

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

B Check if applicable:	C	D Employer Identification Number
<input type="checkbox"/> Address change	JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123-1506	95-1644024
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		858-637-3000
<input type="checkbox"/> Terminated		G Gross receipts \$ 19,001,580.
<input type="checkbox"/> Amended return		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: GUINEVERE KERSTETTER	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ HTTP://WWW.JFSSD.ORG		L Year of Formation: 1918 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>JEWISH FAMILY SERVICE PROVIDES PROGRAMS THAT ARE DIVERSE YET COMPLIMENTARY TO ADDRESS THE COMMUNITY'S GROWING HUMAN CARE NEEDS. SERVICES ARE AVAILABLE TO ALL IN NEED OF ASSISTANCE REGARDLESS OF RELIGION, RACE, ETHNICITY, NATIONALITY, AGE OR SEXUAL ORIENTATION.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	343
6	Total number of volunteers (estimate if necessary)	6	1,019
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,337,176.	15,030,865.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,005,869.	1,177,600.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,755,701.	1,666,944.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-24,085.	925,274.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,074,661.	18,800,683.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,012,444.	996,229.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,521,445.	10,720,087.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,005,040.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,953,042.	4,094,134.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,486,931.	15,810,450.	
19 Revenue less expenses. Subtract line 18 from line 12	587,730.	2,990,233.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,638,523.	29,808,224.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,865,033.	2,285,026.
		24,773,490.	27,523,198.

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	Date			
	GUINEVERE KERSTETTER		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JULIE A. FIRL	JULIE A. FIRL	11/14/12		P00085551
	Firm's name ▶ LEAF & COLE, LLP	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200		Firm's EIN ▶ 95-2076568	
	SAN DIEGO, CA 92108-3820		Phone no. 619.294.7200		

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 to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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 [X] 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 and section 4947(a)(1) trusts 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 \$ 4,245,790. including grants of \$ 358,213.) (Revenue \$ 2,605,415.)

SEE SCHEDULE O

4b (Code: []) (Expenses \$ 4,059,748. including grants of \$ 597,156.) (Revenue \$ 2,094,537.)

SEE SCHEDULE O

4c (Code: []) (Expenses \$ 2,949,647. including grants of \$) (Revenue \$ 2,515,065.)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 2,887,577. including grants of \$ 40,860.) (Revenue \$ 2,841,973.)

4e Total program service expenses 14,142,762.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	X	
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>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 170		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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. 343		
2 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)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 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.		
13 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. 		
13 c	Enter the amount of reserves on hand. 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1 a 30		
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	1 b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a 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?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director or 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		X

