

2017

990

PUBLIC

DISCLOSURE

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

| | | | |
|---|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization JEWISH FAMILY SERVICE OF SAN DIEGO | | D Employer identification number 95-1644024 |
| | Doing business as | | E Telephone number 858-637-3000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92123 | | G Gross receipts \$ 21,417,531. |
| F Name and address of principal officer: MICHAEL HOPKINS SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ | |
| 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 | | | |
| J Website: ▶ WWW.JFSSD.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1918 M State of legal domicile: CA |

Part I Summary

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: IMPACT-DRIVEN ORGANIZATION WORKING TO BUILD A STRONGER, HEALTHIER, MORE RESILIENT SAN DIEGO. |
| | 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 22 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 373 |
| | 6 Total number of volunteers (estimate if necessary) 6 771 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 16,526,503. 16,814,652. |
| | 9 Program service revenue (Part VIII, line 2g) 2,203,952. 1,448,992. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 531,645. 786,717. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 410,333. 868,252. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,672,433. 19,918,613. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,460,521. 1,438,967. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,752,999. 11,899,326. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 92,497. 91,838. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,907,755. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,309,120. 5,875,077. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,615,137. 19,305,208. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 1,057,296. 613,405. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 41,291,576. 41,877,802. |
| | 21 Total liabilities (Part X, line 26) 4,435,100. 3,413,251. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 36,856,476. 38,464,551. |

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 | | |
| | MICHAEL HOPKINS, CHIEF EXECUTIVE OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP | | 10/17/19 | | |
| Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108 | | | Firm's EIN ▶ | | Phone no. (619) 810-4940 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CLIENT-CENTERED, IMPACT-DRIVEN ORGANIZATION WHOSE MISSION IS TO BUILD A STRONGER, HEALTHIER, MORE RESILIENT SAN DIEGO BY EMPOWERING INDIVIDUALS AND FAMILIES TO MOVE TOWARD SELF-SUFFICIENCY, SUPPORTING AGING WITH DIGNITY, AND FOSTERING COMMUNITY CONNECTION AND ENGAGEMENT.

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 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 \$ 9,204,151. including grants of \$ 654,205.) (Revenue \$ 495,868.) SELF-SUFFICIENCY ACROSS THE LIFESPAN: JEWISH FAMILY SERVICE OF SAN DIEGO SEEKS TO BUILD A SAN DIEGO WHERE EVERY INDIVIDUAL AND FAMILY IS SELF-SUFFICIENT, SOCIALLY CONNECTED, AND AGES WITH DIGNITY. SELF-SUFFICIENCY SERVICES PROVIDED INCLUDE COUNSELING, CASE MANAGEMENT, EMPLOYMENT AND CAREER SERVICES, HUNGER AND FOOD SECURITY, HOUSING AND HOMELESS SERVICES, REFUGEE RESETTLEMENT & IMMIGRATION, AND POSITIVE PARENTING PROGRAM. NUMBER SERVED: 15,544 BREAST CANCER CASE MANAGEMENT - BREAST CANCER CASE MANAGEMENT (BCCM) WORKS WITH CLIENTS TO INCREASE ACCESS TO RESOURCES TO SUPPORT THE PHYSICAL, MENTAL, FINANCIAL, AND SOCIAL WELLBEING DURING ALL STAGES OF DIAGNOSIS, TREATMENT, AND RECOVERY. THE ONLY PROGRAM OF ITS KIND IN SAN DIEGO COUNTY.

4b (Code:) (Expenses \$ 5,675,929. including grants of \$ 771,599.) (Revenue \$ 676,149.) AGING WITH DIGNITY: JEWISH FAMILY SERVICE IS THE PREMIER PROVIDER OF SERVICES TO OLDER ADULTS IN SAN DIEGO. JEWISH FAMILY SERVICE SENIOR PROGRAMS INCLUDE GERIATRIC CARE MANAGEMENT, TRANSPORTATION-ON THE GO, SERVING OLDER HOLOCAUST SURVIVORS (SOS), SOCIAL AND WELLNESS CENTERS, FIX IT SERVICE AND FOODMOBILE. NUMBER SERVED: 4,188. GERIATRIC CARE MANAGEMENT - THE GERIATRIC CARE MANAGEMENT (GCM) PROGRAM PROVIDES OLDER ADULTS AND THEIR CAREGIVERS WITH A BETTER QUALITY OF LIFE THROUGH IMPROVED MANAGEMENT OF THEIR HEALTH NEEDS, AND ENHANCED SUPPORT SYSTEMS. TO MAXIMIZE INDEPENDENCE AND ENHANCE CLIENTS' ABILITY TO AGE WITH DIGNITY, GCM'S TRAINED GERIATRIC SPECIALISTS COORDINATE MEDICAL CARE, PROVIDE TRANSPORTATION, ASSIST WITH PAPERWORK, ADVOCATE, AND LINK CLIENTS TO COMMUNITY AND AGENCY RESOURCES.

4c (Code:) (Expenses \$ 1,384,540. including grants of \$ 13,163.) (Revenue \$ 276,975.) COMMUNITY CONNECTIONS AND ENGAGEMENT: JEWISH FAMILY SERVICE BELIEVES THAT TO BE TRULY SELF-SUFFICIENT, ONE MUST BE CONNECTED TO A COMMUNITY. IN TIMES OF CRISIS, WHEN INDIVIDUALS AND FAMILIES FACE THE GREATEST CHALLENGES, ECONOMIC SECURITY ALONE DOES NOT PROVIDE THE SUPPORT REQUIRED TO OVERCOME THE OBSTACLE AT HAND. COMMUNITY CONNECTION AND ENGAGEMENT PROGRAMS INCLUDE LEADERSHIP PROGRAMS, JEWISH BIG PALS, AND SUPPORTING JEWISH SINGLE PARENTS. NUMBER SERVED: 335.

EMBRACE-A-FAMILY - EACH YEAR INDIVIDUALS, FAMILIES, SERVICE AND FAITH-BASED COMMUNITY GROUPS, AND BUSINESSES DONATE NEW HOLIDAY GIFTS TO THE EMBRACE-A-FAMILY PROGRAM TO HELP ENSURE THAT FAMILIES UNABLE TO PURCHASE THEM HAVE GIFTS FOR THE HOLIDAYS.

