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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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization JEWISH FAMILY SERVICE OF SAN DIEGO		D Employer identification number 95-1644024
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (858) 637-3000
	8804 BALBOA AVE		
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92123		G Gross receipts \$ 18,222,128
F Name and address of principal officer GUINEVERE KERSTETTER 8804 BALBOA AVE SAN DIEGO,CA 92123			
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW JFSSD ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1918	M State of legal domicile CA
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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																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>22</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>22</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>333</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>847</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	333	6 Total number of volunteers (estimate if necessary)	6	847	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b Net unrelated business taxable income from Form 990-T, line 34	7b	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		2015-12-22 Date			
	GUINEVERE KERSTETTER CHIEF FINANCIAL OFFICER Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name ELSA A ROMERO		Preparer's signature ELSA A ROMERO	Date 2015-12-22	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 SAN DIEGO, CA 92108				Phone no (619) 810-4940	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No						

Part III

Statement of Program Service Accomplishments

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

☒

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 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O.

4

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

4a	(Code) (Expenses \$ 8,317,880 including grants of \$ 734,327) (Revenue \$ 1,050,178)
	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 - BREAST CANCER CASE MANAGEMENT (BCCM) WORKS WITH CLIENTS TO INCREASE ACCESS TO RESOURCES TO SUPPORT THE PHYSICAL, MENTAL, FINANCIAL, AND SOCIAL WELLBEING DURING ALL STAGES OF DIAGNOSIS, TREATMENT, AND RECOVERY. THE ONLY PROGRAM OF ITS KIND IN SAN DIEGO COUNTY, BCCM UTILIZES AN INTENSIVE MEDICAL CASE MANAGEMENT MODEL. THE CASE MANAGER MEETS WITH WOMEN IN THE COMFORT OF THEIR OWN HOMES TO PROVIDE EMOTIONAL SUPPORT, RESOURCE COORDINATION, FINANCIAL ASSISTANCE, AND HELP NAVIGATING THE HEALTHCARE SYSTEM THROUGHOUT THE COURSE OF TREATMENT. WOMEN WITH ADEQUATE SUPPORT SERVICES ALREADY IN PLACE ARE ABLE TO ACCESS FINANCIAL SUPPORT SERVICES TO HELP ADDRESS THE ECONOMIC IMPACT OF A BREAST CANCER DIAGNOSIS, AND TO ENSURE THAT THEY AND THEIR FAMILIES CAN WEATHER THE FINANCIAL IMPACT OF TREATMENT AND RECOVERY. IN 2014-2015, 75 PATIENTS RECEIVED A HOME VISIT FROM A BREAST CANCER CASE MANAGER. \$50,000 IN FINANCIAL ASSISTANCE WAS PROVIDED TO PATIENTS TO MAINTAIN SHELTER, FOOD, TRANSPORTATION, AND OTHER BASIC OR TREATMENT-RELATED NEEDS. 95% OF WOMEN WHO ENROLLED IN THE PROGRAM RECEIVED ASSISTANCE THROUGH DIRECT SERVICE, REFERRALS, AND/OR ADVOCACY THAT DECREASED BARRIERS TO CRUCIAL SERVICES SUCH AS HOUSING, FOOD, MEDICAL/MENTAL HEALTHCARE, SOCIAL SUPPORT, FINANCIAL ASSISTANCE, AND FINANCIAL EDUCATION. COMMUNITY CASE MANAGEMENT - FOR MORE THAN 15 YEARS, COMMUNITY CASE MANAGEMENT (CCM) HAS PROVIDED CRITICAL ASSISTANCE TO INDIVIDUALS AND FAMILIES IN CRISIS TO HELP THEM IMPROVE THEIR STANDARD OF LIVING, PREVENT REOCCURRING CRISES, AND INCREASE SELF-SUFFICIENCY. CCM CASE MANAGERS WORK IN PARTNERSHIP WITH CLIENTS TO STRENGTHEN THEIR SKILLS FOR FINANCIAL STABILITY AS WELL AS THEIR EMOTIONAL, PHYSICAL, SOCIAL, AND SPIRITUAL HEALTH BY DEVELOPING PERSONALIZED ACTION PLANS TO ADDRESS FINANCIAL CHALLENGES, MENTAL HEALTH AND MEDICAL ISSUES, LACK OF SUPPORT SYSTEMS, AND OTHER BASIC NEEDS. CCM PROVIDES EMERGENCY FOOD, FINANCIAL ASSISTANCE, AND REFERRALS FOR HOUSING, LEGAL, AND HEALTH RESOURCES, IF NEEDED, AND WORKS CLOSELY WITH OTHER JFS SERVICES, INCLUDING HAND UP YOUTH FOOD PANTRY, COUNSELING, EMPLOYMENT AND CAREER SERVICES, WAYS TO WORK, AND AGING & WELLNESS SERVICES. IN 2014-2015, CCM SERVED 239 ADULTS AND FAMILIES. THE TYPICAL CLIENT WAS A WOMAN IN HER EARLY FIFTIES, LIVING ALONE, WITH ANNUAL INCOME OF APPROXIMATELY \$14,500. CLIENTS RANGED IN AGE