS AND ENGLISH AND CIVICS TESTS. A UNIQUE COMPONENT OF JFS IMMIGRATION SERVICES IS THE PRINS ASYLUM PROGRAM, WHICH PROVIDES FREE LEGAL REPRESENTATION FOR ASYLUM-SEEKERS FLEEING PERSECUTION, ABUSE AND HARM IN THEIR COUNTRIES. PRINS CLIENTS MUST BE CAREER PROFESSIONALS, SCIENTISTS, MUSICIANS, ARTISTS OR SCHOLARS. SAN DIEGO'S OTAY MESA AND SAN YSIDRO PORTS OF ENTRY ARE TWO OF THE BUSIEST IN THE WORLD FOR ASYLUM SEEKERS. SINCE ITS INCEPTION IN 2011 THE CITIZENSHIP PROGRAM HAS ASSISTED 367 CLIENTS BECOME U.S. CITIZENS. THE PASS RATE FOR THE CITIZENSHIP AND NATURALIZATION TEST PARTICIPANTS IS 97%. IN RESPONSE TO PRESIDENT OBAMA'S EXECUTIVE ACTION SIGNED IN 2012, JFS BEGAN PROVIDING SERVICES FOR DACA. FIFTY DACA APPLICATIONS WERE FILED IN THE PAST YEAR.

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLEGE AVENUE SOCIAL AND WELLNESS CENTER - THE COLLEGE AVENUE CENTER IS A DROP-IN CENTER FOR ACTIVE OLDER ADULTS IN CENTRAL SAN DIEGO. ITS PRIMARY PURPOSE IS TO OFFER AN ENGAGING PROGRAM THAT PROVIDES LIFELONG LEARNING OPPORTUNITIES, EXERCISE, CIVIC ENGAGEMENT, JUDAIC PROGRAMMING, ACCESS TO A NUTRITIOUS MEAL, AND OPPORTUNITIES TO SOCIALIZE. THE COLLEGE AVENUE CENTER HAS A MEMBERSHIP OF OVER 339 AND A DAILY AVERAGE ATTENDANCE OF 139 CLIENTS.

FOOD MOBILE - ESTABLISHED IN 1971, FOOD MOBILE IS A KOSHER, HOME-DELIVERED MEAL PROGRAM FOR OLDER ADULTS AND YOUNGER HOMEBOUND ADULTS WITH DISABILITIES. FOOD MOBILE SERVED 4,822 MEALS PER MONTH IN THE 2013-2014 FISCAL YEAR.

GERIATRIC CARE MANAGEMENT - THE GERIATRIC CARE MANAGEMENT PROGRAM HELPS OLDER ADULTS AND THEIR LOVED ONES MEET THE CHALLENGES OF AGING. STAFF HELP WITH COORDINATING MEDICAL CARE, SERVICES IN THE HOME, TRANSPORTATION, ERRANDS, AND PAPERWORK. IN THE 2013-2014 FISCAL YEAR 129 OLDER ADULTS AND CARETAKERS RECEIVED A TOTAL OF 6,653 SERVICE HOURS AND PROVIDED OVER 2,370 RIDES.

HOME NOT ALONE - THE HOME NOT ALONE PROGRAM HELPS OLDER ADULTS LIVE A VIBRANT AND ENGAGED LIFE WHILE AGING IN COMMUNITY. HOME NOT ALONE MATCHES ADULTS AGED 60 AND OLDER WITH VOLUNTEERS WHO OFFER COMPANIONSHIP, AND HELP WITH LIGHT HOUSEKEEPING, GROCERY SHOPPING, SIMPLE MEAL PREPARATION, LAUNDRY, PAPERWORK, ERRANDS AND TRANSPORTATION. SINCE FEBRUARY OF 2014, THIS NEW PROGRAM MATCHED 11

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

VOLUNTEERS WITH 13 OLDER ADULT CLIENTS ACROSS SAN DIEGO COUNTY, PROVIDED 177 RIDES TO OLDER ADULTS AND ENGAGED VOLUNTEERS IN GIVING 342 HOURS OF THEIR TIME.

