

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 black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: JEWISH FAMILY SERVICE OF SAN DIEGO
Number and street (or P O box if mail is not delivered to street address): 8804 BALBOA AVENUE
City or town, state or country, and ZIP + 4: SAN DIEGO, CA 92123

D Employer identification number: 95-1644024
E Telephone number: (858) 637-3000
F Accounting method: [ ] Cash [x] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: http://www.jfssd.org

J Organization type (check only one) [x] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 13,865,662

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [x] No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	245,045	122,750	34,220
<b>b</b> Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	5,324,318	4,677,048	379,272
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	527,852	461,872	38,670
<b>29</b> Payroll taxes	<b>29</b>	460,007	404,626	30,597
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	33,165	25,190	6,086
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	58,453	52,747	3,685
<b>34</b> Telephone	<b>34</b>	94,837	89,035	4,161
<b>35</b> Postage and shipping	<b>35</b>	34,600	21,394	6,467
<b>36</b> Occupancy	<b>36</b>	170,302	168,584	1,718
<b>37</b> Equipment rental and maintenance	<b>37</b>	216,394	201,792	5,206
<b>38</b> Printing and publications	<b>38</b>	92,881	61,774	632
<b>39</b> Travel	<b>39</b>	132,313	125,934	3,764
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	16,124	4,965	11,159
<b>41</b> Interest	<b>41</b>	244,987	2,421	242,566
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	416,045	344,737	51,904
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	10,473,531	9,003,197	802,209

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **Jewish Family Service of San Diego** Jewish Family Service of San Diego (JFS) is a California Not-For-Profit organization that was founded in 1918 by a consortium of women's clubs who sought to address the myriad of human needs of the time. Today JFS is a comprehensive social service organization with nine locations throughout San Diego County and an office in Palm Desert, serving the Coachella Valley. From its early grassroots origins, the agency now serves over 20,000 people annually. The mission of JFS is to strengthen the individual, enhance the family, protect the vulnerable, with human services based on Jewish values.

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** JFS operates the following programs: Counseling and Care Management. A broad base of services are available to the community through the following programs: Adoption Alliance of San Diego, Caring Community - Living with Cancer, Counseling Services, Education and Outreach for Jews with Mental Health Concerns, Food Pantry, Jewish BIG Pals for Boys and Girls, Project SARAH (Stop Abusive Relationships At Home), Refugee Resettlement and Acculturation, Supporting Jewish Single Parents, Community Case Management, Coachella Valley Services and Overnight Shelter (CV-SOS). In partnership with JFS of the Desert, the CV-SOS program feeds and houses 12 to 14 homeless people per night with the help of seven churches and synagogues in the Coachella Valley. JFS also manages Nightingale Manor, a 45-bed emergency shelter for families with children in Palm Springs. HIV Services: The HIV Services Program provides counseling, testing, and early intervention services to participants of County-funded alcohol, drug treatment, and recovery programs. The program provides educational information to more than 7,000 individuals annually in an effort to prevent the spread of HIV infection. In addition, through this program JFS offers a full array of cash management services including a behavior management program. The Talking About Tina support group meets weekly for HIV-positive men who use methamphetamine. The goal is to help participants reduce and eventually stop their drug use. Parenting, Youth and School-Based Services: A broad base of services are available to families and youth in the community through the following programs: CHAMP (Children Are More Protected), Foothills High School Teen Parent Program, Mentoring Mothers, Peaceful Parenting (0 - 5 years) and Green Parenting (6 - 18 years), Preschool in the Park, School-Based Counseling, Wisdom Alliance, YAD (Youth Assessment and Development), Older Adult/Senior Services. A broad base of services are available to older adults through the following Older Adult/Senior Service programs: CO-OP (Creating Opportunities for Older Persons), Care Management, Foodmobile, Heartfelt Homes, Senior Placement Services, Information and Referral, Jewish Healing Center, JFS Fix-It Service, Rides & Smiles, Senior Nutrition, Senior Wheels, SOS - Serving Older Holocaust Survivors Program, College Avenue Senior Center, North County Inland Senior Center, University City Senior Center.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

9,003,197

**b** \_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c** \_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . .