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

4e Total program service expenses 16,264,620.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | 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, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 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 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (125, 0, 373, etc.). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 22 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 22 | | |
| 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? | 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARIE RAFTERY CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (2) ADAM WELLAND 1ST VICE CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (3) EMILY JENNEWEIN 2ND VICE CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (4) MARCIA FOSTER HAZAN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) SHERYL L. ROWLING TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) MEG GOLDSTEIN ADVISORY OFFICER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LORETTA ADAMS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) DEBORAH BUCKSBAUM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) SHELDON DEREZIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) KIRA FINKENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) AVI FROHLICHMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) KATE KASSAR DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) NADJA KAUDER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) GREGG KORNFELD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) MICHAEL LEES DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) PHILIP LINSSEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) DR. JENNY MEISELMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) GABRIELLE ORATZ DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (19) SCOTT SCHINDLER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (20) BRAD SLAVIN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (21) KARIN TORANTO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (22) JEOL SMITH DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (23) MICHAEL HOPKINS CHIEF EXECUTIVE OFFICER | 40.00 1.00 | | | X | | | 306,244. | 0. | 39,211. | |
| (24) DANA TOPPEL CHIEF OPERATING OFFICER | 40.00 | | | X | | | 158,717. | 0. | 19,616. | |
| (25) GUINEVERE KERSTETTER CHIEF FINANCIAL OFFICER TERM 12/18 | 40.00 1.00 | | | X | | | 84,072. | 0. | 12,312. | |
| (26) RICK DAHLSEID CHIEF FINANCIAL OFFICER START 02-17 | 30.00 10.00 | | | X | | | 141,339. | 0. | 9,501. | |
| 1b Sub-total | | | | | | | 690,372. | 0. | 80,640. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 345,174. | 0. | 37,271. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,035,546. | 0. | 117,911. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) SHANA HAZAN CHIEF DEVELOPMENT OFFICER | 40.00 | | | X | | | | 138,544. | 0. | 14,404. |
| (28) JOEL CRADDOCK SR DIRECTOR, HOUSING & EDUCATIONAL | 40.00 | | | | X | | | 101,463. | 0. | 11,908. |
| (29) MITCHAELE A KOHLBECKER SR DIRECTOR, INFORMATION TECH | 40.00 | | | | X | | | 105,167. | 0. | 10,959. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 345,174. | | 37,271. |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|---|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 291,286. | | | | |
| | d Related organizations | 1d | 1,531,126. | | | | |
| | e Government grants (contributions) | 1e | 7,074,276. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,917,964. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 286,966. | | | | |
| | h Total. Add lines 1a-1f | | 16,814,652. | | | | |
| | Program Service Revenue | 2 a PROGRAM FEES | Business Code | | | | |
| | | 624100 | 626,973. | 626,973. | | | |
| b CLIENT FEES | | 624100 | 582,721. | 582,721. | | | |
| c ON THE GO FEES | | 900099 | 239,298. | 239,298. | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | 1,448,992. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 595,080. | | | 595,080. | |
| | 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 | | 976,114. | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 782,072. | 2,405. | | |
| | | c Gain or (loss) | | 194,042. | -2,405. | | |
| | d Net gain or (loss) | | 191,637. | | | 191,637. | |
| | 8 a Gross income from fundraising events (not including \$ 291,286. of contributions reported on line 1c). See Part IV, line 18 | a | 1,582,693. | | | | |
| | | b Less: direct expenses | b | 714,441. | | | |
| c Net income or (loss) from fundraising events | | | 868,252. | | | 868,252. | |
| 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 | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions. | | | 19,918,613. | 1,448,992. | 0. | 1,654,969. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,438,967. | 1,438,967. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 817,850. | 265,718. | 236,231. | 315,901. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 8,850,505. | 7,817,483. | 325,194. | 707,828. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,460,472. | 1,305,653. | | 154,819. |
| 10 Payroll taxes | 770,499. | 655,688. | 38,787. | 76,024. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 7,580. | 4,662. | 2,769. | 149. |
| c Accounting | 78,100. | 48,037. | 28,527. | 1,536. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 91,838. | | | 91,838. |
| f Investment management fees | 105,520. | | 105,520. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,401,207. | 1,041,268. | 127,421. | 232,518. |
| 12 Advertising and promotion | 93,760. | 75,135. | 1,033. | 17,592. |
| 13 Office expenses | 463,005. | 381,879. | 8,924. | 72,202. |
| 14 Information technology | 216,193. | 167,234. | 7,316. | 41,643. |
| 15 Royalties | | | | |
| 16 Occupancy | 582,807. | 571,305. | 8,679. | 2,823. |
| 17 Travel | 490,161. | 459,256. | 21,044. | 9,861. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 164,100. | 137,766. | 16,730. | 9,604. |
| 20 Interest | 34,364. | 1,238. | 33,126. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 830,492. | 696,540. | 35,342. | 98,610. |
| 23 Insurance | 227,715. | 161,868. | 54,997. | 10,850. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM EXPENSES | 419,640. | 412,506. | 6,403. | 731. |
| b EQUIPMENT RENTAL | 406,562. | 373,377. | 18,450. | 14,735. |
| c REPAIRS AND MAINTENANCE | 202,503. | 181,008. | 5,948. | 15,547. |
| d MISCELLANEOUS EXPENSES | 122,945. | 68,032. | 40,392. | 14,521. |
| e All other expenses | 28,423. | | 10,000. | 18,423. |
| 25 Total functional expenses. Add lines 1 through 24e | 19,305,208. | 16,264,620. | 1,132,833. | 1,907,755. |
| 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

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 2,246,048. | 1 | 1,848,383. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 3,452,197. | 3 | 4,159,231. |
| | 4 Accounts receivable, net | 79,555. | 4 | 127,116. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 51,601. | 7 | 75,881. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 185,225. | 9 | 270,391. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 20,087,521. | | |
| | b Less: accumulated depreciation | 10b 4,454,511. | 16,164,286. | 10c 15,633,010. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 18,105,313. | 12 | 18,273,458. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,007,351. | 15 | 1,490,332. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 41,291,576. | 16 | 41,877,802. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,822,398. | 17 | 2,001,649. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 245,204. | 19 | 190,181. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,000,000. | 23 | 835,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 367,498. | 25 | 386,421. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,435,100. | 26 | 3,413,251. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 26,540,100. | 27 | 27,743,169. |
| | 28 Temporarily restricted net assets | 5,624,006. | 28 | 6,027,012. |
| | 29 Permanently restricted net assets | 4,692,370. | 29 | 4,694,370. |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | 36,856,476. | 33 | 38,464,551. | |
| 34 Total liabilities and net assets/fund balances | 41,291,576. | 34 | 41,877,802. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 19,918,613. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,305,208. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 613,405. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 36,856,476. |
| 5 | Net unrealized gains (losses) on investments | 5 | 509,363. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 485,307. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 38,464,551. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ).)
 - 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 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.)
 - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
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| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15345943. | 14095128. | 14639031. | 16526503. | 16814652. | 77421257. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 15345943. | 14095128. | 14639031. | 16526503. | 16814652. | 77421257. |
| 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) | | | | | | 6055798. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 71365459. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 15345943. | 14095128. | 14639031. | 16526503. | 16814652. | 77421257. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 294,971. | 549,665. | 557,818. | 333,699. | 595,080. | 2331233. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 670,009. | 793,580. | 576,433. | 410,333. | 868,252. | 3318607. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 83071097. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 8,712,589. |
| 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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.91 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 84.12 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

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

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

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 2,935,389. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,162,545. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 930,416. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 762,267. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 615,858. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 503,263. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 1,531,126. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 2,159. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 2,159. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

JEWISH FAMILY SERVICE DISSEMINATES LETTERS OF SUPPORT AND ISSUES CALLS TO ACTION ABOUT STATE AND FEDERAL BILLS RELATED TO POVERTY, SELF-SUFFICIENCY, HOUSING, AND THE NEEDS OF VULNERABLE SENIORS. STAFF MEET IN PERSON AND HAVE PHONE CALLS WITH ELECTED OFFICIALS ABOUT STATE AND FEDERAL LEGISLATIVE AND BUDGET ISSUES.