JFS FIX-IT SERVICE - JFS FIX-IT SERVICE PLAYS A SIGNIFICANT ROLE IN ALLOWING OLDER ADULTS TO REMAIN SAFELY IN THEIR HOMES. JFS FIX-IT SERVICE SCHEDULES TRAINED VOLUNTEERS TO ASSIST OLDER ADULTS BY PROVIDING FREE FIVE-POINT SAFETY CHECKS, AND MINOR HOME-SAFETY REPAIRS AND MODIFICATIONS, ALLOWING OLDER ADULTS TO MAINTAIN THEIR INDEPENDENCE AND REMAIN SAFELY IN THEIR HOMES. IN FISCAL YEAR 2013-2014 JFS FIX-IT SERVICE PERFORMED 1,272 HOME MODIFICATIONS AND REPAIRS; VOLUNTEERS GAVE 1,346 HOURS OF THEIR TIME.

NORTH COUNTY SOCIAL AND WELLNESS CENTER - THE NORTH COUNTY SOCIAL & WELLNESS PROGRAMS PROVIDE A VARIETY OF ACTIVITIES FOR OLDER ACTIVE ADULTS IN THE NORTH COUNTY INLAND AND COASTAL AREAS OF SAN DIEGO. ACTIVITIES INCLUDE EXERCISE, LECTURES, ENTERTAINMENT, LUNCHEAS AND TRANSPORTATION.. IN THE 2013-2014 FISCAL YEAR A TOTAL OF 8,721 VISITS WERE MADE TO THE NORTH COUNTY INLAND CENTER AND 1,211 TO THE COASTAL CLUB.

ON THE GO - ON THE GO: TRANSPORTATION SOLUTIONS FOR OLDER ADULTS PROVIDES COMPREHENSIVE TRANSPORTATION SUPPORT TO OLDER ADULTS, AGES 60+, THROUGH FIVE SERVICES: SHUTTLES, EXCURSIONS, RIDES & SMILES, OTG SILVER AND TAXI SCRIP. IN THE 2013-2014 FISCAL YEAR, 1,470 RIDERS WERE ENROLLED IN THE PROGRAM, SERVICE EXPANDED FROM 18 TO 23 ZIP CODES AND ON THE GO PROVIDED 38,362 TOTAL RIDES.

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

SENIOR NUTRITION - THE SENIOR NUTRITION PROGRAM PROVIDES HOT, NUTRITIOUS, KOSHER MEALS TO SOCIALLY AND ECONOMICALLY DISADVANTAGED OLDER ADULTS AND YOUNGER ADULTS WITH DISABILITIES. SENIOR NUTRITION PREPARES AND DELIVERS MEALS TO CONGREGATE DINING SITES AT FIVE JFS SOCIAL & WELLNESS CENTERS AND PROVIDES HOME-DELIVERED MEALS VIA THE JFS FOOD MOBILE. IN THE 2013-2014 FISCAL YEAR, SENIOR NUTRITION PROVIDED 82,550 MEALS, 750 HOURS PER MONTH, ON AVERAGE, WERE DONATED BY VOLUNTEERS WHO PREPARED AND SERVED MEALS TO CLIENTS AND SENIOR NUTRITION INCREASED ITS TOTAL SERVICE BY 10% TO HOMEBOUND CLIENTS WITH THE ADDITION OF A NEW ROUTE IN THE SOUTH CENTRAL AREA OF SAN DIEGO.