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

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

Section C. Disclosure

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

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) FELICIA MANDELBAUM PRESIDENT	5	X		X				0.	0.	0.
(2) STEVE LEVINE IMM PAST PRES	4	X		X				0.	0.	0.
(3) EDWARD CARNOT TREASURER	4	X		X				0.	0.	0.
(4) JENNIFER LEVITT 1ST VP	4	X		X				0.	0.	0.
(5) MATHEW FINK 2ND VP	4	X		X				0.	0.	0.
(6) LORETTA ADAMS SECRETARY	4	X		X				0.	0.	0.
(7) MICHAEL ABRAMSON DIRECTOR	2	X						0.	0.	0.
(8) MARSHA BERKSON DIRECTOR	2	X						0.	0.	0.
(9) KIMBERLY CARNOT DIRECTOR	2	X						0.	0.	0.
(10) MARC CHANNICK DIRECTOR	2	X						0.	0.	0.
(11) RONNIE DIAMOND DIRECTOR	2	X						0.	0.	0.
(12) JUDY FELDMAN DIRECTOR	2	X						0.	0.	0.
(13) JOSEPH FISCH DIRECTOR	2	X						0.	0.	0.
(14) AVI FROHLICHMAN DIRECTOR	2	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(15) MEG GOLDSTEIN DIRECTOR	2	X					0.	0.	0.
(16) MARCIA HAZAN DIRECTOR	2	X					0.	0.	0.
(17) STEVEN JACOBSON DIRECTOR	2	X					0.	0.	0.
(18) KATE KASSAR DIRECTOR	2	X					0.	0.	0.
(19) NADJA KAUDER DIRECTOR	2	X					0.	0.	0.
(20) PHILIP LINSSEN DIRECTOR	2	X					0.	0.	0.
(21) BARBARA LUBIN DIRECTOR	2	X					0.	0.	0.
(22) SHERYL ROWLING DIRECTOR	2	X					0.	0.	0.
(23) DEVORA SAFRAN DIRECTOR	2	X					0.	0.	0.
(24) SUSAN SHMALO DIRECTOR	2	X					0.	0.	0.
(25) FERN SIEGEL DIRECTOR	2	X					0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							513,172.	0.	72,405.
d Total (add lines 1b and 1c)							513,172.	0.	72,405.
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	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANAGED SOLUTION 9655 GRANITE RIDGE SR., SUITE 550 SAN DIEGO, CA 921	IT CONTRACTOR	139,815.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 159,893.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 6,659,882.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 8,211,090.				
	g Noncash contributions included in lns 1a-1f: \$	142,920.				
	h Total. Add lines 1a-1f	▶ 15,030,865.				
PROGRAM SERVICE REVENUE	2 a PROGRAM REVENUE	Business Code 624100	1,177,600.	1,177,600.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 1,177,600.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 1,689,704.			1,689,704.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	22,760.			
		c Gain or (loss)	-22,760.			
	d Net gain or (loss)	▶ -22,760.			-22,760.	
	8 a Gross income from fundraising events (not including \$ 159,893. of contributions reported on line 1c). See Part IV, line 18	a 1,103,411.				
		b Less: direct expenses	b 178,137.			
c Net income or (loss) from fundraising events		▶ 925,274.			925,274.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
11 a Miscellaneous Revenue	Business Code					
	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶ 18,800,683.	1,177,600.	0.	2,592,218.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	996,229.	996,229.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	515,678.	197,053.	98,166.	220,459.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages.	8,148,579.	7,491,854.	237,571.	419,154.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	250,242.	222,354.	11,652.	16,236.
9 Other employee benefits.	1,071,102.	981,664.	35,110.	54,328.
10 Payroll taxes	734,486.	648,087.	38,980.	47,419.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17 ...				
f Investment management fees				
g Other	375,704.	213,388.	115,776.	46,540.
12 Advertising and promotion	111,492.	74,848.	8.	36,636.
13 Office expenses	104,108.	94,034.	3,641.	6,433.
14 Information technology				
15 Royalties				
16 Occupancy	623,575.	622,380.	1,094.	101.
17 Travel	376,764.	365,877.	7,666.	3,221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings.	10,097.	5,206.	4,899.	-8.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization ...	365,285.	316,159.	17,535.	31,591.
23 Insurance	108,247.	92,733.	13,886.	1,628.
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 <u>PROGRAM EXPENSES</u>	784,611.	784,307.		304.
b <u>EQUIPMENT RENTAL & EXPENSE</u>	173,242.	159,890.	5,295.	8,057.
c <u>UTILITIES</u>	162,431.	154,257.	3,169.	5,005.
d <u>TELEPHONE</u>	127,337.	118,247.	4,941.	4,149.
e All other expenses	771,241.	604,195.	63,259.	103,787.
25 Total functional expenses. Add lines 1 through 24e.	15,810,450.	14,142,762.	662,648.	1,005,040.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	1,403,096.	1	1,143,097.
	2	Savings and temporary cash investments	21,144.	2	6,000.
	3	Pledges and grants receivable, net	2,508,478.	3	2,524,525.
	4	Accounts receivable, net	86,407.	4	72,140.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	63,957.
	6	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)		6	
	7	Notes and loans receivable, net	44,120.	7	64,488.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,458.	9	39,496.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,349,478.		
	b	Less: accumulated depreciation	10b 2,334,866.	7,329,352.	10c 7,014,612.
	11	Investments — publicly traded securities	1,000.	11	1,000.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,222,468.	15	18,878,909.
16	Total assets. Add lines 1 through 15 (must equal line 34)	27,638,523.	16	29,808,224.	
LIABILITIES	17	Accounts payable and accrued expenses	1,508,496.	17	1,583,692.
	18	Grants payable		18	
	19	Deferred revenue	485,245.	19	394,817.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	871,292.	25	306,517.
	26	Total liabilities. Add lines 17 through 25	2,865,033.	26	2,285,026.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	16,761,678.	27	17,304,372.
	28	Temporarily restricted net assets	6,052,127.	28	7,920,713.
	29	Permanently restricted net assets	1,959,685.	29	2,298,113.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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.	24,773,490.	33	27,523,198.	
34	Total liabilities and net assets/fund balances.	27,638,523.	34	29,808,224.	