Part IV Supplemental Information (continued)

JEWISH FAMILY SERVICE PAYS FOR FLIGHTS TO SACRAMENTO FOR STAFF TO PARTICIPATE IN ADVOCACY MEETINGS AND HEARINGS AT THE CAPITAL, IN ADDITION TO PARTICIPATING IN THE ANNUAL JEWISH PUBLIC AFFAIRS COMMITTEE'S ADVOCACY DAY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the 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 7/25/06, 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 9,604,244. | 8,085,759. | 8,598,249. | 8,450,751. | 7,665,412. |
| b Contributions | 4,680. | 1,000,950. | 80,916. | 608,890. | 401,285. |
| c Net investment earnings, gains, and losses | 723,415. | 877,949. | -180,961. | -41,080. | 1,082,816. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 459,511. | 360,414. | 412,445. | 420,312. | 698,762. |
| f Administrative expenses | | | | | |
| g End of year balance | 9,872,828. | 9,604,244. | 8,085,759. | 8,598,249. | 8,450,751. |

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

- a Board designated or quasi-endowment 46.00 %
- b Permanent endowment 47.00 %
- c Temporarily restricted endowment 7.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 4,023,335. | | 4,023,335. |
| b Buildings | | 13,072,151. | 2,774,406. | 10,297,745. |
| c Leasehold improvements | | | | |
| d Equipment | | 2,885,040. | 1,680,105. | 1,204,935. |
| e Other | | 106,995. | | 106,995. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 15,633,010. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) BENEFICIAL INTERESTS IN | | |
| (B) ENDOWMENT FUNDS | 9,480,557. | END-OF-YEAR MARKET VALUE |
| (C) FUNDS HELD AT JEWISH | | |
| (D) COMMUNITY FOUNDATION | 8,792,901. | END-OF-YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 18,273,458. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|-----------------|
| (1) Federal income taxes | |
| (2) DEFERRED COMPENSATION | 386,421. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 386,421. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 28,957,149. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 509,363. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 11,292,225. |
| e | Add lines 2a through 2d | 2e | 11,801,588. |
| 3 | Subtract line 2e from line 1 | 3 | 17,155,561. |
| 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 | 105,520. |
| b | Other (Describe in Part XIII.) | 4b | 2,657,532. |
| c | Add lines 4a and 4b | 4c | 2,763,052. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 19,918,613. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 27,349,074. |
| 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 XIII.) | 2d | 10,237,897. |
| e | Add lines 2a through 2d | 2e | 10,237,897. |
| 3 | Subtract line 2e from line 1 | 3 | 17,111,177. |
| 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 | 105,520. |
| b | Other (Describe in Part XIII.) | 4b | 2,088,511. |
| c | Add lines 4a and 4b | 4c | 2,194,031. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 19,305,208. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

ARTWORK HELD BY JEWISH FAMILY SERVICE OF SAN DIEGO IS HELD IN A COLLECTION FOR FINANCIAL GAIN. THE ORGANIZATION'S POLICY FOR RECOGNIZING COLLECTIONS ITEMS UNDER FASB ASC 958-360-25-3 IS TO NOT CAPITALIZE COLLECTIONS ITEMS. ARTWORK'S FUTURE APPRECIATED VALUE WILL BE USED TO ENHANCE PROGRAMS.

PART V, LINE 4:

THE BENEFICIAL INTERESTS IN ENDOWMENT FUNDS ARE HELD BY JEWISH COMMUNITY FOUNDATION AND COMERICA BANK AND ARE MANAGED IN ACCORDANCE WITH UPMIFA. JEWISH FAMILY SERVICE OF SAN DIEGO'S (JFS) SPENDING POLICY IS TO DISBURSE FUNDS AVAILABLE IN ACCORDANCE WITH DONOR RESTRICTIONS TO MEET THE CURRENT PROGRAM NEEDS OF JFS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|-------------|
| SPECIAL EVENT EXPENSE NETTED WITH REVENUE | 714,441. |
| REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT | 10,092,477. |
| CHANGE IN INVESTMENT SUBSIDIARY | 485,307. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 11,292,225. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|------------|
| CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES | 2,657,532. |
|---|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|-------------|
| SPECIAL EVENT EXPENSE NETTED WITH REVENUE | 714,441. |
| EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT | 9,523,456. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 10,237,897. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|------------|
| CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES | 2,088,511. |
|---|------------|

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| JILL SPITZER - 8804 BALBOA AVE, SAN DIEGO, CA 92123 | FUNDRAISING | | X | 408,623. | 91,838. | 316,785. |
| | | | | | | |
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| | | | | | | |
| Total | | | | 408,623. | 91,838. | 316,785. |

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

CA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|--------------------------------|---------------------|---------------------------------|------------|
| | | HEART & SOUL GALA (event type) | HAMILTON EVENT (event type) | 1 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 1,401,531. | 403,160. | 69,288. | 1,873,979. |
| | 2 | Less: Contributions | 280,509. | 3,000. | 7,777. | 291,286. |
| | 3 | Gross income (line 1 minus line 2) | 1,121,022. | 400,160. | 61,511. | 1,582,693. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 104,999. | 34,107. | 11,991. | 151,097. |
| | 8 | Entertainment | 11,600. | | | 11,600. |
| | 9 | Other direct expenses | 374,352. | 140,892. | 36,500. | 551,744. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 714,441. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 868,252. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- 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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

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

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

Schedule I (Form 990) (2017)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| EMERGENCY FUNDS FOR CLIENTS IN CRISIS | 225 | 241,460. | 0. | | |
| HEMOCARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST | 161 | 641,160. | 25,249. | COST | MEALS |
| HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES | 268 | 445,255. | 0. | | |
| CHANGE A LIFE FUNDS FOR CLIENTS IN NEED | 3 | 1,200. | 0. | | |
| SCHOLARSHIPS | 26 | 55,375. | 0. | | |

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

PART I, LINE 2:

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

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| EMERGENCY FOOD ASSISTANCE TO NO INCOME AND LOW INCOME CLIENTS | 674. | 0. | 18,388. | COST | FOOD & DIAPERS |
| CAMP SCHOLARSHIPS FOR CHILDREN OF SINGLE PARENTS | 27. | 10,880. | 0. | | |
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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" on 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 | | |

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

Schedule J (Form 990) 2017

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 on 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 aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MICHAEL HOPKINS CHIEF EXECUTIVE OFFICER | (i) | 306,244. | 0. | 0. | 29,845. | 9,366. | 345,455. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DANA TOPPEL CHIEF OPERATING OFFICER | (i) | 158,717. | 0. | 0. | 11,549. | 8,067. | 178,333. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) RICK DAHLSEID CHIEF FINANCIAL OFFICER START 02-17 | (i) | 141,339. | 0. | 0. | 3,625. | 5,876. | 150,840. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SHANA HAZAN CHIEF DEVELOPMENT OFFICER | (i) | 138,544. | 0. | 0. | 10,100. | 4,304. | 152,948. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 3:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING AND APPROVING STAFF SALARY RANGES, INCLUDING THE CONTRACT FOR THE CEO. AN OUTSIDE CONSULTANT DOES A SALARY STUDY AND REVIEW FOR THE CEO, COO AND CFO POSITIONS. A BOARD OF DIRECTORS' SUBCOMMITTEE, INCLUDING THE PRESIDENT OF THE BOARD, REVIEWS SALARY DATA FROM COMPARABLE POSITIONS AND MAKES RECOMMENDATIONS TO THE BOARD WHICH APPROVES OR DISAPPROVES THE SUGGESTIONS. RECOMMENDATIONS ARE THEN PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR APPROVAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 111 | 286,966. | SELLING PRICE/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**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THE FOLLOWING COMPANY TO CONDUCT ITS VEHICLE

DONATION PROGRAM:

CHARITABLE ADULT RIDES AND SERVICES, INC.