9,003,197

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		3,285,505	<b>45</b>	1,304,222	
	<b>46</b> Savings and temporary cash investments . . . . .			<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	209,710			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	19,374	104,740	<b>47c</b>	190,336
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	7,107,379			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	782,010	7,700,503	<b>48c</b>	6,325,369
	<b>49</b> Grants receivable . . . . .		908,071	<b>49</b>	905,690	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	87,083			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		27,531	<b>51c</b>	87,083
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		45,088	<b>53</b>	45,999	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,910,769	<b>54a</b>	2,000	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>		
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		8,319,200	<b>56</b>	<input type="checkbox"/>	10,660,554	
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	9,105,320				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	792,132	8,583,354	<b>57c</b>	<input type="checkbox"/> 8,313,188	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		2,116,571	<b>58</b>	<input type="checkbox"/>	365,544	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		33,001,332	<b>59</b>		28,199,985	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		949,550	<b>60</b>	1,058,711	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		9,000,000	<b>64a</b>	<input type="checkbox"/>	4,835,000
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		1,724,879	<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		614,183	<b>65</b>	<input type="checkbox"/>	818,661
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		12,288,612	<b>66</b>		6,712,372	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .		5,332,769	<b>67</b>	9,823,239	
	<b>68</b> Temporarily restricted . . . . .		13,523,952	<b>68</b>	9,746,621	
	<b>69</b> Permanently restricted . . . . .		1,855,999	<b>69</b>	1,917,753	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		20,712,720	<b>73</b>		21,487,613	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		33,001,332	<b>74</b>		28,199,985	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	11,248,424
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-752,738
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	-73,017
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-825,755
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	12,074,179
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	40,290
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-825,755
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	12,114,469

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	10,473,531
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	10,473,531
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	10,473,531

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>34</u>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>		No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>		No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)**

<b>(A)</b> Name and address	<b>(B)</b> Loans and Advances	<b>(C)</b> Compensation (If not paid enter -0- )	<b>(D)</b> Contributions to employee benefit plans and deferred compensation plans	<b>(E)</b> Expense account and other allowances

**Part VI Other Information (See the instructions.)**

<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>		No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>		No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>		No
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>		No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes	
<b>b</b> If "Yes," enter the name of the organization <b>See Additional Data Table</b> _____ and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt			
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions ) . . . . . <u>81a</u>	<b>81a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>		No

**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .</p>	<p><b>82a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .</p>	<p><b>82b</b></p>		
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	<p><b>83a</b></p>	<p>Yes</p>	
<p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<p><b>83b</b></p>	<p>Yes</p>	
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p>	<p><b>84a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>84b</b></p>		<p>No</p>
<p><b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .</p>	<p><b>85a</b></p>		<p>No</p>
<p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p>	<p><b>85b</b></p>		<p>No</p>
<p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p>	<p><b>85c</b></p>		
<p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p>	<p><b>85d</b></p>		
<p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p>	<p><b>85e</b></p>		
<p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p>	<p><b>85f</b></p>		
<p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p>	<p><b>85g</b></p>		<p>No</p>
<p><b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .</p>	<p><b>85h</b></p>		<p>No</p>
<p><b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12</p>	<p><b>86a</b></p>	<p>0</p>	
<p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .</p>	<p><b>86b</b></p>	<p>0</p>	
<p><b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>87a</b></p>	<p>0</p>	
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<p><b>87b</b></p>	<p>0</p>	
<p><b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .</p>	<p><b>88a</b></p>	<p>Yes</p>	
<p><b>b</b> At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI . . . . .</p>	<p><b>88b</b></p>		<p>No</p>
<p><b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>			
<p><b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .</p>	<p><b>89b</b></p>		<p>No</p>
<p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____</p>			
<p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> _____</p>			
<p><b>e All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction? . . . . .</p>	<p><b>89e</b></p>		<p>No</p>
<p><b>f All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract? . . . . .</p>	<p><b>89f</b></p>		<p>No</p>
<p><b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .</p>	<p><b>89g</b></p>		<p>No</p>
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> CA</p>			
<p><b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions) . . . . .</p>	<p><b>90b</b></p>	<p>191</p>	
<p><b>91a</b> The books are in care of <input type="checkbox"/> Guinevere A Kerstetter Telephone no <input type="checkbox"/> (858) 637-3000 8804 BALBOA AVENUE Located at <input type="checkbox"/> SAN DIEGO, CA ZIP + 4 <input type="checkbox"/> 92123</p>			
<p><b>b</b> 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)? . . . . .</p>	<p><b>91b</b></p>	<p>Yes</p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p>			

**Part VI Other Information (continued)**

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

Yes  No

If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> PROGRAM REVENUE					801,353
<b>b</b> FEES AND OTHER REVENUE					283,710
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	389,648	
<b>96</b> Dividends and interest from securities			14	765,000	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					34,550
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				1,154,648	1,119,613
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,274,261

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
100	GAIN FROM SALE OF LAND, BUILDING AND EQUIPMENT, NON DEBT FINANCED PROCEEDS WERE USED TO ACQUIRE NEW LAND AND BUILDING TO FURTHER THE ORGANIZATIONS MISSION AND ENABLE THEM TO PROVIDE SERVICES TO CLIENTS
93B	PROGRAM REVENUE FOR SERVICES PROVIDED TO CLIENTS INVOLVED IN VARIOUS PROGRAMS
93a	FEES AND OTHER INCOME RELATED TO PROGRAM SERVICES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
CHARITABLE AUTO RESOURCES INC 8804 BALBOA AVENUE SAN DIEGO, CA92123 20-0290042	10000 00 %	DONATED AUTO SALE	691,983	1,053,142
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).