BAA

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,800,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,810,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,990,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,773,490.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	-240,525.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,523,198.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	9,840,208.	10617256.	13411692.	13337176.	15030865.	62,237,197.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	9,840,208.	10617256.	13411692.	13337176.	15030865.	62,237,197.
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).						3,330,876.
6 Public support. Subtract line 5 from line 4.						58,906,321.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	9,840,208.	10617256.	13411692.	13337176.	15030865.	62,237,197.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,154,648.	979,809.	1,188,928.	1,755,701.	1,666,944.	6,746,030.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						68,983,227.
12 Gross receipts from related activities, etc (see instructions).					12	7,785,661.
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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	85.39 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	91.15 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2010. 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.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
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.		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

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 contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 XIV, 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.

1 a 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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ 21,000.

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

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

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

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

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.

1 a 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 XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,959,685.	1,834,351.	1,756,151.	1,773,910.	
b Contributions	410,422.		16,839.	132,428.	
c Net investment earnings, gains, and losses	-53,662.	174,279.	109,415.	-92,711.	
d Grants or scholarships					
e Other expenditures for facilities and programs	18,332.	48,945.	48,054.	57,476.	
f Administrative expenses					
g End of year balance	2,298,113.	1,959,685.	1,834,351.	1,756,151.	

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Land, Buildings, and Equipment. 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
1 a Land		2,023,335.		2,023,335.
b Buildings		6,074,841.	1,349,578.	4,725,263.
c Leasehold improvements				
d Equipment		850,335.	608,919.	241,416.
e Other		400,967.	376,369.	24,598.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,014,612.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SEE PART XIV	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	18,878,909.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	306,517.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	306,517.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPOSES ---

--- ARTWORK IS HELD FOR FINANCIAL GAIN AND ITS FUTURE APPRECIATED VALUE WILL BE USED TO ---

--- ENHANCE PROGRAMS. ---

--- PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND ---

--- JEWISH FAMILY SERVICES' SPENDING POLICY IS TO DISBURSE FUNDS AVAILABLE IN ACCORDANCE ---

--- WITH DONOR RESTRICTIONS TO MEET THE CURRENT PROGRAM NEEDS OF THE JEWISH FAMILY ---

--- SERVICE. ---

11/14/12

11:20AM

**SCHEDULE D, PART IX
OTHER ASSETS**

DESCRIPTION	BOOK VALUE
DEPOSITS	\$ 128,811.
INVESTMENTS IN SUBSIDIARIES	896,593.
JEWISH COMMUNITY CASH POOL	30,419.
JEWISH COMMUNITY ENDOWMENT POOL	5,343,337.
JEWISH COMMUNITY FDN BENEFICIAL INTEREST	746,492.
JEWISH COMMUNITY FOUNDATION LT POOL	7,326,952.
JEWISH COMMUNITY FOUNDATION ST & MT POOL	4,015,243.
RECEIVABLE FROM SUBSIDIARIES	264,863.
SCHWARTZ TRUST-COAMERICA BANK	126,199.
TOTAL	<u>\$ 18,878,909.</u>

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	
		GALA (event type)	GOLF TOURNAMEN (event type)	1 (total number)	(add column (a) through column (c))	
1	Gross receipts	1,136,177.	108,913.	18,214.	1,263,304.	
2	Less: Charitable contributions	159,893.			159,893.	
3	Gross income (line 1 minus line 2)	976,284.	108,913.	18,214.	1,103,411.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		12,160.	328.	12,488.
	7	Food and beverages	64,405.	5,557.	566.	70,528.
	8	Entertainment	10,675.			10,675.
	9	Other direct expenses	79,956.	3,500.	990.	84,446.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				178,137.
11	Net income summary. Combine line 3, column (d), and line 10				925,274.	