SERVING OLDER SURVIVORS - THE SERVING OLDER SURVIVORS (SOS) PROGRAM PROVIDES HOLOCAUST SURVIVORS WITH GERIATRIC CARE MANAGEMENT SERVICES - INCLUDING ASSESSMENTS, CARE PLANS, CONSULTATIONS, ADVOCACY, COORDINATION, EMOTIONAL SUPPORT, ASSISTANCE WITH CARE IN THE HOME AND DIRECT FINANCIAL ASSISTANCE. IN THE 2013-2014 FISCAL YEAR, 61 SURVIVORS RECEIVED HOUSEKEEPING AND HOMECARE ASSISTANCE, 15 TO 24 PARTICIPANTS ATTENDED MONTHLY LUNCHESES, AND RUSSIAN JEWISH SURVIVORS HAD THE OPPORTUNITY TO CONNECT WITH THE JEWISH COMMUNITY THROUGH SIX PROGRAMS.

UNIVERSITY CITY OLDER ADULT CENTER - THE UNIVERSITY CITY OLDER ADULT CENTER (UCOAC) OFFERS A VARIETY OF PROGRAMS, INCLUDING CURRENT EVENT DISCUSSIONS, ENTERTAINMENT, EXERCISE, GAMES, LECTURES, LUNCH AND MOVIES TO FRAIL OLDER ADULTS AND THEIR FAMILIES. NEARLY TWO-THIRDS (70%) OF THE UCOAC CLIENTS SUFFER FROM ALZHEIMER'S OR DEMENTIA. IN THE 2013-2014 FISCAL YEAR, UCOAC ENROLLED 21 NEW MEMBERS AND HAD 3,250 CLIENT VISITS AND 476 CAREGIVER VISITS, SERVED 4,048 MEALS AND HOSTED

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

MANY SPECIAL EVENTS AND CLASSES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADOPTION ALLIANCE - ADOPTION ALLIANCE PROVIDES COMPREHENSIVE ADOPTION

SERVICES TO SIX COUNTIES IN THE SOUTHERN CALIFORNIA REGION. ADOPTION

ALLIANCE CONDUCTS INFERTILITY COUNSELING, PRE AND POST ADOPTION

COUNSELING, EDUCATION AND SUPPORT FOR RAISING ADOPTED CHILDREN,

DOMESTIC AND INTERNATIONAL ADOPTION HOME STUDIES, POST-PLACEMENT

SERVICES AND ADOPTION COORDINATION. ADOPTION ALLIANCE'S REPUTATION AS

A LEADING HOME STUDY AGENCY IN SOUTHERN CALIFORNIA HAS GROWN, BOTH

REGIONALLY AND NATIONALLY. IN THE 2013-2014 FISCAL YEAR, ADOPTION

ALLIANCE HELPED 24 CHILDREN BEGIN A NEW LIFE WITH THEIR ADOPTIVE

PARENTS.

BEHAVIORAL HEALTH COMMITTEE - THE BEHAVIORAL HEALTH COMMITTEE WORKS TO

END THE STIGMA OF MENTAL ILLNESS BY INCREASING COMMUNITY AWARENESS AND

PROVIDING RESOURCES AND SERVICES FOR COPING AND LIVING WITH MENTAL

ILLNESS. THE COMMITTEE IS COMPRISED OF COMMUNITY VOLUNTEERS - MAINLY

PARENTS OF CHILDREN WITH MENTAL ILLNESS - AND MENTAL HEALTH

PROFESSIONALS. IN THE 2013-2014 FISCAL YEAR, THE BEHAVIORAL HEALTH

COMMITTEE HELD A COMMUNITY RESOURCE FAIR AND PANEL EVENT FEATURING

LOCAL EXPERTS. THE PROGRAM ALSO HOLDS AN ANNUAL SPRING MENTAL HEALTH

AWARENESS LUNCHEON WITH A NOTABLE AUTHOR AS THE FEATURED SPEAKER.