FROM THEIR MID-TWENTIES TO THEIR EARLY EIGHTIES, INCLUDED FAMILIES WITH ONE TO FIVE CHILDREN, MILITARY PERSONNEL, AND PEOPLE WHO WERE UNEMPLOYED AS WELL AS THOSE EMPLOYED. LAST FISCAL YEAR, 98% OF CLIENTS HAD INCOMES BELOW THE FEDERAL POVERTY LEVEL, 19% WERE AGE 18-35, 52% WERE 35-60, AND 29% WERE OVER 60. CLINICAL COUNSELING - JFS PROVIDES INDIVIDUAL AND GROUP COUNSELING FOR CHILDREN, TEENS, ADULTS, COUPLES, AND FAMILIES. OUR THERAPISTS SPECIALIZE IN WORKING WITH PEOPLE SUFFERING FROM MOOD AND ANXIETY DISORDERS, SURVIVORS OF VIOLENCE, AND OLDER ADULTS WITH ISSUES RELATED TO THE AGING PROCESS. THERAPISTS WORK IN PARTNERSHIP WITH CLIENTS TO STRENGTHEN COPING SKILLS, BUILD STRATEGIES TO OVERCOME DISORDERS SUCH AS DEPRESSION AND ANXIETY, AND INCREASE SELF-SUFFICIENCY. CLINICAL COUNSELING AT JFS INCREASES PSYCHOLOGICAL WELL-BEING AND SUPPORTS INDIVIDUAL RESILIENCE THROUGHOUT THE LIFESPAN. CLINICAL COUNSELING WORKS CLOSELY WITH OTHER JFS PROGRAMS, SUCH AS COMMUNITY CASE MANAGEMENT, EMPLOYMENT AND CAREER SERVICES, AND AGING & WELLNESS SERVICES, TO REMOVE PRACTICAL BARRIERS TO TREATMENT AND TO INCREASE INDEPENDENCE. IN 2014-2015, CLINICAL COUNSELING SERVED 384 INDIVIDUALS THROUGH 2,162 PSYCHOTHERAPY SESSIONS AND 132 GROUP SESSIONS. FOLLOW-UP ASSESSMENTS INDICATE THAT 73% OF CLINICAL COUNSELING CLIENTS HAVE IMPROVED THEIR MENTAL HEALTH FUNCTIONING SINCE BEGINNING THERAPY AT JFS. 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 AND PROVIDES BOTH HOUSING AND INTENSIVE SUPPORT TO PERMANENTLY DISABLED, HOMELESS INDIVIDUALS IN RIVERSIDE COUNTY. CLIENTS GO DIRECTLY FROM THE STREETS AND EMERGENCY SHELTERS INTO JFS DESERT VISTA AND DESERT HORIZON APARTMENTS LOCATED IN THE WESTERN COACHELLA VALLEY. THE DESERT VISTA AND DESERT HORIZON SITES HAVE A COMBINED CAPACITY TO SERVE UP TO 58 CHRONICALLY HOMELESS MEN AND WOMEN. THE PROGRAM'S PURPOSE IS TO PROVIDE PERMANENT HOUSING AND COMPREHENSIVE SERVICES TO MEN AND WOMEN WHOSE HOMELESSNESS IS EXACERBATED BY A RANGE OF BARRIERS TO REMAINING IN INDEPENDENT HOUSING. IN THE LAST FISCAL YEAR, 85% OF DESERT VISTA AND DESERT HORIZON CLIENTS MAINTAINED OR INCREASED THEIR INCOMES, FAR EXCEEDING THE PROGRAM GOAL OF 55%. ADDITIONALLY, 91% OF OUR CLIENTS REMAINED IN PERMANENT HOUSING FOR A MINIMUM OF 180 DAYS, SURPASSING OUR HOUSING STABILITY GOAL OF 80%. EMPLOYMENT & CAREER SERVICES - EMPLOYMENT & CAREER SERVICES (ECS) ASSISTS UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS IN SAN DIEGO COUNTY THROUGH ITS NEWLY DEVELOPED CAREER KICK-START PROGRAM. CAREER KICK-START PROVIDES COMPREHENSIVE JOB SEARCH ASSISTANCE, INCLUDING EMPLOYMENT CASE MANAGEMENT, JOB REFERRALS, AND ACCESS TO NETWORKING OPPORTUNITIES. CAREER KICK-START PROVIDES THE TOOLS TO FIND MEANINGFUL AND FULFILLING EMPLOYMENT THAT LEADS TO SELF-SUFFICIENCY. ECS ALSO OPERATES THE FEDERALLY FUNDED SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) IN SAN DIEGO COUNTY, PROVIDING COMMUNITY TRAINING PLACEMENTS AND SUPPORT TO OLDER WORKERS WITH BARRIERS TO EMPLOYMENT. SCSEP SERVES MEN AND WOMEN 55 YEARS OLD OR OLDER WHO HAVE A FAMILY INCOME AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL. THESE CLIENTS HAVE LOW EMPLOYMENT PROSPECTS DUE TO SIGNIFICANT BARRIERS IN THEIR LIVES, SUCH AS HOMELESSNESS, INTERGENERATIONAL POVERTY, MEDICAL CONDITIONS, AND DISABILITIES. IN 2014-2015, 19 ECS-HOSTED WORKSHOPS AND EDUCATIONAL PROGRAMS ASSISTED 270 INDIVIDUALS IN IMPROVING THEIR JOB SEARCH SKILLS. THESE WORKSHOPS INCLUDED INSTRUCTION ON USING LINKEDIN, AND SPECIALIZED SKILLS TRAININGS FOR OLDER ADULTS SEEKING TO RETURN TO THE WORKFORCE. THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PLACED 68 OLDER ADULT CLIENTS IN PAID COMMUNITY SERVICE TRAINING POSITIONS WITH EMPLOYERS IN PUBLIC AND NONPROFIT SECTORS THROUGHOUT SAN DIEGO COUNTY. FAMILY CONNECTIONS - FAMILY CONNECTIONS COMBINES THE SERVICES OF SUPPORTING JEWISH SINGLE PARENTS (SISP), JEWISH BIGPALS, AND PACHIE'S PLACE. SISP PARENTS CONNECT TO OTHER JEWISH SINGLE PARENTS AND LEARN HOW TO ACCESS VITAL COMMUNITY RESOURCES THROUGH NETWORKING, EMOTIONAL AND FINANCIAL SUPPORT, AND ADVOCACY. SISP STRENGTHENS PARTICIPANTS' SENSE OF BELONGING TO THE JEWISH COMMUNITY. BIG PALS ARE CARING ADULTS WHO MENTOR CHILDREN AGES 6-16 FROM NON-TRADITIONAL OR SINGLE-PARENT FAMILIES. BIG PALS HELP THEIR LITTLE PALS DEVELOP SELF-ESTEEM, JEWISH IDENTITY, AND BUILD LASTING RELATIONSHIPS THAT CAN CHANGE THEIR PERSPECTIVE ON THE WORLD. PACHIE'S PLACE SUPPORTS PARENTS BY OFFERING