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 column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$_____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

**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, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**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. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	15	23,202.			
2 EMERGENCY FUNDS FOR PARENTS NEEDING ASSISTANCE	1,578	276,224.			
3 HOUSING, FOOD, CASH ASSISTANCE FOR REFUGEES	303	381,794.			
4 HOLOCAUST VICTIMS ASSISTANCE	63	284,687.			
5 RUBENSTEIN SCHOLARSHIPS	17	30,322.			
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

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

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

RUBENSTEIN SCHOLARSHIPS:

FOLLOWING ARE CRITERIA FOR RUBENSTEIN SCHOLARSHIPS:

-FOR DEPENDENT STUDENTS, GROSS FAMILY INCOME CANNOT EXCEED \$90,000 FOR FAMILIES

11/14/12

11:20AM

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

WITH THREE OR MORE CHILDREN, \$80,000 FOR FAMILIES WITH TWO CHILDREN, AND \$70,000 FOR FAMILIES WITH ONE CHILD.

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....

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. Explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?.....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....
- c** Participate in, or receive payment from, an equity-based compensation arrangement?.....
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) 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?.....
- b** Any related organization?.....
- 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?.....
- b** Any related organization?.....
- 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.....

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.....

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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 columns (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	(i)	196,895.	0.	0.	31,632.	22,601.	251,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)	MICHAEL HOPKINS		X	65,625.	63,957.		X	X		X	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total					▶ \$	63,957.					

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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**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.**

OMB No. 1545-0047

2011

**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		144	142,920.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

SEE 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.

	Yes	No
30a		X
31		X
32a	X	
33		

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

Schedule M (Form 990) 2011

Part II Supplemental Information. Complete this part to 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.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE ORGANIZATION USES THE FOLLOWING COMPANY TO CONDUCT ITS VEHICLE DONATION PROGRAM:

CHARITABLE AUTO RESOURCES, INC

4669 MURPHY CANYON ROAD

SAN DIEGO, CA 92123

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2011

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' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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	TO FURTHER THE EXEMPT CHARITABLE PURPOSE OF SOLE				
(2) 56-2574072 JFS HOLDINGS LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123	MEMBER TO FURTHER THE EXEMPT CHARITABLE PURPOSE OF SOLE	CA	0.	2,096,552.	N/A
(3) 56-2574074 MEMBER		CA	0.	6,748,599.	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to 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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) CHARITABLE ADULT RIDES & SERVICES, 8804 BALBOA AVENUE SAN DIEGO, CA 92123 27-4327126	TRANSPORTATION SOLUTIONS FOR OLDER ADULT	CA	501 (C) (3)	509 (A) (2)	JEWISH FAMILY SERVICE OF SAN DIEGO		X
(2)							
(3)							
(4)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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) 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	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to 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
(1) CHARITABLE AUTO RESOURCES 8804 BALBOA AVENUE SAN DIEGO, CA 92123 20-0290042	DONATED AUTO SALE	DE	N/A	C CORP	1,362,558.	1,276,559.	100.00
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE ADULT RIDES & SERVICES, INC.	K	777.	FMV
(2) CHARITABLE ADULT RIDES & SERVICES, INC.	P	27,640.	FMV
(3) CHARITABLE AUTO RESOURCES	C	262,000.	CASH PAYMENT
(4) CHARITABLE AUTO RESOURCES	K	2,419.	FMV
(5) CHARITABLE AUTO RESOURCES	N	145,304.	ALLOC COSTS
(6) CHARITABLE AUTO RESOURCES	R	1,250,000.	FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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 section 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	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

JEWISH FAMILY SERVICE PROVIDES PROGRAMS THAT ARE DIVERSE YET COMPLIMENTARY TO ADDRESS THE COMMUNITY'S GROWING HUMAN CARE NEEDS. SERVICES ARE AVAILABLE TO ALL IN NEED OF ASSISTANCE REGARDLESS OF RELIGION, RACE, ETHNICITY, NATIONALITY, AGE OR SEXUAL ORIENTATION.

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

AGING & WELLNESS SERVICES:

GERIATRIC CARE MANAGEMENT PROVIDES COMPREHENSIVE ASSESSMENTS, PLAN OF CARE, COORDINATION OF SERVICES, CONSULTATIONS, ADVOCACY AND REFERRALS FOR OLDER ADULTS IN NEED.