4669 MURPHY CANYON ROAD

SAN DIEGO, CA 92123

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

AMENDED FORM 990 EXPLANATION:

THE FUNCTIONAL ALLOCATION OF EXPENSES HAVE BEEN ANALYZED AND
RE-EVALUATED BY MANAGEMENT SINCE THE FILING OF THE ORIGINAL FORM 990.
THE FORM 990 IS BEING AMENDED TO REFLECT THE UPDATED FUNCTIONAL
ALLOCATION OF EXPENSES. CHANGES TO THE AMENDED FORM 990 ARE FOUND ON
PAGE 2 PART III LINES 4A-C ALLOCATION OF PROGRAM EXPENSES AMONGST THE
THREE PROGRAMS HAS CHANGED. PAGE 10 PART IX THE ALLOCATION BETWEEN
PROGRAM SERVICE EXPENSES, MANAGEMENT AND GENERAL AND FUNDRAISING HAVE
CHANGED. THERE WAS NO CHANGE TO TOTAL FUNCTIONAL EXPENSE.

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

JFS'S WORK IS ROOTED IN AN UNWAVERING BELIEF IN OUR CLIENTS' ABILITY TO
TRANSFORM THEIR LIVES. GUIDED BY JEWISH VALUES, JFS SERVES THOSE IN
NEED WITHOUT REGARD TO RELIGION, RACE, ETHNICITY, NATIONALITY, AGE, OR
SEXUAL ORIENTATION.

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

BCCM UTILIZES AN INTENSIVE MEDICAL CASE MANAGEMENT MODEL. THE CASE
MANAGER MEETS WITH WOMEN IN THE COMFORT OF THEIR OWN HOMES TO PROVIDE
EMOTIONAL SUPPORT, RESOURCE COORDINATION, FINANCIAL ASSISTANCE, AND
HELP NAVIGATING THE HEALTHCARE SYSTEM THROUGHOUT THE COURSE OF
TREATMENT. WOMEN WITH ADEQUATE SUPPORT SERVICES ALREADY IN PLACE ARE
ABLE TO ACCESS FINANCIAL SUPPORT SERVICES TO HELP ADDRESS THE ECONOMIC
IMPACT OF A BREAST CANCER DIAGNOSIS AND TO ENSURE THAT THEY AND THEIR
FAMILIES CAN WEATHER THE FINANCIAL IMPACT OF TREATMENT AND RECOVERY.

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COMMUNITY CASE MANAGEMENT - COMMUNITY CASE MANAGEMENT (CCM) PROVIDES CRITICAL ASSISTANCE TO INDIVIDUALS AND FAMILIES IN CRISIS TO HELP THEM IMPROVE THEIR STANDARD OF LIVING, PREVENT REOCCURRING CRISES, AND INCREASE SELF-SUFFICIENCY. CCM CASE MANAGERS WORK IN PARTNERSHIP WITH CLIENTS TO STRENGTHEN THEIR SKILLS FOR FINANCIAL STABILITY AS WELL AS THEIR EMOTIONAL, PHYSICAL, SOCIAL, AND SPIRITUAL HEALTH BY DEVELOPING PERSONALIZED ACTION PLANS TO ADDRESS FINANCIAL CHALLENGES, MENTAL HEALTH AND MEDICAL ISSUES, LACK OF SUPPORT SYSTEMS, AND OTHER BASIC NEEDS. CCM PROVIDES EMERGENCY FOOD, FINANCIAL ASSISTANCE, AND REFERRALS FOR HOUSING, LEGAL, AND HEALTH RESOURCES, IF NEEDED, AND WORKS CLOSELY WITH OTHER JFS SERVICES, INCLUDING HAND UP FOOD PANTRY, COUNSELING, EMPLOYMENT AND CAREER SERVICES, AND AGING & WELLNESS SERVICES.

CLINICAL COUNSELING - JFS PROVIDES INDIVIDUAL AND GROUP COUNSELING FOR TEENS, ADULTS, COUPLES, AND FAMILIES. OUR THERAPISTS SPECIALIZE IN WORKING WITH PEOPLE SUFFERING FROM MOOD AND ANXIETY DISORDERS, SURVIVORS OF VIOLENCE, AND OLDER ADULTS WITH CHALLENGES RELATED TO THE AGING PROCESS. THERAPISTS WORK IN PARTNERSHIP WITH CLIENTS TO STRENGTHEN COPING SKILLS, BUILD STRATEGIES TO OVERCOME DISORDERS SUCH AS DEPRESSION AND ANXIETY, AND INCREASE SELF-SUFFICIENCY. CLINICAL COUNSELING AT JFS INCREASES PSYCHOLOGICAL WELL-BEING AND SUPPORTS INDIVIDUAL RESILIENCE THROUGHOUT THE LIFESPAN. CLINICAL COUNSELING WORKS CLOSELY WITH OTHER JFS PROGRAMS, SUCH AS COMMUNITY CASE MANAGEMENT, EMPLOYMENT AND CAREER SERVICES, AND AGING & WELLNESS SERVICES, TO REMOVE PRACTICAL BARRIERS TO TREATMENT AND TO INCREASE INDEPENDENCE.

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DESERT VISTA PERMANENT SUPPORTIVE HOUSING - DESERT VISTA PERMANENT SUPPORTIVE HOUSING IS THE ONLY PROGRAM OF ITS KIND IN THE COACHELLA VALLEY, SPECIFICALLY TARGETING THE CHRONICALLY HOMELESS AND INDIVIDUALS WITH DISABILITIES, AND PROVIDES BOTH HOUSING AND INTENSIVE SUPPORT TO PERMANENTLY DISABLED, HOMELESS INDIVIDUALS IN RIVERSIDE COUNTY. CLIENTS GO DIRECTLY FROM THE STREETS AND EMERGENCY SHELTERS INTO JFS DESERT VISTA AND DESERT HORIZON APARTMENTS LOCATED IN THE WESTERN COACHELLA VALLEY. THE DESERT VISTA AND DESERT HORIZON SITES HAVE A COMBINED CAPACITY TO SERVE UP TO NEARLY SIXTY CHRONICALLY HOMELESS MEN AND WOMEN. THE PROGRAM'S PURPOSE IS TO PROVIDE PERMANENT HOUSING AND COMPREHENSIVE SERVICES TO MEN AND WOMEN WHOSE HOMELESSNESS IS EXACERBATED BY A RANGE OF BARRIERS TO REMAINING IN INDEPENDENT HOUSING.

EMPLOYMENT & CAREER SERVICES - EMPLOYMENT & CAREER SERVICES (ECS) ASSISTS UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS IN SAN DIEGO COUNTY THROUGH ITS NEWLY DEVELOPED CAREER KICK-START PROGRAM. CAREER KICK-START PROVIDES COMPREHENSIVE JOB SEARCH ASSISTANCE, INCLUDING EMPLOYMENT CASE MANAGEMENT, JOB REFERRALS, AND ACCESS TO NETWORKING OPPORTUNITIES. CAREER KICK START PROVIDES THE TOOLS TO FIND MEANINGFUL AND FULFILLING EMPLOYMENT THAT LEADS TO SELF-SUFFICIENCY. ECS ALSO OPERATES THE FEDERALLY FUNDED SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) IN SAN DIEGO COUNTY, PROVIDING COMMUNITY TRAINING PLACEMENTS AND SUPPORT TO OLDER WORKERS WITH BARRIERS TO EMPLOYMENT. SCSEP SERVES MEN AND WOMEN 55 YEARS OLD OR OLDER WHO HAVE A FAMILY INCOME AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL. THESE CLIENTS HAVE LOW EMPLOYMENT PROSPECTS DUE TO SIGNIFICANT BARRIERS IN THEIR LIVES, SUCH AS HOMELESSNESS, INTERGENERATIONAL POVERTY, MEDICAL CONDITIONS, AND DISABILITIES.

