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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about 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

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8804 BALBOA AVE

City or town, state or province, country, and ZIP or foreign postal code

SAN DIEGO, CA 92123

F Name and address of principal officer

GUINEVERE KERSTETTER

8804 BALBOA AVE

SAN DIEGO,CA 92123

D Employer identification number

95-1644024

E Telephone number

(858) 637-3000

G Gross receipts \$ 21,024,806

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW JFSSD ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1918

M State of legal domicile CA

Part I	Summary																																										
Activities & Governance	1 Briefly describe the organization's mission or most significant activities STRENGTHEN INDIVIDUALS/ENHANCE FAMILIES/PROTECT THE VULNERABLE WITH SERVICES BASED ON JEWISH VALUES																																										
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>26</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>26</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>360</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>956</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	26	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	360	6	Total number of volunteers (estimate if necessary)	956	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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Part II

Signature Block

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

Sign Here

Signature of officer

2015-04-21

Date

GUINEVERE KERSTETTER CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ELSA A ROMERO

Preparer's signature

Date

2015-04-21

Check ☐ if self-employed

PTIN

P00485021

Firm's name

AKT LLP

Firm's EIN

93-0623286

Firm's address

7676 HAZARD CENTER DRIVE STE 1300

Phone no

(619) 810-4940

SAN DIEGO, CA 92108

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

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 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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or E-Z? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 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 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 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 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 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 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/ASYLSEE 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	

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 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 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 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 LUNCHEAS, 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 MANY SPECIAL EVENTS AND CLASSES

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

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	204	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	360	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		Yes	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 8804 BALBOA AVENUE SAN DIEGO, CA 92123 (858) 637-3000

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

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	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 former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
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>	5	No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	131,648			
	d	Related organizations	1d	1,159,200			
	e	Government grants (contributions)	1e	6,741,356			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,313,739			
	g	Noncash contributions included in lines 1a-1f \$		140,200			
	h	Total. Add lines 1a-1f		15,345,943			
Program Service Revenue	2a	CLIENT FEES	Business Code 624100	773,384	773,384		
	b	PROGRAM REVENUE	624100	641,049	641,049		
	c	ON THE GO FEES	900099	353,134	353,134		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,767,567			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		294,971		294,971
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		217,411		217,411
8a		Gross income from fundraising events (not including \$ 131,648 of contributions reported on line 1c) See Part IV, line 18	a	864,442			
		b	Less direct expenses	b	194,433		
		c	Net income or (loss) from fundraising events		670,009		670,009
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. 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 Schedule 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	PROGRAM EXPENSES	859,661	834,225	21,430	4,006
b	EQUIPMENT RENTAL/EXPENS	316,543	299,596	5,739	11,208
c	OTHER EXPENSES	309,852	228,914	38,808	42,130
d	REPAIRS AND MAINTENANCE	145,362	135,042	3,040	7,280
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,363,702	15,137,452	850,696	1,375,554
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☒