SERVING OLDER HOLOCAUST SURVIVORS (SOS) PROGRAM PROVIDES CARE MANAGEMENT, HOME CARE, AND EMERGENCY ASSISTANCE SERVICES FOR LOW-INCOME JEWISH HOLOCAUST SURVIVORS.

CO-OP (CREATING OPPORTUNITIES FOR OLDER PERSONS) ALLOWS OLDER ADULTS TO AGE IN PLACE IN A SUPPORTED COMMUNITY.

THE THREE SOCIAL & WELLNESS CENTERS, COLLEGE AVENUE CENTER LOCATED AT CONGREGATION BETH JACOB, NORTH COUNTY INLAND CENTER LOCATED AT TEMPLE ADAT SHALOM AND UNIVERSITY CITY OLDER ADULT CENTER LOCATED AT CONGREGATION BETH ISRAEL, ALL PROVIDE DAILY ACTIVITIES, EXERCISE AND COMPUTER CLASSES, EDUCATIONAL PROGRAMS AND HOT KOSHER LUNCHES. THE COLLEGE AVENUE CENTER ALSO HAS AVAILABLE A NUTRITIOUS SALAD BAR IN ADDITION TO THE HOT LUNCH.

THE FOODMOBILE PROGRAM PROVIDES HOME DELIVERED HOT KOSHER MEALS AND FRIENDLY VISITS

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

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

TO OLDER ADULTS AND YOUNGER HOMEBOUND DISABLED ADULTS.

THE SENIOR NUTRITION PROGRAM IS A KOSHER KITCHEN LOCATED AT CONGREGATION BETH JACOB THAT PROVIDES NUTRITIONAL HOT FOOD TO THE SOCIAL & WELLNESS CENTERS AND THE FOODMOBILE PROGRAM.

JFS FIX-IT SERVICE PROVIDES FREE HOME REPAIRS AND SAFETY MODIFICATIONS FOR LOW-INCOME OLDER ADULTS.

ON THE GO: TRANSPORTATION SOLUTIONS FOR OLDER ADULTS (ON THE GO) IS A TRANSPORTATION SERVICE FOR OLDER ADULTS OPERATED UNDER A MEMORANDUM OF UNDERSTANDING (MOU) WITH CARS NONPROFIT. ON THE GO PROVIDES THE FOLLOWING:

"RIDES & SMILES - INDIVIDUAL TRANSPORTATION BY VOLUNTEER DRIVERS TO NECESSARY MEDICAL AND PERSONAL APPOINTMENTS.

"ON THE GO SHUTTLES - GROUP TRANSPORTATION TO SHOPPING AND DINING DESTINATIONS AND TO JFS OLDER ADULT CENTERS.

"ON THE GO EXCURSIONS - GROUP TRANSPORTATION TO ORGANIZED ACTIVITIES AND COMMUNITY EVENTS.

"TAXI SCRIP FOR INDIVIDUAL TRANSPORTATION.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY SERVICES

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

ADOPTION ALLIANCE OF SOUTHERN CALIFORNIA IS A NONPROFIT ADOPTION AGENCY, LICENSED BY THE STATE OF CALIFORNIA AND FULLY HAGUE ACCREDITED, PROVIDING INTERNATIONAL AND DOMESTIC HOMESTUDIES, POST-PLACEMENT STUDIES, PARENT EDUCATION, CONSULTATIONS, GROUPS AND REFERRALS. STARS OF DAVID, A PROGRAM WITHIN ADOPTION ALLIANCE, IS A NATIONAL NETWORK OF SUPPORT AND INFORMATION FOR JEWISH AND INTERFAITH FAMILIES WITH ADOPTED CHILDREN

COMMUNITY CASE MANAGEMENT PROVIDES PROFESSIONAL CRISIS CASE MANAGERS DEDICATED TO EMPOWERING THE CLIENT AND THEIR FAMILY TO RETURN TO SELF-SUFFICIENCY AFTER AN UNSTABLE SITUATION. CASE MANAGERS HAVE MULTIPLE SPECIALTY AREAS AND PROVIDE THE NECESSARY RESOURCES, REFERRALS, AND SERVICES CRITICAL TO THE CLIENT'S PHYSICAL, EMOTIONAL, AND SPIRITUAL WELL-BEING.