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FAMILY CONNECTIONS - FAMILY CONNECTIONS COMBINES THE SERVICES OF SUPPORTING JEWISH SINGLE PARENTS (SJSP) AND JEWISH BIGPALS. SJSP PARENTS CONNECT TO OTHER JEWISH SINGLE PARENTS AND LEARN HOW TO ACCESS VITAL COMMUNITY RESOURCES THROUGH NETWORKING, EMOTIONAL AND FINANCIAL SUPPORT, AND ADVOCACY. SJSP STRENGTHENS PARTICIPANTS' SENSE OF BELONGING TO THE JEWISH COMMUNITY. BIG PALS ARE CARING ADULTS WHO MENTOR CHILDREN AGES 6-16 FROM NON-TRADITIONAL OR SINGLE-PARENT FAMILIES. BIG PALS HELP THEIR LITTLE PALS DEVELOP SELF-ESTEEM, JEWISH IDENTITY, AND BUILD LASTING RELATIONSHIPS THAT CAN CHANGE THEIR PERSPECTIVE ON THE WORLD.

GIRLS GIVE BACK - TEENAGE GIRLS WHO PARTICIPATE IN THE GIRLS GIVE BACK (GGB) PROGRAM INCREASE THEIR LEADERSHIP SKILLS, RESILIENCE, SELF-CONFIDENCE, AND CONNECTION TO THE COMMUNITY BY PLANNING SERVICE PROJECTS THAT GIVE BACK TO SAN DIEGO IN A POSITIVE WAY. GIRLS GIVE BACK TEENS PARTICIPATE IN LEADERSHIP DEVELOPMENT TRAINING OVER THE SUMMER, A DAYLONG TEAM-BUILDING RETREAT IN THE FALL, AND MONTHLY MEETINGS THROUGHOUT THE ACADEMIC YEAR. THEY LEARN ABOUT WOMEN'S ISSUES, MEET WITH LOCAL LEADERS, AND ENGAGE IN ADVOCACY, COMMUNITY OUTREACH, EVENT PLANNING, AND MENTORSHIP OF YOUNGER GIRLS TO CREATE POSITIVE SOCIAL CHANGE FOR WOMEN AND GIRLS ACROSS SAN DIEGO.

HAND UP FOOD PANTRY HOLIDAY PROGRAM - SAN DIEGANS FACING HUNGER COME TO THE HAND UP FOOD PANTRY FOR NUTRITIOUS FOOD AND OTHER RESOURCES THAT ALLEVIATE THEIR HUNGER, LOWER THEIR STRESS LEVELS, AND HELP THEM TO PREPARE HEALTHY MEALS FOR THEMSELVES AND THEIR FAMILIES. TO HELP OUR CLIENTS CELEBRATE IMPORTANT HOLIDAYS IN A DIGNIFIED MANNER, THE HAND UP FOOD PANTRY HOLIDAY PROGRAM PROVIDES HOLIDAY-SPECIFIC FOOD ITEMS, LIKE

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TURKEY AND CRANBERRIES, AROUND THANKSGIVING. HOLIDAY PACKAGES ARE PROVIDED TO PEOPLE WHO RECEIVE SUPPORT FROM ALL JFS PROGRAMS, INCLUDING GERIATRIC CARE MANAGEMENT, COMMUNITY CASE MANAGEMENT, PROJECT SARAH, FOODMOBILE, REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES, THE POSITIVE PARENTING PROGRAM, AND FAMILY CONNECTIONS.

HAND UP TEEN LEADERSHIP PROGRAM - THE TEEN PARTICIPANTS IN THE HAND UP TEEN LEADERSHIP PROGRAM IMPROVE THEIR LEADERSHIP SKILLS, INCREASE THEIR CONFIDENCE AND RESILIENCE, IDENTIFY AS POSITIVE AGENTS FOR CHANGE, BUILD THEIR AWARENESS ABOUT THE ISSUES OF HUNGER AND FOOD INSECURITY IN SAN DIEGO, AND INCREASE THEIR ABILITY TO ASSUME LEADERSHIP ROLES IN THE COMMUNITY. THE TEENS ADVANCE THE WORK OF THE HAND UP FOOD PANTRY, WHICH DISTRIBUTES SUPPLEMENTAL FOOD AND HYGIENE ITEMS TO THOUSANDS OF PEOPLE IN NEED ACROSS SAN DIEGO COUNTY. HAND UP TEEN LEADERS SUPERVISE VOLUNTEERS IN THE FOOD PANTRY AND AT MILITARY FOOD DISTRIBUTIONS, DELIVER COMMUNITY EDUCATIONAL PRESENTATIONS ON FOOD INSECURITY, RAISE FUNDS, AND PARTICIPATE IN ADVOCACY WORK TO ALLEVIATE HUNGER.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

HAND UP FOOD PANTRY - SAN DIEGANS FACING HUNGER COME TO THE HAND UP FOOD PANTRY FOR NUTRITIOUS FOOD AND OTHER RESOURCES THAT ALLEVIATE THEIR HUNGER, LOWER THEIR STRESS LEVELS, AND HELP THEM TO PREPARE HEALTHY MEALS FOR THEMSELVES AND THEIR FAMILIES. ALONG WITH FOOD, STAFF PROVIDE VALUABLE REFERRALS TO COMMUNITY RESOURCES AS WELL AS TO JFS SERVICES, SO CLIENTS CAN GET THE HELP THEY NEED TO BECOME MORE SELF-SUFFICIENT AND FOOD SECURE. WITH AN EMPHASIS ON FRESH PRODUCE AND HEALTHY FOOD OPTIONS, HAND UP DISTRIBUTES FOOD AT THE CLIENT CHOICE PANTRY AT ITS KEARNY MESA CAMPUS, AT THE COLLEGE AVENUE SOCIAL &

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WELLNESS CENTER, AT ST. PAUL'S CATHEDRAL, MURPHY CANYON MILITARY HOUSING, CAMP PENDLETON, AND CHABAD OF DOWNTOWN, AS WELL AS VIA THE JFS FOODMOBILE. THE HAND UP PROGRAM PROVIDES SUPPLEMENTAL FOOD TO ANYONE IN NEED IN SAN DIEGO COUNTY. THOSE SERVED COME FROM A WIDE ARRAY OF BACKGROUNDS AND LIFE EXPERIENCES. AMONG CLIENTS ARE OLDER ADULTS LIVING ON FIXED INCOMES, CHRONICALLY AND TEMPORARILY HOMELESS INDIVIDUALS, FAMILIES FACING FINANCIAL CRISES DUE TO JOB LOSS OR UNEXPECTED EXPENSES, MILITARY FAMILIES WHO HAVE DIFFICULTY MAKING ENDS MEET IN THE SAN DIEGO ECONOMY, NEWLY-ARRIVED REFUGEES, SINGLE PARENTS WITH LOW INCOMES, PEOPLE REBUILDING THEIR LIVES AFTER LEAVING DOMESTIC VIOLENCE SITUATIONS, AND INDIVIDUALS LIVING WITH DISABILITIES AND CHRONIC HEALTH CONDITIONS. HAND UP IS ONE OF THE LARGEST LOCAL PANTRIES DELIVERING FOOD AND HYGIENE ITEMS TO ACTIVE DUTY MILITARY FAMILIES WITH LOW INCOMES.