HIGH-QUALITY EDUCATIONAL WORKSHOPS AND ACCESS TO ONLINE PARENTING RESOURCES. PARENTS BECOME MORE CONFIDENT, KNOWLEDGEABLE, AND CONNECTED TO OTHER PARENTS. IN 2014-2015, SISP SUPPORTED AND CONNECTED MORE THAN 300 JEWISH SINGLE PARENTS AND THEIR CHILDREN TO THE JEWISH COMMUNITY. JEWISH BIGPALS SERVED 55 JEWISH CHILDREN FROM SINGLE-PARENT AND/OR NON-TRADITIONAL HOMES, AND THE MAJORITY (87%) OF CHILDREN IN THE PROGRAM HAD PARENTS THAT PARTICIPATED IN SISP. PACHIE'S PLACE SERVED 60 PARENTS INVOLVED IN SISP AND BIGPALS, AS WELL AS OTHERS FROM THE COMMUNITY. GIRLS GIVE BACK - TEENAGE GIRLS WHO PARTICIPATE IN THE GIRLS GIVE BACK (GGB) PROGRAM INCREASE THEIR LEADERSHIP SKILLS, RESILIENCE, SELF-CONFIDENCE, AND CONNECTION TO THE JEWISH COMMUNITY BY PLANNING SERVICE PROJECTS THAT GIVE BACK TO SAN DIEGO IN A POSITIVE WAY. GIRLS GIVE BACK TEENS PARTICIPATE IN LEADERSHIP DEVELOPMENT TRAINING OVER THE SUMMER, A DAYLONG TEAM-BUILDING RETREAT IN THE FALL, AND MONTHLY MEETINGS THROUGHOUT THE ACADEMIC YEAR. THEY LEARN ABOUT WOMEN'S ISSUES, MEET WITH LOCAL LEADERS, AND ENGAGE IN ADVOCACY, COMMUNITY OUTREACH, EVENT PLANNING, AND MENTORSHIP OF YOUNGER GIRLS TO CREATE POSITIVE SOCIAL CHANGE FOR WOMEN AND GIRLS ACROSS SAN DIEGO. IN 2014-2015, GIRLS GIVE BACK ENGAGED 35 JEWISH HIGH SCHOOL TEENS AND 15 JEWISH MIDDLE SCHOOL TEENS AND "TWEENS" ANNUALLY FROM LOCAL HIGH SCHOOLS AND MIDDLE SCHOOLS. ONE-FOURTH OF GIRLS GIVE BACK TEENS RECEIVE FINANCIAL ASSISTANCE TO HELP OFFSET THE COST OF PARTICIPATING IN THE PROGRAM. PARTICIPANTS REPRESENT DIVERSE DENOMINATIONS OF JUDAISM, INCLUD
4b	(Code) (Expenses \$ 4,674,163 including grants of \$ 378,582) (Revenue \$ 501,746)
	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. GERIATRIC CARE MANAGEMENT - THE GERIATRIC CARE MANAGEMENT (GCM) PROGRAM PROVIDES OLDER ADULTS AND THEIR CAREGIVERS WITH A BETTER QUALITY OF LIFE THROUGH IMPROVED MANAGEMENT OF THEIR HEALTH NEEDS, AND ENHANCED SUPPORT SYSTEMS TO MAXIMIZE INDEPENDENCE AND ENHANCE CLIENTS' ABILITY TO AGE WITH DIGNITY. GCM'S TRAINED GERIATRIC SPECIALISTS COORDINATE MEDICAL CARE, PROVIDE TRANSPORTATION, ASSIST WITH PAPERWORK, ADVOCATE, AND LINK CLIENTS TO COMMUNITY AND AGENCY RESOURCES. IN 2014-2015, GERIATRIC CARE MANAGEMENT STAFF PROVIDED 5,103 HOURS OF ASSISTANCE TO 107 OLDER ADULTS, COORDINATING CARE, PROVIDING ADVOCACY, AND CONNECTING THEM TO RESOURCES. FINANCIAL ASSISTANCE HELPED 184 CLIENTS MEET ESSENTIAL EXPENSES THEY COULD NOT AFFORD, INCLUDING EYE GLASSES, DENTAL CARE, CO-PAYMENTS FOR CHEMOTHERAPY, A REFRIGERATOR, AND AN APPRAISAL FOR A REVERSE MORTGAGE. GCM STAFF PROVIDED 1,327 RIDES TO CLIENTS, HELPING THEM TO MEDICAL APPOINTMENTS, TO THE SOCIAL SECURITY OFFICE, AND TO HEALTH & HUMAN SERVICES TO SECURE MEDICAL BENEFITS. JFS FIX-IT SERVICE - FOR 15 YEARS, THE JFS FIX-IT SERVICE HAS HELPED OLDER ADULTS IN SAN DIEGO COUNTY AGE WITH DIGNITY BY ENABLING THEM TO LIVE INDEPENDENTLY AND SAFELY IN THEIR HOMES. THE PROGRAM SIGNIFICANTLY EASES THE BURDEN FOR UNPAID CAREGIVERS, SPOUSES, FAMILY MEMBERS, AND FRIENDS WHO ALL WANT TO HELP THEIR LOVED ONES CONTINUE TO LIVE IN FAMILIAR ENVIRONMENTS AS THEY AGE. SERVICES ARE PROVIDED BY DEDICATED, SCREENED, AND TRAINED VOLUNTEERS WHO CONDUCT FREE FOUR-POINT SAFETY CHECKS, MINOR HOME-SAFETY REPAIR, AND MODIFICATIONS. JFS FIX-IT SERVICE PROVIDES ALL LABOR AND REPAIRS FREE OF CHARGE THROUGH THE WORK OF VOLUNTEERS, AND A GRANT FROM THE COUNTY OF SAN DIEGO AGING & INDEPENDENCE SERVICES. THE PROGRAM'S SERVICE REGION COVERS MOST OF SOUTHERN SAN DIEGO COUNTY, SPANNING THE AREA FROM HIGHWAY 56 SOUTH TO THE INTERNATIONAL BORDER, WEST TO THE OCEAN AND EAST TO PINE VALLEY. IN 2014-2015, 29 VOLUNTEERS DONATED 1,577 HOURS, DROVE NEARLY 15,300 MILES, AND HELPED 298 CLIENTS WITH 1,347 REPAIRS. FIX-IT VOLUNTEERS MADE 533 MINOR HOME REPAIRS AND SAFETY MODIFICATIONS THAT INCLUDED ELECTRICAL AND PLUMBING WORK, INSTALLING OR FIXING DOORBELLS AND PROVIDING BATHTUB MATS, MADE 147 HOME SECURITY AND SAFETY MODIFICATIONS INCLUDING GRAB BARS, SECURITY LIGHTS, RAILING REPAIRS, LOCKS/DEADBOLTS, AND WINDOW/DOOR SCREENS, PROVIDED 65 ASSISTIVE DEVICES SUCH AS SHOWER CHAIRS, TOILET SEAT RISERS, AND BEDSIDE COMMODES, AND, COMPLETED 602 REPAIRS AND INSTALLATIONS USING CLIENT-PROVIDED MATERIAL, INCLUDING SMOKE AND CARBON MONOXIDE DETECTORS. NUTRITION SERVICES - JFS NUTRITION SERVICES PRODUCE AND DELIVER KOSHER MEALS THROUGHOUT SAN DIEGO COUNTY. THE MEALS HELP OLDER ADULTS, AND YOUNGER ADULTS WITH DISABILITIES (AGED 18 AND OVER), TO AGE WITH DIGNITY, MAINTAIN THEIR INDEPENDENCE, AND CONTINUE LIVING IN THEIR OWN HOMES. MEALS ARE SERVED AT THE JFS SOCIAL & WELLNESS CENTERS, AND ARE DELIVERED TO CLIENTS' HOMES THROUGH JFS FOODMOBILE. TRAINED DRIVERS AND VOLUNTEERS CONDUCT A WELLNESS CHECK AND REPORT ANY CONCERNS TO THE FOODMOBILE COORDINATOR. SUPPLEMENTAL GROCERIES SUPPLIED BY THE JFS HAND UP YOUTH FOOD PANTRY, AND PET FOOD, ARE ALSO AVAILABLE ON A MONTHLY BASIS. WITH NUTRITION SERVICES SUPPORT, OLDER ADULTS AND YOUNGER ADULTS WITH DISABILITIES NOT ONLY INCREASE THEIR ACCESS TO NUTRITIOUS FOODS, THEY ALSO IMPROVE THEIR INDEPENDENCE AND EXPERIENCE REDUCED ISOLATION. NUTRITION SERVICES PREPARE AND DELIVER KOSHER MEALS TO ADULTS OVER AGE 60, AS WELL AS YOUNGER ADULTS WITH DISABILITIES. FOODMOBILE IS THE ONLY SERVICE IN SAN DIEGO PROVIDING HOME-DELIVERED MEALS TO YOUNGER ADULTS WITH DISABILITIES. IN 2014-2015, NUTRITION SERVICES PROVIDED 6,989 MEALS PER MONTH, AND SERVED 772 INDIVIDUALS. TWO THIRDS WERE WOMEN, AND 4% WERE YOUNGER ADULTS WITH DISABILITIES. OVER HALF (53%) OF NUTRITION SERVICES CLIENTS REPORTED THAT THEY HAVE LOW INCOMES, AND USED THE SLIDING SCALE FEE OPTION TO AFFORD MEALS ON THE GO. TRANSPORTATION SOLUTIONS FOR OLDER ADULTS OFFERS SHUTTLE SERVICE, EXCURSIONS, RIDES & SMILES , ON THE GO SILVER, AND TAXI SCRIP. SHUTTLES PROVIDE GROUP TRANSPORTATION TO JFS'S SOCIAL & WELLNESS CENTERS, SHOPPING, ERRANDS, CULTURAL EVENTS AND RELIGIOUS SERVICES. EXCURSIONS PROVIDE GROUP TRANSPORTATION TO DESTINATIONS SUCH AS THE THEATER, MUSEUMS, AND TOURS OF SAN DIEGO. RIDES & SMILES , AN AWARD-WINNING AND INTERNATIONALLY-RECOGNIZED SERVICE, OFFERS INDIVIDUAL RIDES PROVIDED PRIMARILY BY VOLUNTEERS USING THEIR OWN CARS. ON THE GO SILVER IS A PREMIUM FEE-BASED SERVICE THAT ACCOMMODATES INDIVIDUAL RIDERS' DOOR-TO-DOOR NEEDS AND GROUP TRANSPORTATION. THE TAXI SCRIP PROGRAM FILLS GAPS IN SERVICE NOT MET BY OTHER ON THE GO OFFERINGS. ON THE GO MEETS SENIORS' BASIC TRANSPORTATION NEEDS, DECREASES ISOLATION, AND INCREASES COMMUNITY CONNECTIONS. A TOTAL OF 1,796 INDIVIDUALS OVER THE AGE OF 60 ARE ENROLLED IN ON THE GO. IN 2014-2015, ON THE GO PROVIDED 37,055 RIDES TO SENIORS. VOLUNTEERS ARE THE BACKBONE OF ON THE GO. IN 2014-2015, 236 VOLUNTEERS DONATED 16,857 HOURS OF THEIR TIME, REPRESENTING AN IN-KIND SAVINGS OF \$452,948. SOCIAL & WELLNESS CENTERS - THE JFS SOCIAL & WELLNESS CENTERS --AT COLLEGE AVENUE, NORTH COUNTY INLAND AND THE JFS COASTAL CLUB AT TEMPLE SOLE --PROVIDE DROP-IN PROGRAMMING FOR ACTIVE OLDER ADULTS IN NORTHERN AND CENTRAL SAN DIEGO. THEY OFFER LEARNING OPPORTUNITIES, EXERCISE, JUDAIC PROGRAMMING, NUTRITIOUS MEALS, AND SOCIALIZATION. THE CENTERS OFFER INFORMATION AND SUPPORT ABOUT THE AGING PROCESS, ASSISTANCE ACCESSING SOCIAL SERVICES, AND COMPANIONSHIP, RECREATION, AND COMMUNITY CONNECTION. ALL OF WHICH ARE PROVEN TO PREVENT ISOLATION, MAINTAIN HEALTH, AND SUPPORT INDEPENDENT LIVING AT HOME. IN 2014-2015, THE SOCIAL & WELLNESS CENTERS ENJOYED 53,208 VISITS. CLIENTS ATTENDING THE CENTERS RANGE IN AGE FROM 60 TO OVER 95 YEARS, THEIR AVERAGE AGE IS 70, AND THEY ARE MOSTLY FEMALE. NEARLY HALF OF THE CURRENT REGULAR PARTICIPANTS ARE JEWISH, AND 40% ARE WIDOWED. THE MAJORITY OF ATTENDEES (72%) ARE STILL ABLE TO DRIVE TO THE CENTERS. MANY PARTICIPANT LIVE ON SMALL PENSIONS AND/OR SOCIAL SECURITY, THE MOST RECENT CLIENT SURVEY REVEALED THAT NEARLY HALF (46%) OF PARTICIPANTS ARE LIVING BELOW THE FEDERAL POVERTY LEVEL. SERVING OLDER SURVIVORS - SINCE THE 1990S, SERVING OLDER SURVIVORS (SOS) HAS BEEN ADDRESSING THE NEEDS OF SAN DIEGANS WHO SUFFERED SO MUCH DURING THE HOLOCAUST. THE GOALS OF SOS ARE TO DECREASE SURVIVORS' EMOTIONAL DISTRESS, MAXIMIZE THEIR INDEPENDENCE, AND INCREASE THEIR COMMUNITY CONNECTIONS. SOS PROVIDES GERIATRIC CARE MANAGEMENT SERVICES, INCLUDING ASSESSMENTS, CARE PLANS, CONSULTATIONS, ADVOCACY, COORDINATION, EMOTIONAL SUPPORT, HELP WITH CARE IN THE HOME, AS WELL AS DIRECT FINANCIAL ASSISTANCE. IN 2014-2015, 138 HOLOCAUST SURVIVORS WERE ENROLLED IN THE SOS PROGRAM. ADDITIONALLY, 38 SURVIVORS AND THEIR FAMILIES WHO CONTACTED JFS RECEIVED INFORMATION THAT HELPED THEM APPLY FOR THE POLISH BENEFITS AND CHILD SURVIVOR FUNDS. SOS MATCHED 14 LOCAL AGENCIES AND SCHOOLS WITH SURVIVORS WHO SPOKE AT THEIR HOLOCAUST REMEMBRANCE AND EDUCATIONAL EVENTS. THROUGH 10,346 CONTACTS WITH, AND ON BEHALF OF SURVIVORS, THEIR CAREGIVERS, AND THEIR FAMILY MEMBERS, IN 2014-2015, SOS STAFF DISBURSED \$264,348 IN REIMBURSEMENT FOR HOMECARE COSTS FOR 63 CLIENTS, DISTRIBUTED \$83,684 IN EMERGENCY FUNDS THROUGH GRANTS FROM THE CLAIMS CONFERENCE, AND OTHER INSTITUTIONAL AND INDIVIDUAL DONORS, TO 61 SURVIVORS, PROVIDED CLIENTS WITH 853 RIDES ALONG WITH ADVOCACY AND TRANSLATION TO DOCTOR VISITS, SHOPPING AND OTHER ERRANDS, AND, ORGANIZED SEVEN SOCIALIZATION PROGRAMS FOR EUROPEAN SURVIVORS, ATTENDED BY 29 SURVIVORS. UNIVERSITY CITY OLDER ADULT CENTER - THE UNIVERSITY CITY OLDER ADULT CENTER (UCOAC) IS LOCATED AT CONGREGATION BETH ISRAEL. THREE DAYS PER WEEK, THE CENTER OFFERS A VARIETY OF ACTIVITIES DESIGNED TO PROVIDE SUPPORT TO FRAIL OLDER ADULTS, THEIR CAREGIVERS, AND THEIR FAMILIES. UCOAC IS A HAVEN FOR THOSE WHO HAVE BEEN DIAGNOSED WITH ALZHEIMER'S DISEASE OR DEMENTIA, ARE RECENTLY WIDOWED, OR HAVE BECOME SOCIALLY ISOLATED. OLDER ADULTS WHO ATTEND UCOAC ARE ABLE TO AGE IN THE COMMUNITY WITH THE MAXIMUM LEVEL OF INDEPENDENCE AND SOCIAL INTERACTION POSSIBLE. THEIR CAREGIVERS ALSO EXPERIENCE LESS ISOLATION AND GREATER CONNECTION TO THE COMMUNITY. IN 2014-2015 AT THE UNIVERSITY CITY OLDER ADULT CENTER, CLIENTS MADE 3,148 VISITS AND CAREGIVERS MADE 406 VISITS, 3,919 HOT KOSHER MEALS WERE SERVED, AND, A TEAM OF VOLUNTEERS DONATED, ON AVERAGE, 190 HOURS PER MONTH, SERVING MEALS AND ENGAGING WITH CLIENTS.
4c	(Code) (Expenses \$ 2,128,350 including grants of \$ 14,878) (Revenue \$ 234,800)
	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. EMBRACE-A-FAMILY - EACH YEAR INDIVIDUALS, FAMILIES, SERVICE AND FAITH-BASED COMMUNITY GROUPS AND BUSINESSES DONATE NEW HOLIDAY GIFTS TO THE EMBRACE-A-FAMILY PROGRAM TO HELP ENSURE THAT FAMILIES UNABLE TO PURCHASE THEM HAVE GIFTS FOR THE HOLIDAYS. THIS PROGRAM OFFERS THE COMMUNITY A MEANINGFUL WAY TO MAKE THE HOLIDAY SEASON A LITTLE BRIGHTER FOR FAMILIES STRUGGLING TO MAKE ENDS MEET. IN 2014-2015, 262 GENEROUS EMBRACERS PROVIDED HOLIDAY GIFTS TO 501 FAMILIES (1,436 INDIVIDUALS), 70 BUSINESSES, SCHOOLS, PROFESSIONAL GROUPS, SERVICE ORGANIZATIONS, CONTRIBUTED TO BRIGHTEN THE HOLIDAYS FOR HUNDREDS OF FAMILIES. SAN DIEGO JEWISH ACADEMY ALONE EMBRACED 40 FAMILIES, AND SCRIPPS MEMORIAL HOSPITAL LA JOLLA MORE THAN 60. 26 VOLUNTEERS HELPED SORT GIFTS IN PREPARATION FOR DELIVERY. VOLUNTEERS GAVE 182 HOURS OF THEIR TIME, AND, CLIENTS WHO WERE EMBRACED ALSO RECEIVED SUPPORT SERVICES FROM JFS PROGRAMS. HUNGER ADVOCACY NETWORK - THE HUNGER ADVOCACY NETWORK (HAN) IS A COLLABORATIVE COMPRISED OF ORGANIZATIONS THAT WORK TOGETHER TO ACHIEVE A LONG-TERM, SYSTEMIC REDUCTION IN FOOD INSECURITY IN SAN DIEGO BY SHAPING STATE POLICY. WITH ONGOING TECHNICAL SUPPORT FROM JEWISH FAMILY SERVICE, THE NETWORK HAS BECOME A STRONG, WELL-RESPECTED COALITION OF MORE THAN 20 ORGANIZATIONS WHO INCREASE ACCESS TO VITAL FOOD ASSISTANCE PROGRAMS IN 2014-2015, NETWORK PARTNER ORGANIZATIONS ACTIVELY ADVOCATED FOR THE PASSAGE OF 12 STATE BILLS AND TWO STATE BUDGET REQUESTS THAT ADDRESS THE CONNECTION BETWEEN FOOD SECURITY AND SPECIFIC NUTRITION, HOUSING, AND ANTI-POVERTY PROGRAMS. HAN PARTNER ORGANIZATIONS ADVOCATED FOR THESE KEY FOOD SECURITY POLICIES VIA IN-DISTRICT MEETINGS, AND HAN'S ANNUAL SACRAMENTO ADVOCACY DAY. PARTNERS ALSO BUILT RELATIONSHIPS WITH LEGISLATORS AND COMMUNITY LEADERS, AND EDUCATED THEM ABOUT LOCAL FOOD SECURITY ISSUES AT HAN'S ANNUAL LEGISLATIVE RECEPTION AND ELECTED OFFICIALS BREAKFAST IN JANUARY AND APRIL 2015, RESPECTIVELY. VOLUNTEER ENGAGEMENT - NEWLY CERTIFIED AS A SERVICE ENTERPRISE FOR IT EFFECTIVE AND STRATEGIC ENGAGEMENT OF VOLUNTEERS, JFS IS COMMITTED TO LEVERAGING VOLUNTEER TALENTS AT ALL LEVELS OF THE AGENCY. THE VOLUNTEER ENGAGEMENT DEPARTMENT SUPPORTS THE AGENCY BY RECRUITING AND RETAINING VOLUNTEER SKILLS AND TALENT. WITH MORE THAN 1,000 VOLUNTEERS, WE ARE DEDICATED TO CREATING MEANINGFUL VOLUNTEER OPPORTUNITIES FOR PEOPLE IN SEARCH OF BETTER LIVES AND FOR THOSE SEEKING TO MAKE BETTER LIVES POSSIBLE. LAST FISCAL YEAR, 847 VOLUNTEERS CHOSE JFS BENEFICIARIES AS THE RECIPIENTS OF THEIR TIME AND TALENT WITH JFS COLLECTIVELY, 59,553 HOURS WERE DONATED TO THE AGENCY WHICH REPRESENT AN IN-KIND SAVINGS OF \$1,568,645 AND 30.5 FULL-TIME EQUIVALENT STAFF MEMBERS. TEN NEW VOLUNTEER POSITIONS WERE CREATED INCLUDING ADMINISTRATIVE SUPPORT, PHOTOGRAPHERS, CHILD ACTIVITY HELPERS, RECEPTIONISTS, AND CLIENT CHOICE FOOD PANTRY ASSISTANCE. THE AVERAGE VOLUNTEER WORKS WITH JFS FOR APPROXIMATELY TWO YEARS.
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 15,120,393