GIRLS GIVE BACK IS A LEADERSHIP, EMPOWERMENT AND SERVICE-LEARNING PROGRAM FOR YOUNG JEWISH WOMEN. GIRLS GIVE BACK PROMOTES JEWISH VALUES WHILE DEVELOPING SOCIAL-MINDEDNESS, CRITICAL THINKING, HEALTHY SELF-ESTEEM, AND EMPATHY IN HIGH SCHOOL GIRLS.

IN CONJUNCTION WITH THE HAND UP TEEN LEADERSHIP PROGRAM, THE AWARD WINNING HAND UP YOUTH FOOD PANTRY DISTRIBUTES FOOD TO LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES AT MULTIPLE SITES IN SAN DIEGO COUNTY. IT PROVIDES A UNIQUE OPPORTUNITY FOR YOUTH AND GROUPS TO VOLUNTEER IN THE FOOD PANTRY.

THE NATIONALLY-RECOGNIZED HAND UP TEEN LEADERSHIP PROGRAM OFFERS HIGH SCHOOL STUDENTS A UNIQUE OPPORTUNITY TO LEARN ABOUT SOCIAL CHANGE AND SEE THE DIFFERENCE THEY CAN MAKE IN OUR COMMUNITY. STUDENTS USE LEADERSHIP SKILLS IN A REAL-WORLD

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SETTING BY SUPPORTING THE HAND UP YOUTH FOOD PANTRY THROUGH DIRECT SERVICE AND ADVOCACY.

THE HUNGER ADVOCACY NETWORK INCLUDES 16 ORGANIZATIONAL PARTNERS FROM ACROSS SAN DIEGO COUNTY WHO ARE ACTIVELY INVOLVED IN STATE-WIDE ADVOCACY. MEMBER ORGANIZATIONS ADDRESS AN ANTI-HUNGER POLICY AGENDA THROUGH THE STATE LEGISLATURE AND SUPPORT HUNGER ACTION MONTH ACTIVITIES IN SEPTEMBER.

THE INTENSIVE PSYCHIATRIC CASE MANAGEMENT PROGRAM IS FOR JEWISH ADULTS WHO REQUIRE INTENSIVE ONGOING SUPPORT TO LIVE SUCCESSFULLY IN THE COMMUNITY.

JEWISH BIGPALS MATCHES JEWISH ADULT MENTORS WITH JEWISH CHILDREN FROM SINGLE-PARENT OR NON-TRADITIONAL FAMILIES. MENTORS PROVIDE FRIENDSHIP, COMPANIONSHIP, AND LIFE-ENRICHING EXPERIENCES TO THE CHILDREN THEY MENTOR, ENHANCING THEIR GROWTH AND DEVELOPMENT AND HELPING THEM ACHIEVE THEIR FULL POTENTIAL.

SUPPORTING JEWISH SINGLE PARENTS (SJSP) ACTIVELY WELCOMES AND CONNECTS JEWISH SINGLE PARENTS AND THEIR CHILDREN TO THE JEWISH COMMUNITY. THE PROGRAM HELPS PROMOTE JEWISH CONTINUITY AND OFFERS SERVICES THAT ENHANCE A FEELING OF BELONGING AND INCLUSION.

NORTH COASTAL JEWISH CONNECTIONS LINKS JEWS LIVING IN THE COASTAL AREA OF NORTH COUNTY TO THE JEWISH COMMUNITY AND JFS VIA A FULL SPECTRUM OF PROGRAMS AND SERVICES.

THE JEWISH HEALING CENTER PROVIDES SHORT-TERM SPIRITUAL COUNSELING AND SUPPORT, FRIENDLY VISITS, HEALING SERVICES, MEDITATION, CONTEMPLATIVE WORKSHOPS, AND SUPPORT

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

GROUPS FOR CHRONIC ILLNESS, BEREAVEMENT, AND SPIRITUAL DIRECTION.

ESTABLISHED IN 2008 IN RESPONSE TO THE ECONOMIC CRISIS, THE JEWISH EMPLOYMENT NETWORK SUPPORTS JEWISH INDIVIDUALS IN THEIR JOB SEARCH AND HELPS CONNECT JEWISH COMMUNITY MEMBERS WITH EMPLOYERS.