**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			No

<b>Please Sign Here</b>	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	
	***** Signature of officer	2008-11-07 Date
	JILL BORG SPITZER CEO Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  JULIE A FIRL	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Leaf & Cole LLP 1843 Hotel Circle South 300 San Diego, CA 921083322			EIN  Phone no  (619) 294-7200

**Additional Data****Software ID:** 07000211**Software Version:** 2007v2.4**EIN:** 95-1644024**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> UTILITIES	<b>43a</b>	86,090	77,983	5,487	2,620
<b>b</b> TRANSPORTATION SERVICE	<b>43b</b>	89,564	86,661	2,903	
<b>c</b> SUBCONTRACTOR FEES	<b>43c</b>	7,093	7,093		
<b>d</b> STAFF DEVELOPMENT	<b>43d</b>	31,752	27,744	3,701	307
<b>e</b> REPAIRS & MAINTENANCE	<b>43e</b>	94,084	87,337	4,325	2,422
<b>f</b> PROPERTY & OTHER TAXES	<b>43f</b>	1,245		1,245	
<b>g</b> PROGRAM EXPENSES	<b>43g</b>	490,687	488,768	274	1,645
<b>h</b> PROFESSIONAL FEES	<b>43h</b>	186,810	163,862	9,969	12,979
<b>i</b> MISCELLANEOUS	<b>43i</b>	22,766	17,737	4,654	375
<b>j</b> MEMBERSHIPS/SUBSCRIPTIONS	<b>43j</b>	21,168	6,870	14,296	2
<b>k</b> LAB FEES	<b>43k</b>	30,260	30,260		
<b>l</b> INSURANCE	<b>43l</b>	80,746	66,556	13,615	575
<b>m</b> HUMAN RESOURCES ALLOCATED	<b>43m</b>		95,086	-97,633	2,547
<b>n</b> HOLOCAUST HOME CARE	<b>43n</b>	157,220	157,220		
<b>o</b> FUNDRAISING	<b>43o</b>	87,013	319	37	86,657
<b>p</b> EMERGENCY ASSISTANCE	<b>43p</b>	805,057	805,057		
<b>q</b> CONSULTANTS	<b>43q</b>	48,791	39,307	6,850	2,634
<b>r</b> BANK FEES & PAYROLL PROCESSING	<b>43r</b>	31,471	3,329	13,747	14,395
<b>s</b> BAD DEBTS	<b>43s</b>	-32,070	347	-2,828	28,895
<b>t</b> ADVERTISING & PROMOTION	<b>43t</b>	166,461	77,486	1,460	87,515

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
FELICIA MANDELBAUM 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Secretary 0 00	0		
MATTHEW KOSTRINSKY 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Vice President 0 00	0		
ABRAHAM WINEBERG 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
ADAM FURMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
JUDY FELDMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
BORIS ZELKIND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
JILL BORG SPITZER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	CEO 0 00	245,045	6,050	
GEORGE WISE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
ADAM WELLAND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
CATHY BABIN WEIL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JILL STONE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
SUSAN SHMALO HARRIS 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
JERI K RUBIN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
LAWRENCE A OSTER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
ELYSE SOLLENDER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
MICHAEL LEVINSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
BARBARA LUBIN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
NADJA KAUDER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
SUSAN KABBKOFF 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
MARCIA HAZAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JENNIFER KAGNOFF 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
LAURA GALINSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
JOSEPH J FISCH 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
TED FINKEL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
JILL ESSAKOW 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
MICHAEL B ABRAMSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
RONNIE DIAMOND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
RABBI JEFF BROWN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
MARSHA BERKSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		
LOUIS VENER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Director 0 00	0		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
STEVE LEVINE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Vice President 0 00	0		
EDWARD J CARNOT 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Treasurer 0 00	0		
RON ZOLLMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	President 0 00	0		
FERN SIEGEL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	Imm Past Pres 0 00	0		

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
JFS HOLDINGS LLC	X	
JFS FOUNDATION LLC	X	
CHARITABLE AUTO RESOURCES INC		X

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include Howard Kummerman, Alan Zamosky, Guinevere Kerstetter, Susan Lapidus, and Joel Craddock.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. First row contains 'None'.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. First row contains 'None'.