HAND UP LOANS - CLIENTS CAN RECEIVE INTEREST-FREE LOANS OF UP TO \$7,500, TO FUND ACTIVITIES SUCH AS HIGHER EDUCATION, ENHANCED BUSINESS OPPORTUNITIES, TRANSPORTATION, AND FINANCIAL MANAGEMENT TO SUPPORT LONG-TERM SELF-SUFFICIENCY THROUGH JFS'S PARTNERSHIP WITH JEWISH FREE LOAN ASSOCIATION, LOS ANGELES.

IMMIGRATION SERVICES - WIDELY RECOGNIZED AS A TRUSTED PROVIDER IN THE COMMUNITY, JFS IMMIGRATION SERVICES PROVIDE LOW INCOME INDIVIDUALS AND FAMILIES WITH HIGH-QUALITY LEGAL REPRESENTATION FOR A NOMINAL FEE. IMMIGRATION SERVICES STAFF HELP CLIENTS IDENTIFY AND APPLY FOR AVAILABLE IMMIGRATION BENEFITS, SUCH AS CITIZENSHIP, PERMANENT RESIDENCY OR WORK ELIGIBILITY. THIS HELPS THEM GAIN GREATER PROTECTION FOR THEMSELVES AND THEIR FAMILIES, BUILD SELF-SUFFICIENCY, AND INCREASE

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THEIR CIVIC ENGAGEMENT. THE PROGRAM CONNECTS CLIENTS TO ADDITIONAL SERVICES ACCORDING TO THEIR NEEDS; LAST FISCAL YEAR, THESE INCLUDED REFUGEE RESETTLEMENT, THE HAND UP FOOD PANTRY, BREAST CANCER CASE MANAGEMENT, PROJECT SARAH (STOP ABUSIVE RELATIONSHIPS AT HOME), AND ACCESS JFS. IMMIGRATION SERVICES STAFF ALSO WORK TO COMBAT THE UNAUTHORIZED PRACTICE OF IMMIGRATION LAW (UPIL) BY DELIVERING EDUCATIONAL PRESENTATIONS TO INCREASE PUBLIC AWARENESS.

INTENSIVE PSYCHIATRIC CASE MANAGEMENT - THE INTENSIVE PSYCHIATRIC CASE MANAGEMENT (IPCM) PROGRAM CONNECTS JEWISH ADULTS WITH A SERIOUS MENTAL ILLNESS TO JFS CASE MANAGERS TO FOCUS ON STABILIZATION, SOCIALIZATION AND OVERALL FUNCTIONING. IPCM IS THE ONLY PROGRAM IN SAN DIEGO COUNTY THAT PROVIDES UP TO TWO HOURS A WEEK OF INDIVIDUALIZED SUPPORT AT THE CLIENT'S HOME OR A LOCATION OF HIS OR HER CHOICE. JFS CASE MANAGERS ESTABLISH LONG-TERM, GOAL-ORIENTED, POSITIVE RELATIONSHIPS THAT ASSIST CLIENTS IN DEVELOPING BETTER COPING SKILLS, AND INDEPENDENT LIVING STRATEGIES. THE CASE MANAGER'S ONGOING ASSESSMENT, ADVOCACY, REFERRALS, COORDINATION OF SERVICES, AND SUPPORTIVE INTERVENTION MAXIMIZES EACH CLIENT'S ABILITY TO FUNCTION. THIS EMPOWERING RELATIONSHIP ENCOURAGES LONG-TERM STABILIZATION BY OFFERING CONSISTENT HUMAN CONNECTION.

LADIES LEADERSHIP PROGRAM - THE LADIES' LEADERSHIP PROGRAM (LLP) AIMS TO TRANSFORM THE LIVES OF UNDERSERVED YOUNG WOMEN WHO PARTICIPATE IN THIS YEAR-LONG, AFTERSCHOOL PROGRAM AT STANLEY E. FOSTER SCHOOL OF ENGINEERING, INNOVATION, AND DESIGN (EID) AT KEARNY HIGH SCHOOL. GIRLS ACCOUNT FOR JUST ONE QUARTER OF THE STUDENT BODY AT EID. THIS PROGRAM WAS DESIGNED TO EMPOWER THIS GROUP OF UNDERREPRESENTED STUDENTS TO THRIVE AS CAMPUS AND COMMUNITY LEADERS. THE PROGRAM HELPS DEVELOP AND

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INCREASE ACADEMIC KNOWLEDGE, LIFE SKILLS, RESILIENCE, SELF-ESTEEM, SELF-EFFICACY, POSITIVE PEER RELATIONSHIPS, AND LEADERSHIP ABILITIES, TO IMPROVE THE LIKELIHOOD OF CAREER SUCCESS IN STEM FIELDS (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS).

PATIENT ADVOCACY - THE PATIENT ADVOCACY PROGRAM ENSURES THAT FACILITIES PROVIDING TREATMENT TO CLIENTS UNDERSTAND AND SAFEGUARD THE RIGHTS OF THEIR CLIENTS. SERVICES ARE FREE TO CLIENTS AND INCLUDE REPRESENTING CLIENTS AT HEARINGS; ADVISING MINORS REGARDING THEIR RIGHTS; INVESTIGATING COMPLAINTS REGARDING RIGHTS VIOLATIONS, NEGLECT, ABUSE, AND/OR BREACHES OF CONFIDENTIALITY; AND CONSULTATION AND TRAINING TO SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES. THESE SERVICES HAVE RESULTED IN MANY POSITIVE CHANGES TO COUNTY AND HOSPITAL POLICIES AND PROCEDURES. PATIENT ADVOCACY SERVES MENTAL HEALTH CLIENTS THROUGHOUT SAN DIEGO COUNTY WHO ARE IN 24-HOUR LICENSED RESIDENTIAL FACILITIES, INPATIENT SETTINGS, BOARD AND CARE FACILITIES, SELECTED SKILLED NURSING FACILITIES, CRISIS HOUSES, AND LONG-TERM CARE FACILITIES. MANY CLIENTS ARE LOW INCOME AND ARE RECEIVING PUBLIC BENEFITS, SUCH AS SSI, MEDICARE, MEDI-CAL AND COUNTY MEDICAL SERVICES; SOME CLIENTS ARE HOMELESS.

POSITIVE PARENTING PROGRAM - THE POSITIVE PARENTING PROGRAM (PPP) USES AN EVIDENCE-BASED CURRICULUM FROM TRIPLE P, SHOWN BY MORE THAN 30 YEARS OF RESEARCH TO BE EFFECTIVE FOR THE PREVENTION AND EARLY INTERVENTION OF CHILDHOOD SOCIAL AND EMOTIONAL DISORDERS. THE PROGRAM PROVIDES FREE PARENT EDUCATION IN ENGLISH AND SPANISH AT 133 HEAD START PRESCHOOLS, ELEMENTARY SCHOOLS, AND OTHER SITES ACROSS THE COUNTY. THE FREE CHILDCARE, INCENTIVES AND HEALTHY SNACKS PPP PROVIDES HELPS REDUCE

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BARRIERS TO ATTENDANCE FOR THE FAMILIES WITH LOW INCOMES THAT ARE THE FOCUS OF THE PROGRAM. THREE-, SIX- AND EIGHT-WEEK CLASSES HELP PARENTS AND PROFESSIONALS LEARN HOW TO USE SIMPLE AND PRACTICAL STRATEGIES TO FOSTER RESILIENCE, INDEPENDENCE, RESPECT, AND COOPERATION IN CHILDREN.