WAYS TO WORK IS A CHARACTER BASED CAR LOAN PROGRAM FOR WORKING FAMILIES WITH POOR OR CHALLENGED CREDIT. QUALIFIED LOAN RECIPIENTS CAN APPLY FOR A CAR LOAN AND WILL RECEIVE ON-GOING CASE MANAGEMENT SERVICES TO ASSIST THEM IN ATTAINING SELF-SUFFICIENCY.

SINCE 1918 JFS HAS OFFERED RESETTLEMENT SERVICES TO NEWLY ARRIVING REFUGEES AND ASYLEES FROM AROUND THE WORLD. REFUGEE RESETTLEMENT AND ACCULTURATION PROGRAM CASE MANAGERS WORK WITH REFUGEE FAMILIES PROVIDING FINANCIAL ASSISTANCE, SOCIAL SERVICES, CASE MANAGEMENT, AND ACCULTURATION PROGRAMS AND WORKSHOPS.

PREFERRED COMMUNITIES, A SPECIALIZED MEDICAL CASE MANAGEMENT PROGRAM, ASSISTS NEWLY ARRIVED REFUGEES WITH SIGNIFICANT HEALTH ISSUES. A SKILLED MEDICAL SOCIAL WORKER HELPS CONNECT AND NAVIGATE A COMPLEX MEDICAL SYSTEM WHILE AT THE SAME TIME BUILDING CULTURAL AWARENESS AND SENSITIVITY TO REFUGEE ISSUES WITH HEALTH CARE PROVIDERS.

THE PRINS ASYLUM PROGRAM OFFERS PRO-BONO LEGAL ASSISTANCE FOR INDIVIDUALS WHO ARE EXPERIENCING OR AT RISK OF PERSECUTION IN THEIR HOMELAND AND ARE SEEKING PROTECTION IN THE UNITED STATES.

THE CITIZENSHIP AND NATURALIZATION PROGRAM PROVIDES SERVICES TO QUALIFIED

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

INDIVIDUALS THAT ENABLE THEM TO BECOME US CITIZENS.

VOLUNTEER SERVICES PROVIDES AND COORDINATES VOLUNTEER OPPORTUNITIES AT JFS. MORE THAN 550 VOLUNTEERS ARE ACTIVE EACH MONTH AND THESE VOLUNTEERS DONATED MORE THAN 62,850 HOURS THIS FISCAL YEAR. VOLUNTEERS ARE THE HEART OF JFS, WORKING DIRECTLY WITH THOSE IN NEED AND PROVIDING ADMINISTRATIVE SUPPORT.

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

COUNSELING AND EDUCATIONAL SERVICES

THE COUNSELING PROGRAM PROVIDES INDIVIDUAL, COUPLES, FAMILY AND GROUP COUNSELING SERVICES TO INDIVIDUALS FROM DIVERSE BACKGROUNDS. SERVICES ARE PROVIDED BY LICENSED THERAPISTS AND INTERNS ON A SLIDING SCALE; SOME FORMS OF INSURANCE ARE ACCEPTED. BOTH BRIEF AND LONG-TERM THERAPY IS AVAILABLE, DEPENDING ON CLIENT NEED. AREAS OF SPECIALTY INCLUDE: MOOD DISORDER, PLAY THERAPY, COMMUNICATION, DIVORCE AND SEPARATION, CHRONIC HEALTH ISSUES, GRIEF, AND GENERAL LIFE TRANSITIONS.

THE PARENTING AND YOUTH SERVICES DEPARTMENT PROVIDES A BROAD BASE OF SERVICES TO FAMILIES AND YOUTH, WITH A FOCUS ON STRENGTHENING FAMILY RELATIONSHIPS THROUGH EDUCATION. PROGRAMS IN THIS DEPARTMENT INCLUDE: PRESCHOOL IN THE PARK, POSITIVE PARENTING, AND PARENTS SUPPORT AND EMPOWERMENT. OF NOTE, THIS DEPARTMENT HOUSES THE LARGEST COUNTY GRANT EVER RECEIVED BY JFS.

PACHIE'S PLACE, A NEW INNOVATIVE PARENTING PROGRAM, IS FOCUSED ON EARLY INTERVENTION AND EDUCATION FOR FAMILIES WITH CHILDREN AGES ZERO TO FIVE YEARS OLD.