EMBRACE-A-FAMILY - EACH YEAR THE EMBRACE-A-FAMILY HOLIDAY GIFT PROGRAM

ENGAGES INDIVIDUALS, FAMILIES, SERVICE AND FAITH-BASED COMMUNITY GROUPS

TO HELP ENSURE FAMILIES IN NEED HAVE GIFTS FOR THE HOLIDAYS. IN THE

2013-2014 FISCAL YEAR, EMBRACE-A-FAMILY TOUCHED THE LIVES OF 529

CLIENTS AND THEIR FAMILIES, RECEIVED GIFTS FROM 236 DONORS, AND ENGAGED

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

72 VOLUNTEERS WHO GAVE 193 VOLUNTEER HOURS.

EMERGING LEADERS - EMERGING LEADERS AT JFS IS A GROUP OF SOCIALLY-MINDED YOUNG PROFESSIONALS WHO COME TOGETHER TO SUPPORT THE WORK OF JFS THROUGH SERVICE, LEADERSHIP AND PHILANTHROPY. IT IS COMPRISED OF WORKING PROFESSIONALS IN THEIR TWENTIES, THIRTIES, AND FORTIES WHO COME FROM A VARIETY OF PROFESSIONAL BACKGROUNDS. EMERGING LEADERS HOLDS MONTHLY EVENTS OPEN TO ALL JEWISH YOUNG PROFESSIONALS AND THEIR NETWORKS AND PROVIDES A CONDUIT FOR INSTITUTIONAL AND INDIVIDUAL PHILANTHROPY THROUGH TWO SIGNATURE FUNDRAISING EVENTS. IN THE 2013-2014 FISCAL YEAR, EMERGING LEADERS ENGAGED 126 YOUNG PROFESSIONALS IN SERVICE PROJECTS, LEADERSHIP EVENTS, AND SOCIAL EVENTS, DONATED 475 VOLUNTEER HOURS AND RAISED OVER \$13,000 TO FUND JFS COMMUNITY PROGRAMS.

GIRLS GIVE BACK - GIRLS GIVE BACK IS DESIGNED TO ADDRESS THE CHALLENGES FACED BY JEWISH GIRLS BY ENGAGING THEM IN MEANINGFUL, SELF-DIRECTED, AND ONGOING SERVICE-LEARNING AND LEADERSHIP DEVELOPMENT ACTIVITIES. IN THE 2013-2014 FISCAL YEAR, 35 JEWISH HIGH SCHOOL GIRLS AND 15 JEWISH MIDDLE SCHOOL GIRLS FROM 13 HIGH SCHOOLS AND 11 MIDDLE SCHOOLS PARTICIPATED IN THE PROGRAM.

HAND UP TEEN LEADERSHIP PROGRAM - THE NATIONALLY-RECOGNIZED HAND UP TEEN LEADERSHIP PROGRAM OFFERS HIGH SCHOOL STUDENTS A UNIQUE OPPORTUNITY TO LEARN ABOUT FOOD INSECURITY, RECEIVE LEADERSHIP TRAINING, AND UTILIZE THEIR NEWLY DEVELOPED LEADERSHIP SKILLS BY CONTRIBUTING TO THE SERVICE DELIVERY OF THE HAND UP YOUTH FOOD PANTRY WHICH DISTRIBUTES SUPPLEMENTAL FOOD AND HYGIENE ITEMS TO THOUSANDS OF PEOPLE ACROSS SAN DIEGO COUNTY. IN THE 2013-2014 FISCAL YEAR, THE HAND

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

UP TEEN LEADERSHIP PROGRAM ENGAGED 41 TEENS IN GRADES 9-12 FROM 15 SAN DIEGO AREA HIGH SCHOOLS WHO VOLUNTEERED OVER 1,600 HOURS, RAISED MORE THAN \$10,000 BY ORGANIZING FUNDRAISERS AND VOLUNTEERED WITH FEEDING AMERICA TO SORT 1,400 POUNDS OF DONATED FOOD.