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	No
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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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.	177	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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.	333	
b. 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).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

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, address, and telephone number of the person who possesses the organization's books and records	GUINEVERE A KERSTETTER

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	576,434	0	65,365

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▶3

		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	No
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
	JILL SPITZER, 8804 BALBOA AVE SAN DIEGO, CA 92123	FUNDRAISING	101,977
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 ▶1		

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	249,428			
	d	Related organizations 1d	50,000			
	e	Government grants (contributions) 1e	7,072,121			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,723,581			
	g	Noncash contributions included in lines 1a-1f \$	175,948			
	h	Total. Add lines 1a-1f	14,095,130			
Program Service Revenue	2a	CLIENT FEES	624100	688,794	688,794	
	b	PROGRAM REVENUE	624100	581,898	581,898	
	c	ON THE GO FEES	900099	516,032	516,032	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,786,724			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	549,665			549,665
	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	776,006	9,995		
	c	Gain or (loss)	795,329	1,394,136		
	d	Net gain or (loss)	-19,323	-1,384,141		
	8a	Gross income from fundraising events (not including \$ 249,428 of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses	a	1,004,608		
	c	Net income or (loss) from fundraising events	b	211,028		
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses	a			
	c	Net income or (loss) from gaming activities	b			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold	a			
	c	Net income or (loss) from sales of inventory	b			
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	15,821,635	1,786,724	0	-60,219