THE PATIENT ADVOCACY PROGRAM PROVIDES SUPPORT FOR THE RIGHTS OF MENTALLY ILL

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

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

INDIVIDUALS THROUGH DIRECT SERVICE AND GENERAL EDUCATION. PATIENT ADVOCATES WORK THROUGHOUT THE COUNTY, ADVOCATING ON BEHALF OF MENTALLY ILL INDIVIDUALS AT PSYCHIATRIC HOSPITALS, BOARD AND CARE FACILITIES, LEGAL HEARINGS AND MORE. ADVOCATES ALSO ENSURE THAT THESE INDIVIDUALS ARE BEING TREATED WITH RESPECT BY PROVIDING EDUCATION TO DIRECT SERVICE STAFF AND ADMINISTRATORS AT THESE FACILITIES.

PROJECT SARAH (STOP ABUSIVE RELATIONSHIPS AT HOME) PROVIDES COUNSELING, CASE MANAGEMENT, COMMUNITY OUTREACH AND EDUCATION, SUPPORT GROUPS AND LEGAL ADVOCACY TO SURVIVORS OF DOMESTIC OR RELATIONSHIP ABUSE AND THEIR CHILDREN

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EMERGENCY SHELTER AND SUPPORTIVE HOUSING

ROY'S DESERT RESOURCE CENTER, NAMED IN HONOR OF THE LATE RIVERSIDE COUNTY SUPERVISOR, ROY WILSON, IS THE FIRST COMPREHENSIVE HOMELESS CENTER BUILT IN THE WESTERN COACHELLA VALLEY. LOCATED IN PALM SPRINGS, THE CENTER OFFERS SHELTER AND NUMEROUS SUPPORTIVE SERVICES TO NINETY (90) HOMELESS INDIVIDUALS EACH NIGHT. DESERT SOS STAFF MEMBERS ASSIST CLIENTS IN REGAINING THEIR STABILITY IN THE COMMUNITY, AS WELL AS SECURING SAFE AND AFFORDABLE HOUSING.

DESERT HORIZONS, LOCATED IN THE COACHELLA VALLEY, IS A SCATTERED-SITE, TRANSITIONAL LIVING PROGRAM WHICH PLACES HOMELESS INDIVIDUALS DIRECTLY FROM THE STREETS AND EMERGENCY SHELTERS INTO TRANSITIONAL HOUSING UNITS WITH APPROPRIATE SUPPORTIVE SERVICES. THE UNITS CONSISTS OF SEVEN (7) ONE AND TWO-BEDROOM APARTMENTS LOCATED IN PALM SPRINGS, CATHEDRAL CITY AND DESERT HOT SPRINGS.

DESERT VISTA IS A 40-BED, SCATTERED SITE PERMANENT SUPPORTIVE HOUSING PROJECT BASED

Name of the organization

Employer identification number

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

IN THE COACHELLA VALLEY. THE GOAL OF THIS HUD-FUNDED SUPPORTIVE HOUSING PROGRAM IS TO:

"HELP PARTICIPANTS OBTAIN AND REMAIN IN PERMANENT HOUSING.

"HELP PARTICIPANTS INCREASE SKILLS AND/OR INCOME.

"HELP PARTICIPANTS ACHIEVE GREATER SELF-DETERMINATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

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 COMPRABLE POSITIONS AND MAKES RECOMMENDATIONS TO THE BOARD'S EXECUTIVE COMMITTEE WHICH APPROVES OR DISAPPROVES THE SUGESTIONS. RECOMMENDATIONS ARE THEN PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF A PDF DOCUMENT. BOTH THE AUDIT AND 990 ARE POSTED ON THE AGENCY WEB SITE.

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN INVESTMENT IN SUBSIDIARY.....	\$	500,515.
INVESTMENT EXPENSES.....		-56,186.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....		-684,854.
	TOTAL	<u>\$ -240,525.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. JEWISH FAMILY SERVICE OF SAN DIEGO	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-1644024
	Number, street, and room or suite number. If a P.O. box, see instructions. 8804 BALBOA AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123-1506	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of. ▶ GUINEVERE A. KERSTETTER

Telephone No. ▶ 858-637-3000 FAX No. ▶ 858-637-3001

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.