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,918,147	1	4,275,102
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	7,017,054	3	6,194,481
	4	Accounts receivable, net	73,681	4	153,157
	5	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
	6	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	52,299	7	11,567
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	118,886	9	78,025
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,909,130		
	b	Less: accumulated depreciation	2,941,857	10c	10,967,273
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	17,676,051	12	19,332,679
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11,130,245	15	10,093,409
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,158,031	16	51,149,351
Liabilities	17	Accounts payable and accrued expenses	1,832,423	17	1,972,398
	18	Grants payable		18	
	19	Deferred revenue	313,580	19	275,620
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,600,000	23	1,600,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,330,648	25	9,908,633
	26	Total liabilities. Add lines 17 through 25	14,076,651	26	13,756,651
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	18,690,717	27	23,643,611
	28	Temporarily restricted net assets	8,812,271	28	10,691,639
	29	Permanently restricted net assets	7,578,392	29	3,057,450
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	35,081,380	33	37,392,700
	34	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 ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-1644024
Name: JEWISH FAMILY SERVICE OF SAN DIEGO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
JENNIFER LEVITT PRESIDENT	4.00	X		X				0	0	0
MEG GOLDSTEIN 1ST VICE PRESIDENT	4.00	X		X				0	0	0
LORETTA H. ADAMS 2ND VICE PRESIDENT	4.00	X		X				0	0	0
EDWARD J. CARNOT TREASURER	4.00	X		X				0	0	0
ADAM WELLAND SECRETARY	4.00	X		X				0	0	0
MICHAEL B. ABRAMSON DIRECTOR	2.00	X						0	0	0
DEBORAH BUCKSBAUM DIRECTOR	2.00	X						0	0	0
KIMBERLY CARNOT DIRECTOR	2.00	X						0	0	0
JUDY FELDMAN DIRECTOR	2.00	X						0	0	0
JOSEPH FISCH DIRECTOR	2.00	X						0	0	0
MATHEW FINK DIRECTOR	2.00	X						0	0	0
KIRA FINKENBERG DIRECTOR	2.00	X						0	0	0
AVI FROHLICHMAN DIRECTOR	2.00	X						0	0	0
MARCIA HAZAN DIRECTOR	2.00	X						0	0	0
KATE KASSAR DIRECTOR	2.00	X						0	0	0
MICHAEL LEES DIRECTOR	2.00	X						0	0	0
STEVEN J. LEVINE DIRECTOR	2.00	X						0	0	0
PHILIP LINSEN DIRECTOR	2.00	X						0	0	0
RABBI Yael Ridberg DIRECTOR	2.00	X						0	0	0
SHERYL L. ROWLING DIRECTOR	2.00	X						0	0	0
SUSAN SHMALO DIRECTOR	2.00	X						0	0	0
ELYSE SOLLENDER DIRECTOR	2.00	X						0	0	0
KARIN TORANTO DIRECTOR	2.00	X						0	0	0
LOUIS VENER DIRECTOR	2.00	X						0	0	0
CATHY WEIL DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
RON S ZOLLMAN DIRECTOR	2 00	X						0	0	0
MICHAEL HOPKINS CHIEF EXECUTIVE OFFICER	40 00			X				230,091	0	43,136
GUINEVERE KERSTETTER CHIEF FINANCIAL OFFICER	30 00 10 00			X				132,038	0	13,004
DANA TOPPEL CHIEF PROGRAM OFFICER	40 00			X				111,262	0	11,866
SUSAN LAPIDUS FORMER SR DIR DEVELOPMENT	40 00						X	140,339	0	5,727
JILL BORG SPITZER FORMER EXECUTIVE DIRECTOR	20 00						X	122,013	0	8,901
LINDA HUTKIN-SLADE FORMER DIVISIONAL DIRECTOR	40 00						X	100,584	0	11,310

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) 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 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

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2

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Type I

Type II

Type III - Functionally integrated

Type III - Non-functionally integrated

(i)

☐

(ii)

☐

(iii)

☐

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)

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

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

☐

(ii)

☐

(iii)

☐

A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?

A family member of a person described in (i) above?

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,411,692	13,337,176	15,030,865	20,845,797	15,345,943	77,971,473
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,411,692	13,337,176	15,030,865	20,845,797	15,345,943	77,971,473
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,392,596
6 Public support. Subtract line 5 from line 4						73,578,877

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	13,411,692	13,337,176	15,030,865	20,845,797	15,345,943	77,971,473
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,186,866	1,752,026	1,689,704	854,706	294,971	5,778,273
9	Net income from unrelated business activities, whether or not the business is regularly carried on	627,351		925,274	721,545	670,009	2,944,179
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						86,693,925
12	Gross receipts from related activities, etc (see instructions)					12	6,368,142
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84 870 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	84 600 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
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 ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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*.**

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

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-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j 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?		☐ Yes ☐ 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		219
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		361
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		710
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,067
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			2,357
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	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."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year.	2a	
b	Carryover from last year.	2b	
c	Total.	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	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	
5	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.

