

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
JEWISH FAMILY SERVICE OF SAN DIEGO

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
8804 BALBOA AVE

City or town, state or province, country, and ZIP or foreign postal code  
SAN DIEGO, CA 92123

**D** Employer identification number  
95-1644024

**E** Telephone number  
(858) 637-3000

**G** Gross receipts \$ 33,313,955

**F** Name and address of principal officer  
MICHAEL HOPKINS  
8804 BALBOA AVE  
SAN DIEGO, CA 92123

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW JFSSD ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1918

**M** State of legal domicile CA

**Part I Summary**

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	24
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	24
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	386
<b>6</b> Total number of volunteers (estimate if necessary)	958
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	16,814,652	29,965,999
<b>9</b> Program service revenue (Part VIII, line 2g)	1,448,992	1,529,285
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	786,717	722,471
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	868,252	165,587
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,918,613	32,383,342
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,438,967	2,044,107
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,899,326	14,009,632
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	91,838	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,005,018		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,875,077	8,842,361
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,305,208	24,896,100
<b>19</b> Revenue less expenses Subtract line 18 from line 12	613,405	7,487,242
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	41,877,802	54,702,280
<b>21</b> Total liabilities (Part X, line 26)	3,413,251	7,838,871
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	38,464,551	46,863,409

**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: 2020-05-14

MICHAEL HOPKINS CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: ALDRICH CPAS AND ADVISORS LLP  
Preparer's signature: \_\_\_\_\_ Date: 2020-05-14  
Check  if self-employed PTIN: P00485021  
Firm's EIN ▶ 93-0623286  
Firm's address ▶ 7676 HAZARD CENTER DRIVE STE 1300  
SAN DIEGO, CA 92108 Phone no (619) 810-4940

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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 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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	13,393,058	including grants of \$	971,391 )	(Revenue \$	178,925 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	5,436,844	including grants of \$	1,065,708 )	(Revenue \$	816,042 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	1,549,094	including grants of \$	7,008 )	(Revenue \$	534,318 )
	See Additional Data						

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$	)
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<b>4e</b>	Total program service expenses ▶	20,378,996
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	153
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	386		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	Yes		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 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.







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	382,685		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	2,042,808		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	11,727,667		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	15,812,839		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		126,480		
	<b>h Total.</b> Add lines 1a-1f . . . . .		29,965,999		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PROGRAM FEES						
		624100	686,452	686,452			
	<b>b</b> CLIENT FEES						
		624100	516,621	516,621			
	<b>c</b> ON THE GO FEES						
		900099	326,212	326,212			
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .		1,529,285					