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,127,787	1,127,787		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	790,883	399,487	128,092	263,304
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	8,961,853	7,990,756	278,557	692,540
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,461,598	1,286,295	68,990	106,313
10	Payroll taxes	792,645	686,108	32,240	74,297
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,300		5,300	
c	Accounting	4,000	3,990		10
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	101,977			101,977
f	Investment management fees	151,391		151,391	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	487,323	416,554	27,692	43,077
12	Advertising and promotion	68,167	58,491	44	9,632
13	Office expenses	341,868	262,979	8,559	70,330
14	Information technology	132,510	90,751	5,598	36,161
15	Royalties				
16	Occupancy	778,714	760,230	8,633	9,851
17	Travel	524,181	497,364	26,817	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	429,585	350,769	21,883	56,933
23	Insurance	157,468	124,772	27,790	4,906
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	615,018	612,207	58	2,753
b	EQUIPMENT RENTAL/EXPENS	198,055	173,983	5,872	18,200
c	REPAIRS AND MAINTENANCE	179,860	164,221	5,047	10,592
d	OTHER EXPENSES	57,678	113,649	51,560	-107,531
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,367,861	15,120,393	854,123	1,393,345
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,275,102	1	3,184,227
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,194,481	3	4,698,874
	4	Accounts receivable, net		153,157	4	514,091
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		43,658	5	33,278
	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		11,567	7	18,672
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		78,025	9	148,565
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a15,623,272			
	b	Less accumulated depreciation	10b2,435,229	10,967,273	10c	13,188,043
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		19,332,679	12	18,542,049
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		539,701	15	630,584
	16	Total assets. Add lines 1 through 15 (must equal line 34)		41,595,643	16	40,958,383
Liabilities	17	Accounts payable and accrued expenses		1,972,398	17	2,282,088
	18	Grants payable			18	
	19	Deferred revenue		275,620	19	286,879
	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	2,600,000
	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		354,925	25	354,165
	26	Total liabilities. Add lines 17 through 25		4,202,943	26	5,523,132
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		23,643,611	27	24,524,962
	28	Temporarily restricted net assets		10,691,639	28	7,283,524
	29	Permanently restricted net assets		3,057,450	29	3,626,765
	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		37,392,700	33	35,435,251
	34	Total liabilities and net assets/fund balances		41,595,643	34	40,958,383

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	15,821,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,367,861
3	Revenue less expenses Subtract line 2 from line 1	3	-1,546,226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,392,700
5	Net unrealized gains (losses) on investments	5	-362,020
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	-49,203
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,435,251

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			
(1) MEG GOLDSTEIN CHAIR	4 00	X		X				0	0	0
(1) DEBORAH BUCKSBAUM 1ST VICE CHAIR	4 00	X		X				0	0	0
(2) ADAM WELLAND 2ND VICE CHAIR	4 00	X		X				0	0	0
(3) JENNIFER LEVITT IMMEDIATE PAST CHAIR	4 00	X		X				0	0	0
(4) MARCIA HAZAN SECRETARY	2 00	X		X				0	0	0
(5) SHERYL L ROWLING TREASURER	4 00	X		X				0	0	0
(6) AVI FROHLICHMAN DIRECTOR	2 00	X						0	0	0
(7) BRAD SLAVIN DIRECTOR	2 00	X						0	0	0
(8) EDWARD J CARNOT DIRECTOR	2 00	X						0	0	0
(9) ELYSE SOLLENDER DIRECTOR	2 00	X						0	0	0
(10) KARIN TORANTO DIRECTOR	2 00	X						0	0	0
(11) KATE KASSAR DIRECTOR	2 00	X						0	0	0
(12) KIRA FINKENBERG DIRECTOR	2 00	X						0	0	0
(13) LORETTA H ADAMS DIRECTOR	2 00	X						0	0	0
(14) MARIE RAFTERY DIRECTOR	2 00	X						0	0	0
(15) MATHEW FINK DIRECTOR	2 00	X						0	0	0
(16) MICHAEL B ABRAMSON DIRECTOR	2 00	X						0	0	0
(17) MICHAEL LEES DIRECTOR	2 00	X						0	0	0
(18) NADJA KAUDER DIRECTOR	2 00	X						0	0	0
(19) PHILIP LINSSEN DIRECTOR	2 00	X						0	0	0
(20) RABBI Yael RIDBERG DIRECTOR	2 00	X						0	0	0
(21) STEVEN J LEVINE DIRECTOR	2 00	X						0	0	0
(22) MICHAEL HOPKINS CHIEF EXECUTIVE OFFICER	40 00			X				245,118	0	32,130
(23) GUINEVERE KERSTETTER CHIEF FINANCIAL OFFICER	30 00 10 00			X				140,920	0	15,635
(24) DANA TOPPEL CHIEF OPERATING OFFICER	40 00			X				139,070	0	14,259

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			
(26) DEBORA RODRIGUEZ CHIEF ADVANCEMENT OFFICER	40 00			X				51,326	0	3,341

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

OMB No 1545-0047

2014

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,337,176	15,030,865	20,845,797	15,345,943	14,095,128	78,654,909
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	13,337,176	15,030,865	20,845,797	15,345,943	14,095,128	78,654,909
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)						5,417,103
6 Public support. Subtract line 5 from line 4						73,237,806

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	13,337,176	15,030,865	20,845,797	15,345,943	14,095,128	78,654,909
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,752,026	1,689,704	854,706	294,971	549,665	5,141,072
9	Net income from unrelated business activities, whether or not the business is regularly carried on		925,274	721,545	670,009	793,580	3,110,408
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						86,906,389
12	Gross receipts from related activities, etc. (see instructions)					12	7,222,315
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	84 270 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	84 870 %
16a	33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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			16
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		154
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,856
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,390
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			9,205
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, lines 1 and 2 (see instructions), 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and 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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☒

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☒ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	8,450,751	7,665,412	2,362,318	2,070,977	1,738,634
b Contributions	615,275	401,285	4,955,633	410,422	
c Net investment earnings, gains, and losses	-41,080	1,082,816	355,941	-94,297	381,288
d Grants or scholarships					
e Other expenditures for facilities and programs	420,315	698,762	8,480	24,784	48,845
f Administrative expenses					
g End of year balance	8,604,631	8,450,751	7,665,412	2,362,318	2,070,977