HUNGER ADVOCACY NETWORK - THE HUNGER ADVOCACY NETWORK IS A COLLABORATIVE OF TWENTY-ONE SAN DIEGO ORGANIZATIONS THAT WORK TOGETHER TO ACHIEVE A LONG-TERM, SYSTEMIC REDUCTION IN FOOD INSECURITY IN SAN DIEGO BY SHAPING STATE POLICY. IN THE 2013-2014 FISCAL YEAR, THE HUNGER ADVOCACY NETWORK COORDINATED A COMMUNITY ADVOCACY TRAINING THAT ENGAGED 60 PEOPLE AFFILIATED WITH PARTNER ORGANIZATIONS TO LEARN ABOUT THE RULES FOR NONPROFIT ADVOCACY AND HOW TO EFFECTIVELY CREATE AN ADVOCACY CAMPAIGN, ADDED FIVE NEW PARTNER ORGANIZATIONS AND WAS RECOGNIZED BY THE COUNTY BOARD OF SUPERVISORS FOR ITS EFFORTS WITH A RESOLUTION DURING HUNGER ACTION MONTH IN SEPTEMBER 2013.

JEWISH BIGPALS - JEWISH BIGPALS NURTURES THE EXPLORATION OF JEWISH IDENTITY AND PROMOTES POSITIVE SELF-DEVELOPMENT BY MATCHING SAFE, TRUSTING, ADULT MENTORS WITH JEWISH CHILDREN PRIMARILY FROM SINGLE-PARENT FAMILIES. IN THE 2013-2014 FISCAL YEAR, BIGPALS MAINTAINED 55 ACTIVE MATCHES, COORDINATED TWO BULLYING WORKSHOPS AND A PARENTING WORKSHOP WITH OVER 100 JEWISH ADULTS AND CHILDREN IN ATTENDANCE.

JEWISH HEALING CENTER - THE JEWISH HEALING CENTER (JHC) IS DEDICATED TO PROVIDING A UNIQUELY JEWISH AND SPIRITUAL PERSPECTIVE TO EVERYDAY CHALLENGES AND CRISIS SITUATIONS. JHC HEALING SERVICES INCLUDE SPIRITUAL SUPPORT GROUPS, BEREAVEMENT SUPPORT GROUPS, INDIVIDUAL

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

COUNSELING CHAPLAINCY, REFERRALS, COMMUNITY PRESENTATIONS, CLASSES, AND SPECIALTY WORKSHOPS.

PACHIE'S PLACE - TO ADDRESS IMPORTANT ISSUES FACING PARENTS AND CHILDREN FROM THE FIRST DAYS OF LIFE THROUGH THE FIRST DAYS OF KINDERGARTEN, PACHIE'S PLACE PRESENTS VARIOUS RESEARCH-BASED PARENTING APPROACHES AND THEORIES. IN THE 2013-2014 FISCAL YEAR, A TOTAL OF 533 PARTICIPANTS ATTENDED 20 WORKSHOPS AND ONE LARGE EVENT. THERE WERE 6,796 VISITS TO THE WEBSITE BY 1,720 UNIQUE VISITORS.