PROJECT SARAH - PROJECT SARAH (STOP ABUSIVE RELATIONSHIPS AT HOME) EMPOWERS SURVIVORS OF DOMESTIC VIOLENCE TO TAKE CONTROL OF THEIR LIVES. PROJECT SARAH PROVIDES PRACTICAL SOLUTIONS, INCLUDING ACCESS TO COMMUNITY RESOURCES, EMOTIONAL SUPPORT, AND ADVOCACY TO OBTAIN PHYSICAL PROTECTIONS, SUCH AS RESTRAINING ORDERS AND ACCESS TO EMERGENCY SHELTERS. CLIENTS DEVELOP PERSONALIZED SAFETY PLANS THAT OUTLINE SAFETY FOR CHILDREN AND FOR THEMSELVES WHILE LIVING WITH AN ABUSIVE PARTNER; AND LEARN PROBLEM-SOLVING SKILLS THAT CAN LEAD TOWARD AN INDIVIDUALIZED EXIT STRATEGY. COUNSELORS AND CASE MANAGERS PARTNER WITH CLIENTS TO SHARE VITAL SAFETY INFORMATION REGARDING WOMEN'S HEALTH, AS WELL AS ECONOMIC AND HOUSING RESOURCES TO FACILITATE INDEPENDENCE. JFS DOMESTIC VIOLENCE SUPPORT GROUPS EMPOWER CLIENTS TO CHOOSE HEALTHY RELATIONSHIPS, IDENTIFY ABUSIVE PATTERNS, AND DEVELOP ASSERTIVENESS IN COMMUNICATION, BOUNDARY SETTING, AND SELF-ESTEEM.

REFUGEE RESETTLEMENT PROGRAM - JFS HAS PROVIDED RESETTLEMENT SERVICES TO NEWLY-ARRIVING REFUGEES FROM AROUND THE WORLD WHO HAVE FLED THEIR HOMES IN FEAR OF PERSECUTION FOR ALMOST 100 YEARS. REFUGEE RESETTLEMENT SERVICES ASSIST INDIVIDUALS AND FAMILIES EACH MONTH TO ADAPT TO THEIR NEW HOMES IN THE U.S. AND ACHIEVE ECONOMIC SELF-SUFFICIENCY AND SOCIAL INTEGRATION. JFS STRIVES TO CREATE A NETWORK OF SERVICES THAT LINK AND COORDINATE ASSISTANCE FROM INSTITUTIONS AND AGENCIES THAT PROVIDE MEDICAL, PSYCHO-SOCIAL, EMPLOYMENT, EDUCATIONAL, AND SUPPORT FOR

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INDIVIDUALS IN NEED OF SUCH ASSISTANCE.

SAFE PARKING PROGRAM -- THE SAFE PARKING PROGRAM PROVIDES A SAFE AND WELCOMING ENVIRONMENT FOR UNSHELTERED FAMILIES AND INDIVIDUALS LIVING IN THEIR CARS, MANY OF WHOM HAVE RECENTLY FOUND THEMSELVES HOMELESS FOR THE FIRST TIME. JFS UNDERSTANDS THAT A VEHICLE IS OFTEN A FAMILY'S LAST ASSET, ALLOWING THEM TO ACCESS RESOURCES, LOOK FOR EMPLOYMENT, OR GET TO AND FROM WORK AND SCHOOL. FOCUSED ON STOPPING THE DOWNWARD SPIRAL OF HOMELESSNESS, THE SAFE PARKING PROGRAM PROVIDES MORE THAN A DEPENDABLE PLACE TO PARK AT NIGHT. THE PROGRAM INCLUDES SUPPORTIVE SERVICES TO HELP INDIVIDUALS AND FAMILIES STABILIZE AND TRANSITION BACK INTO PERMANENT HOUSING. THE SAFE PARKING PROGRAM OPERATES SEVEN NIGHTS PER WEEK AT TWO SECURED LOTS ON BALBOA AVENUE AND AERO DRIVE.

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

JFS FIX-IT SERVICE - THE JFS FIX-IT SERVICE HELPS OLDER ADULTS IN SAN DIEGO COUNTY AGE WITH DIGNITY BY ENABLING THEM TO LIVE INDEPENDENTLY AND SAFELY IN THEIR HOMES. THE PROGRAM SIGNIFICANTLY EASES THE BURDEN FOR UNPAID CAREGIVERS - SPOUSES, FAMILY MEMBERS, AND FRIENDS - WHO ALL WANT TO HELP THEIR LOVED ONES CONTINUE TO LIVE IN FAMILIAR ENVIRONMENTS AS THEY AGE. SERVICES ARE PROVIDED BY DEDICATED, SCREENED, AND TRAINED VOLUNTEERS WHO CONDUCT FREE FOUR-POINT SAFETY CHECKS, MINOR HOME-SAFETY REPAIR, AND MODIFICATIONS. JFS FIX-IT SERVICE PROVIDES ALL LABOR AND REPAIRS FREE OF CHARGE THROUGH THE WORK OF VOLUNTEERS, AND A GRANT FROM THE COUNTY OF SAN DIEGO AGING & INDEPENDENCE SERVICES.

NUTRITION SERVICES - JFS NUTRITION SERVICES PRODUCE AND DELIVER KOSHER

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MEALS THROUGHOUT SAN DIEGO COUNTY. THE MEALS HELP OLDER ADULTS, AND YOUNGER ADULTS WITH DISABILITIES (AGED 18 AND OVER), TO AGE WITH DIGNITY, MAINTAIN THEIR INDEPENDENCE, AND CONTINUE LIVING IN THEIR OWN HOMES. MEALS ARE SERVED AT JFS SOCIAL & WELLNESS CENTERS AND ARE ALSO DELIVERED TO CLIENTS' HOMES THROUGH JFS FOODMOBILE. TRAINED DRIVERS AND VOLUNTEERS CONDUCT A WELLNESS CHECK AND REPORT ANY CONCERNS TO THE FOODMOBILE COORDINATOR. COMPLIMENTARY GROCERIES AND PET FOOD SUPPLIED BY THE JFS HAND UP FOOD PANTRY ARE AVAILABLE MONTHLY. WITH NUTRITION SERVICES SUPPORT, OLDER ADULTS AND YOUNGER ADULTS WITH DISABILITIES NOT ONLY INCREASE THEIR ACCESS TO NUTRITIOUS FOODS, THEY ALSO IMPROVE THEIR INDEPENDENCE AND EXPERIENCE REDUCED ISOLATION.

ON THE GO - ON THE GO: TRANSPORTATION SOLUTIONS FOR OLDER ADULTS OFFERS SHUTTLE SERVICE, EXCURSIONS, RIDES & SMILES, ON THE GO SILVER, AND TAXI SCRIP. SHUTTLES PROVIDE GROUP TRANSPORTATION TO JFS'S SOCIAL & WELLNESS CENTERS, SHOPPING, ERRANDS, CULTURAL EVENTS AND RELIGIOUS SERVICES. EXCURSIONS PROVIDE GROUP TRANSPORTATION TO DESTINATIONS SUCH AS THE THEATER, MUSEUMS, AND TOURS OF SAN DIEGO. RIDES & SMILES, AN AWARD-WINNING AND INTERNATIONALLY-RECOGNIZED SERVICE, OFFERS INDIVIDUAL RIDES PROVIDED PRIMARILY BY VOLUNTEERS USING THEIR OWN CARS. ON THE GO SILVER IS A PREMIUM FEE-BASED SERVICE THAT ACCOMMODATES INDIVIDUAL RIDERS' DOOR-TO-DOOR NEEDS AND GROUP TRANSPORTATION. THE TAXI SCRIP PROGRAM FILLS GAPS IN SERVICE NOT MET BY OTHER ON THE GO OFFERINGS. ON THE GO MEETS SENIORS' BASIC TRANSPORTATION NEEDS, DECREASES ISOLATION, AND INCREASES COMMUNITY CONNECTIONS. A TOTAL OF 1,796 INDIVIDUALS OVER THE AGE OF 60 ARE ENROLLED IN ON THE GO. ON THE GO IS A PROGRAM OF CHARITABLE ADULT RIDES AND SERVICES (CARS) AND IS OPERATED BY JEWISH FAMILY SERVICE OF SAN DIEGO.