**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	14,568,883	11,880,525	3,730,831	4,442,863	34,623,102
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	2,415,170	1,572,564	2,140,178	1,087,267	7,215,179
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	839,647	196,507	689,254	322,952	2,048,360
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	17,823,700	13,649,596	6,560,263	5,853,082	43,886,641
<b>24</b> Line 23 minus line 17	15,408,530	12,077,032	4,420,085	4,765,815	36,671,462
<b>25</b> Enter 1% of line 23	178,237	136,496	65,603	58,531	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	733,429
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>	36,671,462
<b>d</b> Add Amounts from column (e) for lines	18 <u>2,048,360</u> 19 <u>0</u>	<b>26d</b>	2,048,360
	22 <u></u> 26b <u></u>	<b>26e</b>	34,623,102
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	34,623,102
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	9441 00 %

**27 Organizations described on line 12:**

**a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines	15 _____ 16 _____	<b>27c</b>	0
	17 _____ 20 _____	<b>27d</b>	
<b>d</b> Add Line 27a total _____ and line 27b total _____		<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)	<b>27f</b>		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	0
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000    \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000   \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i)** Cash
  - (ii)** Other assets
- b** Other transactions
  - (i)** Sales or exchanges of assets with a noncharitable exempt organization
  - (ii)** Purchases of assets from a noncharitable exempt organization
  - (iii)** Rental of facilities, equipment, or other assets
  - (iv)** Reimbursement arrangements
  - (v)** Loans or loan guarantees
  - (vi)** Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** JEWISH FAMILY SERVICE OF SAN DIEGO**EIN:** 95-1644024**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 1,785,743**Basis:** 1,750,903**Sales Expenses:** 290**Total (net):** 34,550

## TY 2007 Investments - Other Schedule

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
SCHWARTZ TRUST-COAMERICA BANK	162,000	C
JEWISH COMMUNITY FOUNDATION POOL D	8,018,632	F
JEWISH COMMUNITY FOUNDATION POOL C	525,724	F
JEWISH COMMUNITY FOUNDATION POOL A	1,954,198	F



## TY 2007 Investments - Securities Schedule

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
US TREASURY NOTE		F
US TREASURY BOND		F
US TREASURY BILL		F
JEWISH COMM. FOUND. STATE OF ISRAEL BOND	2,000	F

**TY 2007 Land etc. Schedule**

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
Land	2,023,335		2,023,335
Improvements	2,091,994	130,465	1,961,529
Buildings	3,976,665	251,855	3,724,810
Machinery and Equipment	459,453	161,992	297,461
Furniture and Fixtures	414,524	146,831	267,693
Automobiles / Transportation Equipment	139,349	100,989	38,360

## TY 2007 Other Assets Schedule

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
RECEIVABLE FROM CARS		80,000
ACCRUED INTEREST RECEIVABLE	10,432	
OTHER ASSETS	1,746,195	
INVESTMENT IN CARS	211,498	138,481
DEPOSITS	10,715	15,091
BOND ISSUANCE COSTS	137,731	131,972

**TY 2007 Other Changes in Net Assets Schedule****Name:** JEWISH FAMILY SERVICE OF SAN DIEGO**EIN:** 95-1644024**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Amount
UNREALIZED LOSS	-752,738
INVESTMENT EXPENSES	-40,290
CHANGE IN INVESTMENT IN SUBSIDIARY	-73,017

## TY 2007 Other Liabilities Schedule

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
DEFERRED COMPENSATION	506,434	619,874
PAYABLE TO CARS	77,169	77,164
UNEARNED REVENUE	28,305	121,623
SECURITY DEPOSITS	2,275	

**TY 2007 Other Revenues Included Schedule**

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Amount
CHANGE IN INVESTMENT IN SUBSIDIARY	-73,017

## TY 2007 Tax-Exempt Bond Liabilities Schedule

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	
<b>Amount Outstanding</b>	4835000
<b>Unexpended Bond Proceeds</b>	
<b>Third Party Use</b>	Yes
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

## TY 2007 Employee Compensation Explanation

**Name:** JEWISH FAMILY SERVICE OF SAN DIEGO

**EIN:** 95-1644024

**Software ID:** 07000211

**Software Version:** 2007v2.4

Employee	Explanation
HOWARD KUMMERMAN	
ALAN ZAMOSKY	
GUINEVERE KERSTETTER	
SUSAN LAPIDUS	
JOEL CRADDOCK	