PATIENT ADVOCACY - THE PATIENT ADVOCACY PROGRAM ENSURES THE RIGHTS OF MENTAL HEALTH CONSUMERS IN HOSPITALS AND LICENSED RESIDENTIAL FACILITIES SO THAT THEY ARE TREATED WITH DIGNITY AND RESPECT. SERVICES ARE FREE TO CLIENTS AND CAN INCLUDE REPRESENTING CLIENTS AT ADMINISTRATIVE HEARINGS; WORKING WITH MINORS REGARDING THEIR RIGHTS; INVESTIGATING COMPLAINTS REGARDING RIGHTS VIOLATIONS, NEGLECT, ABUSE, AND/OR BREACHES OF CONFIDENTIALITY; AND MONITORING FACILITIES FOR COMPLIANCE WITH PATIENTS' RIGHTS LAWS AND REGULATIONS. PATIENT ADVOCACY PROVIDES CONSULTATION AND TRAINING TO THE COUNTY BEHAVIORAL HEALTH SERVICES SYSTEM, RESULTING IN MANY POSITIVE CHANGES TO COUNTY AND HOSPITAL POLICIES AND PROCEDURES. IN ADDITION TO PARTICIPATING IN STATEWIDE EFFORTS TO UPDATE AND REFORM CALIFORNIA MENTAL HEALTH LAW, PATIENT ADVOCACY IS PARTICIPATING IN THE TRAINING OF LAW ENFORCEMENT OFFICERS WHO RESPOND TO PSYCHIATRIC EMERGENCIES, AND IS WORKING WITH THE INTER-TRIBAL COURT OF SOUTHERN CALIFORNIA, WHICH PROVIDES OVERSIGHT TO 13 NATIVE AMERICAN TRIBES, TO DEVELOP PROTOCOLS FOR THE COURT TO ENSURE DUE PROCESS FOR TRIBAL MEMBERS. IN THE 2013-2014 FISCAL YEAR, PATIENT ADVOCACY, IN PARTNERSHIP WITH THE CONSUMER CENTER FOR HEALTH



Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

EDUCATION AND ADVOCACY (A PROGRAM OF LEGAL AID SOCIETY OF SAN DIEGO) WAS NAMED THE COUNTY BEHAVIORAL HEALTH DIRECTOR'S PROGRAM OF THE YEAR AT THE 27TH ANNUAL BEHAVIORAL HEALTH RECOGNITION DINNER. BOTH ORGANIZATIONS PROTECT PATIENTS' RIGHTS IN INPATIENT AND OUTPATIENT SETTINGS, INVESTIGATE GRIEVANCES AND COMPLAINTS AND ENSURE DUE PROCESS FOR INDIVIDUALS WITH MENTAL ILLNESSES. PATIENT ADVOCACY ALSO RECEIVED THE 2014 KOVOD AWARD IN THE CATEGORY OF "EFFECTIVE RESPONSE TO CHANGES IN HEALTH AND HUMAN SERVICES" FROM THE ASSOCIATION OF JEWISH FAMILY AND CHILDREN'S AGENCIES. IN ADDITION, PATIENT ADVOCACY: REPRESENTED CLIENTS AT OVER 3,300 CERTIFICATION REVIEW HEARINGS, ENSURING DUE PROCESS, ASSISTED CLIENTS WITH OVER 4,100 RIGHTS ISSUES AT HOSPITALS, CRISIS HOUSES, SKILLED NURSING FACILITIES, AND RESIDENTIAL FACILITIES, INVESTIGATED OVER 950 COMPLAINTS AND OVER 85 GRIEVANCES, ADDRESSING ISSUES RANGING FROM CONFIDENTIALITY VIOLATIONS TO POOR QUALITY OF CARE BY STAFF. INTERVENTIONS TYPICALLY RESULTED IN CHANGES TO HOSPITAL POLICIES AND PROCEDURES, AND/OR STAFF PRACTICE, CONDUCTED OVER 100 TRAININGS ON MENTAL HEALTH LAW AND MENTAL HEALTH PATIENTS' RIGHTS FOR CLIENTS, PROVIDERS AND PROFESSIONALS.