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SOCIAL WELLNESS CENTERS - THE COLLEGE AVENUE CENTER IS A SOCIAL AND WELLNESS CENTER THAT PROVIDES DROP-IN PROGRAMMING FOR ACTIVE OLDER ADULTS IN CENTRAL SAN DIEGO. THE CENTER OFFERS LEARNING OPPORTUNITIES, EXERCISE, JUDAIC PROGRAMMING, NUTRITIOUS MEALS, AND SOCIALIZATION. THE CENTER OFFERS INFORMATION AND SUPPORT ABOUT THE AGING PROCESS, ASSISTANCE ACCESSING SOCIAL SERVICES, AND COMPANIONSHIP, RECREATION, AND COMMUNITY CONNECTION - ALL OF WHICH ARE PROVEN TO PREVENT ISOLATION, MAINTAIN HEALTH, AND SUPPORT INDEPENDENT LIVING AT HOME.

SERVING OLDER SURVIVORS - SERVING OLDER SURVIVORS (SOS) HAS BEEN ADDRESSING THE NEEDS OF SAN DIEGANS WHO SUFFERED SO MUCH DURING THE HOLOCAUST. THE GOALS OF SOS ARE TO DECREASE SURVIVORS' EMOTIONAL DISTRESS, MAXIMIZE THEIR INDEPENDENCE, AND INCREASE THEIR COMMUNITY CONNECTIONS. SOS PROVIDES GERIATRIC CARE MANAGEMENT SERVICES, INCLUDING ASSESSMENTS, CARE PLANS, CONSULTATIONS, ADVOCACY, COORDINATION, EMOTIONAL SUPPORT, HELP WITH CARE IN THE HOME, AS WELL AS DIRECT FINANCIAL ASSISTANCE.

BALBOA AVENUE OLDER ADULT CENTER - THE BALBOA AVE OLDER ADULT CENTER (BAOAC) OPERATES FOUR DAYS PER WEEK. THE CENTER OFFERS A VARIETY OF ACTIVITIES DESIGNED TO PROVIDE SUPPORT TO FRAIL OLDER ADULTS, THEIR CAREGIVERS, AND THEIR FAMILIES. BAOAC IS A HAVEN FOR THOSE WHO HAVE BEEN DIAGNOSED WITH ALZHEIMER'S DISEASE OR DEMENTIA, ARE RECENTLY WIDOWED, OR HAVE BECOME SOCIALLY ISOLATED.

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

THIS PROGRAM OFFERS THE COMMUNITY A MEANINGFUL WAY TO MAKE THE HOLIDAY

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SEASON A LITTLE BRIGHTER FOR FAMILIES STRUGGLING TO MAKE ENDS MEET.

VOLUNTEER ENGAGEMENT - NEWLY CERTIFIED AS A SERVICE ENTERPRISE FOR ITS EFFECTIVE AND STRATEGIC ENGAGEMENT OF VOLUNTEERS, JFS IS COMMITTED TO LEVERAGING VOLUNTEER TALENTS AT ALL LEVELS OF THE AGENCY. THE VOLUNTEER ENGAGEMENT DEPARTMENT SUPPORTS THE AGENCY BY RECRUITING AND RETAINING VOLUNTEER SKILLS AND TALENT. WITH MORE THAN 1,000 VOLUNTEERS, JFS IS DEDICATED TO CREATING MEANINGFUL VOLUNTEER OPPORTUNITIES FOR PEOPLE IN SEARCH OF BETTER LIVES AND FOR THOSE SEEKING TO MAKE BETTER LIVES POSSIBLE.

FORM 990, PART VI, SECTION A, LINE 2:

MARCIA FOSTER HAZAN AND SHANA HAZAN HAVE A FAMILY RELATIONSHIP.

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

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

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

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

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

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

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DIRECTORS FOR APPROVAL.

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

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

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

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

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

| | |
|---------------------------------|----------|
| CHANGE IN INVESTMENT SUBSIDIARY | 485,307. |
|---------------------------------|----------|

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---------------------|---------------------------|-------------------------------------|
| JFS FOUNDATION, LLC - 56-2574072 8804 BALBOA AVENUE SAN DIEGO, CA 92123 | TO FURTHER JFS EXEMPT CHARITABLE PURPOSE | CALIFORNIA | | | N/A |
| JFS HOLDINGS LLC - 56-2574074 8804 BALBOA AVENUE SAN DIEGO, CA 92123 | TO FURTHER JFS EXEMPT CHARITABLE PURPOSE | CALIFORNIA | | | N/A |
| 8788 BALBOA AVENUE, LLC - 46-3948553 8804 BALBOA AVENUE SAN DIEGO, CA 92123 | TO FURTHER JFS EXEMPT CHARITABLE PURPOSE | CALIFORNIA | | | N/A |
| HAND UP LENDING LLC - 47-4758351 8804 BALBOA AVENUE SAN DIEGO, CA 92123 | TO FURTHER JFS EXEMPT CHARITABLE PURPOSE | CALIFORNIA | | | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| CHARITABLE ADULT RIDES & SERVICES, INC - 27-4327126, 4669 MURPHY CANYON ROAD SUITE 100, SAN DIEGO, CA 92123 | TRANSPORTATION SOLUTIONS FOR OLDER ADULTS | CALIFORNIA | 501(C)(3) | LINE 11 | JEWISH FAMILY SERVICE OF SAN DIEGO | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|--|---|--|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| CHARITABLE AUTO RESOURCES, INC - 20-0290042 4669 MURPHY CANYON ROAD SUITE 100 SAN DIEGO, CA 92123 | FUNDRAISING ASSISTANCE FOR NON-PROFITS | DE | JEWISH FAMILY SERVICE OF SAN DIEGO | C CORP | | | 100% | X | |
| CAPITAL CITY AUTO AUCTION, INC. - 81-3043933 3796 RECYCLE ROAD RANCHO CORDOVA, CA 95742 | OWN AND OPERATE AN AUCTION HOUSE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|-----|----|
| 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 Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) CHARITABLE ADULT RIDES AND SERVICES, INC | C | 1,531,126. | FMV |
| (2) CHARITABLE ADULT RIDES AND SERVICES, INC | M | 239,298. | FMV |
| (3) CHARITABLE ADULT RIDES AND SERVICES, INC | P | 3,934. | FMV |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | |
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CHARITABLE AUTO RESOURCES, INC

EIN: 20-0290042

4669 MURPHY CANYON ROAD SUITE 100

SAN DIEGO, CA 92123

PRIMARY ACTIVITY: FUNDRAISING ASSISTANCE FOR NON-PROFITS

DIRECT CONTROLLING ENTITY: JEWISH FAMILY SERVICE OF SAN DIEGO

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. JEWISH FAMILY SERVICE OF SAN DIEGO | Employer identification number (EIN) or 95-1644024 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 8804 BALBOA AVENUE | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

LISA BRUNER

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

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

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

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 Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.