Return Reference	Explanation
PART II-B, LINE 1	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

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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 | b (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

57 000 %

b

Permanent endowment

36 000 %

c

Temporarily restricted endowment

7 000 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 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
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,967,273

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.

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

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

Return Reference	Explanation
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 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.
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.
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 1,710,187.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) 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
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SUSAN LAPIDUS 8804 BALBOA AVE SAN DIEGO, CA 92123	FUNDRAISING ANNUAL GALA		No	755,172	100,000	655,172
2 JILL SPITZER 8804 BALBOA AVE SAN DIEGO, CA 92123	FUNDRAISING		No	514,566	113,734	400,832
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,269,738	213,734	1,056,004

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

CA

.....

.....

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)		
	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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor ☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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

▶ Information about Schedule I (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 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.

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

▶

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
(1) EMERGENCY FUNDS FOR CLIENTS IN CRISIS	556	206,982			
(2) HOMECARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	38	338,773			
(3) HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	421	477,687			
(4) CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	18	27,175			
(5) SCHOLARSHIPS	21	30,500			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
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 - ADDITIONAL SUPPLEMENTAL 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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (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

Questions Regarding Compensation

		Yes	No
1a	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		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	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		
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	7	No
8	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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.

Return Reference	Explanation
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)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 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.

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 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

1	(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 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL HOPKINS	EXECUTIVE DIRECTOR	HOUSING		X	65,625	43,658		No	Yes		Yes	
Total ▶ \$						43,658						

Part III Grants or Assistance Benefitting Interested Persons.

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

(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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART II	IN MARCH 2012, JFS MADE A LOAN TO ITS EXECUTIVE DIRECTOR (ED) TOTALING \$65,625 THE LOAN IS PAYABLE IN MONTHLY INSTALLMENTS OF \$498 INCLUDING INTEREST AT 1 50% IN ADDITION, IN ACCORDANCE WITH THE AGREEMENT, JFS WILL FORGIVE \$5,000 OF THE LOAN BALANCE FOR EACH YEAR THAT THE ED IS EMPLOYED IF THE ED'S EMPLOYMENT IS TERMINATED FOR ANY REASON BEFORE THE LOAN IS FULLY REPAID, THE LOAN PLUS ANY ACCRUED INTEREST MUST BE PAID IN FULL WITHIN ONE 120 DAYS JFS HAS A SECURITY INTEREST IN THE PURCHASED PROPERTY THE BALANCE OF THE LOAN TOTALED \$43,658 AND \$53,884 AT JUNE 30, 2014 & 2013, AND IS INCLUDED IN OTHER LOANS RECEIVABLE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

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

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	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?				Yes No
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?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes
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.

Return Reference	Explanation
PART I, 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 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.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
JEWISH FAMILY SERVICE OF SAN DIEGO**Employer identification number**

95-1644024

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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	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.

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
(1) JFS FOUNDATION LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 56-2574072	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	0	0	N/A
(2) JFS HOLDINGS LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 56-2574074	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	0	6,262,612	N/A
(3) 8788 BALBOA AVENUE LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 46-3948553	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	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
(1) CHARITABLE ADULT RIDES & SERVICES INC 4669 MURPHY CANYON ROAD SAN DIEGO, CA 92123 27-4327126	TRANSPORTATION SOLUTIONS FOR OLDER ADULTS	CA	501(C)(3)	LINE 9	JEWISH FAMILY SERVICE OF SAN DIEGO		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE AUTO RESOURCES INC 4669 MURPHY CANYON ROAD SUITE 100 SAN DIEGO, CA 92123 20-0290042	FUNDRAISING ASSISTANCE FOR NON-PROFITS	DE	N/A	C	44,160	266,456	100 000 %		No

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

Schedule R (Form 990) 2013

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 95-1644024

Name: JEWISH FAMILY SERVICE OF SAN DIEGO

Form 990, Schedule R, Part V - Transactions With Related Organizations

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