SUPPORTING JEWISH SINGLE PARENTS - THE SUPPORTING JEWISH SINGLE PARENTS (SJSP) PROGRAM SEEKS TO PRESERVE JEWISH CONTINUITY FOR SAN DIEGO'S SINGLE-PARENT FAMILIES, OFFERING SUPPORTIVE SERVICES WHICH ENHANCE FEELINGS OF BELONGING IN THE JEWISH COMMUNITY AND INCREASE PARTICIPATION IN JEWISH ACTIVITIES. THROUGH INFORMATION AND REFERRAL, NETWORKING, SUPPORT, AND ADVOCACY, SJSP ADDRESSES BASIC NEEDS ESSENTIAL TO CLIENTS' DAILY FUNCTIONING BY PROVIDING SUPPORT TO ENHANCE COPING SKILLS, FACILITATE CREATING SOCIAL NETWORKS, AND, AS NEEDED, PROVIDE FOOD ASSISTANCE OR FINANCIAL ASSISTANCE IN TIMES OF CRISIS FOR SUCH

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

ITEMS AS A PHONE BILL, GAS/ELECTRIC BILL, OR SCHOOL SUPPLIES AND CLOTHING FOR THEIR CHILDREN.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO SIGN ON AN ANNUAL BASIS A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING AND APPROVING STAFF SALARY RANGES, INCLUDING THE CONTRACT FOR THE CHIEF EXECUTIVE OFFICER. A BOARD OF DIRECTORS' SUBCOMMITTEE, INCLUDING THE PRESIDENT OF THE BOARD, REVIEWS SALARY DATA FROM COMPARABLE POSITIONS AND MAKES RECOMMENDATIONS TO THE BOARD'S EXECUTIVE COMMITTEE WHICH APPROVES OR DISAPPROVES THE SUGGESTIONS. RECOMMENDATIONS ARE THEN PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

ANYONE REQUESTING A HARD COPY OF THE 990 CAN OBTAIN ONE AT JFS HEADQUARTERS, 8804 BALBOA AVENUE, SAN DIEGO, CA 92123 OR DOWNLOAD IT FROM THE WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number 95-1644024
--	--

INFORMATION IN WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF A PDF DOCUMENT. BOTH THE AUDIT AND 990 ARE POSTED ON THE AGENCY WEB SITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INVESTMENT SUBSIDIARY -396,547.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**JEWISH FAMILY SERVICE OF SAN DIEGO**

Employer identification number

**95-1644024**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JFS FOUNDATION LLC - 56-2574072 8804 BALBOA AVENUE SAN DIEGO, CA 92123	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CALIFORNIA	0.	0.	N/A
JFS HOLDINGS LLC - 56-2574074 8804 BALBOA AVENUE SAN DIEGO, CA 92123	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CALIFORNIA	0.	6,262,612.	N/A
8788 BALBOA AVENUE LLC - 46-3948553 8804 BALBOA AVENUE SAN DIEGO, CA 92123	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CALIFORNIA	0.	3,291,096.	N/A

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHARITABLE ADULT RIDES & SERVICES, INC. - 27-4327126, 4669 MURPHY CANYON ROAD, SAN DIEGO, CA 92123	TRANSPORTATION SOLUTIONS FOR OLDER ADULTS	CALIFORNIA	501(C)(3)	LINE 9	JEWISH FAMILY SERVICE OF SAN DIEGO		X

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

Schedule R (Form 990) 2013



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE AUTO RESOURCES, INC.	C	9,200.FMV	
(2) CHARITABLE ADULT RIDES AND SERVICES, INC	N	201,583.FMV	
(3) CHARITABLE ADULT RIDES AND SERVICES, INC	I	2,929.FMV	
(4) CHARITABLE ADULT RIDES AND SERVICES, INC	C	1,150,000.FMV	
(5) CHARITABLE ADULT RIDES AND SERVICES, INC	P	2,989.FMV	
(6) CHARITABLE ADULT RIDES AND SERVICES, INC	K	353,134.FMV	







• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>JEWISH FAMILY SERVICE OF SAN DIEGO</b>	Employer identification number (EIN) or <b>95-1644024</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8804 BALBOA AVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92123</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**GUINEVERE A. KERSTETTER**

• The books are in the care of **8804 BALBOA AVENUE - SAN DIEGO, CA 92123**  
Telephone No. **858-637-3000** Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **CPA** Title **CPA** Date