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

Board designated or quasi-endowment

53 000 %

b

Permanent endowment

42 000 %

c

Temporarily restricted endowment

5 000 %
- 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
- 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 | | 5,436,722 | 1,460,291 | 3,976,431 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,703,632 | 974,938 | 728,694 |
| e Other | | 4,459,583 | | 4,459,583 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 13,188,043 |
- Schedule D (Form 990) 2014

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	19,166,978
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-362,020
b	Donated services and use of facilities	2b	162,435
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,454,690
e	Add lines 2a through 2d	2e	4,255,105
3	Subtract line 2e from line 1	3	14,911,873
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	151,391
b	Other (Describe in Part XIII)	4b	758,371
c	Add lines 4a and 4b	4c	909,762
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,821,635

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	21,123,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	162,435
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,552,299
e	Add lines 2a through 2d	2e	4,714,734
3	Subtract line 2e from line 1	3	16,408,896
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	151,391
b	Other (Describe in Part XIII)	4b	807,574
c	Add lines 4a and 4b	4c	958,965
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	17,367,861

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 211,028. REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 4,292,865. CHANGE IN INVESTMENT SUBSIDIARY -49,203.
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 758,371.
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE NETTED WITH REVENUE 211,028. EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 4,341,271.
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 807,574.

[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.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number
95-1644024

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 JILL SPITZER 8804 BALBOA AVE SAN DIEGO, CA 92123	FUNDRAISING		No	351,436	249,459	101,977
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				351,436	249,459	101,977

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		
		<u>GALA</u>	<u>GOLF TOURNAMENT</u>	<u>1</u>	(add col (a) through col (c))		
		(event type)	(event type)	(total number)			
	1	Gross receipts	1,151,265	87,022	15,749	1,254,036	
	2	Less Contributions . . .	247,619	536	1,273	249,428	
3	Gross income (line 1 minus line 2)	903,646	86,486	14,476	1,004,608		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .			1,500	1,500	
	7	Food and beverages .	79,801	247	374	80,422	
	8	Entertainment	3,950			3,950	
	9	Other direct expenses .	105,383	19,061	712	125,156	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(211,028)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					793,580

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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 conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

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

2014

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 Domestic Organizations and Domestic Governments. 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 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 Domestic Individuals. 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	416	146,266			
(2) HOMECARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	90	333,097			
(3) HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	404	508,602			
(4) CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	4	16,248			
(5) SCHOLARSHIPS	26	20,250			
(6) EMERGENCY FOOD ASSISTANCE TO NO-AND LOW-INCOME CLIENTS	6768	77,172			
(7) CAMP SCHOLARSHIPS FOR CHILDREN OF SINGLE PARENTS	69	26,152			

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

Additional Data

Software ID:

Software Version:

EIN: 95-1644024

Name: JEWISH FAMILY SERVICE OF SAN DIEGO

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EMERGENCY FUNDS FOR CLIENTS IN CRISIS	416	146,266			
HOMECARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	90	333,097			
HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	404	508,602			
CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	4	16,248			
SCHOLARSHIPS	26	20,250			
EMERGENCY FOOD ASSISTANCE TO NO- AND LOW-INCOME CLIENTS	6768	77,172			
CAMP SCHOLARSHIPS FOR CHILDREN OF SINGLE PARENTS	69	26,152			

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.

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

OMB No 1545-0047

2014

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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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)	245,118	0	0	23,600	8,530	277,248	0
	(ii)	0	0	0	0	0	0	0
2 GUINEVERE KERSTETTER, CHIEF FINANCIAL OFFICER	(i)	140,920	0	0	8,090	7,545	156,555	0
	(ii)	0	0	0	0	0	0	0
3 DANA TOPPEL, CHIEF OPERATING OFFICER	(i)	139,070	0	0	5,600	8,659	153,329	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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
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), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	33,278		No	Yes		Yes	

Total ▶ \$ 33,278

Part III Grants or Assistance Benefiting 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, JEWISH FAMILY SERVICE OF SAN DIEGO MADE A LOAN TO ITS EXECUTIVE DIRECTOR TOTALING \$65,625 THE LOAN IS PAYABLE IN MONTHLY INSTALLMENTS OF \$498 INCLUDING INTEREST AT 1 50% IN ADDITION, IN ACCORDANCE WITH THE AGREEMENT, JEWISH FAMILY SERVICE OF SAN DIEGO WILL FORGIVE \$5,000 OF THE LOAN BALANCE FOR EACH YEAR THAT THE EXECUTIVE DIRECTOR IS EMPLOYED IF THE EXECUTIVE DIRECTOR'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 HUNDRED TWENTY (120) DAYS JEWISH FAMILY SERVICE OF SAN DIEGO HAS A SECURITY INTEREST IN THE PURCHASED PROPERTY THE BALANCE OF LOAN TOTALED \$33,278 AND \$43,658 AT JUNE 30, 2015 AND 2014, RESPECTIVELY, AND IS INCLUDED IN 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.

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2014

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	135	175,948	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

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?

30a

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?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

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 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

2014

**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 WEBSITE.
FORM 990, PART XI, LINE 9	CHANGE IN INVESTMENT SUBSIDIARY -49,203

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

OMB No 1545-0047

2014

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			N/A
(2) JFS HOLDINGS LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 56-2574074	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA		4,634,681	N/A
(3) 8788 BALBOA AVENUE LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 46-3948553	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA		3,273,729	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	JEWISH FAMILY SERVICE OF SAN DIEGO	C	-33,577	121,625	100 000 %	Yes	

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

Yes

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 ADULT RIDES AND SERVICES INC	N	203,715	FMV
(2) CHARITABLE ADULT RIDES AND SERVICES INC	M	3,018	FMV
(3) CHARITABLE ADULT RIDES AND SERVICES INC	C	80,000	FMV
(4) CHARITABLE ADULT RIDES AND SERVICES INC	P	4,809	FMV
(5) CHARITABLE ADULT RIDES AND SERVICES INC	L	516,032	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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