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		610,874			610,874
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		497,404	12,513			
	<b>b</b> Less cost or other basis and sales expenses					
		398,320	0			
	<b>c</b> Gain or (loss)					
		99,084	12,513			
	<b>d</b> Net gain or (loss) . . . . .			111,597		111,597
	<b>8a</b> Gross income from fundraising events (not including \$ 382,685 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		697,880				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
		532,293				
<b>c</b> Net income or (loss) from fundraising events . . . . .			165,587		165,587	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .			32,383,342	1,529,285	0	
					888,058	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	2,044,107	2,044,107		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,004,317	281,231	209,906	513,180
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	10,374,532	8,655,109	1,163,960	555,463
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	363,776	285,170	40,918	37,688
<b>9</b> Other employee benefits.	1,359,549	1,226,735	67,627	65,187
<b>10</b> Payroll taxes.	907,458	712,410	118,998	76,050
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	5,316	420	4,638	258
<b>c</b> Accounting.	57,269	4,530	49,960	2,779
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	104,692		104,692	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,734,119	2,074,551	323,269	336,299
<b>12</b> Advertising and promotion.	95,180	21,506	22,626	51,048
<b>13</b> Office expenses.	758,379	571,076	35,373	151,930
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,054,533	1,039,046	8,786	6,701
<b>17</b> Travel.	343,154	308,249	34,905	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	26,822	3,389	23,433	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	872,924	674,829	75,858	122,237
<b>23</b> Insurance.	254,448	180,066	65,143	9,239
<b>24</b> 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.)				
<b>a</b> PROGRAM EXPENSES	969,496	962,588	1,283	5,625
<b>b</b> EQUIPMENT RENTAL AND EX	540,521	489,524	29,476	21,521
<b>c</b> REPAIRS AND MAINTENANCE	444,825	404,382	17,974	22,469
<b>d</b> TRANSPORTATION SERVICE	214,244	212,788	797	659
<b>e</b> All other expenses	366,439	227,290	112,464	26,685
<b>25</b> Total functional expenses. Add lines 1 through 24e.	24,896,100	20,378,996	2,512,086	2,005,018
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,848,383	<b>1</b>	2,885,281
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	4,159,231	<b>3</b>	10,607,510
	<b>4</b> Accounts receivable, net . . . . .	127,116	<b>4</b>	62,041
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	75,881	<b>7</b>	75,407
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	270,391	<b>9</b>	384,345
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 20,519,732		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 5,280,038	15,633,010	<b>10c</b> 15,239,694
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	18,273,458	<b>12</b>	19,366,576
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,490,332	<b>15</b>	6,081,426
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	41,877,802	<b>16</b>	54,702,280	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,001,649	<b>17</b>	2,631,727
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	190,181	<b>19</b>	697,366
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	835,000	<b>23</b>	335,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	386,421	<b>25</b>	4,174,778
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,413,251	<b>26</b>	7,838,871
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	27,743,169	<b>27</b>	32,634,300
	<b>28</b> Temporarily restricted net assets . . . . .	6,027,012	<b>28</b>	9,672,506
	<b>29</b> Permanently restricted net assets	4,694,370	<b>29</b>	4,556,603
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	38,464,551	<b>33</b>	46,863,409	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	41,877,802	<b>34</b>	54,702,280	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	32,383,342
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,896,100
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,487,242
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	38,464,551
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	153,891
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	757,725
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	46,863,409

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?  
 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SELF-SUFFICIENCY BREAST CANCER CASE MANAGEMENT - BREAST CANCER CASE MANAGEMENT (BCCM) WORKS WITH CLIENTS TO INCREASE ACCESS TO RESOURCES TO SUPPORT THE PHYSICAL, MENTAL, FINANCIAL, AND SOCIAL WELLBEING DURING ALL STAGES OF DIAGNOSIS, TREATMENT, AND RECOVERY. THE ONLY PROGRAM OF ITS KIND IN SAN DIEGO COUNTY, BCCM UTILIZES AN INTENSIVE MEDICAL CASE MANAGEMENT MODEL. THE CASE MANAGER MEETS WITH WOMEN IN THE COMFORT OF THEIR OWN HOMES TO PROVIDE EMOTIONAL SUPPORT, RESOURCE COORDINATION, FINANCIAL ASSISTANCE, AND HELP NAVIGATING THE HEALTHCARE SYSTEM THROUGHOUT THE COURSE OF TREATMENT. WOMEN WITH ADEQUATE SUPPORT SERVICES ALREADY IN PLACE ARE ABLE TO ACCESS FINANCIAL SUPPORT SERVICES TO HELP ADDRESS THE ECONOMIC IMPACT OF A BREAST CANCER DIAGNOSIS AND TO ENSURE THAT THEY AND THEIR FAMILIES CAN WEATHER THE FINANCIAL IMPACT OF TREATMENT AND RECOVERY. 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. 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. FAMILY CONNECTIONS - FAMILY CONNECTIONS COMBINES THE SERVICES OF SUPPORTING JEWISH SINGLE PARENTS (JSJP) AND JEWISH BIGPALS. JSJP PARENTS CONNECT TO OTHER JEWISH SINGLE PARENTS AND LEARN HOW TO ACCESS VITAL COMMUNITY RESOURCES THROUGH NETWORKING, EMOTIONAL AND FINANCIAL SUPPORT, AND ADVOCACY. JSJP 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. HAND UP TEEN LEADERSHIP PROGRAM - THE TEEN PARTICIPANTS IN THE HAND UP TEEN LEADERSHIP PROGRAM IMPROVE THEIR LEADERSHIP SKILLS, INCREASE THEIR SELF-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. THEY LEARN ABOUT COMMUNITY ISSUES, MEET WITH LOCAL LEADERS, AND ENGAGE IN ADVOCACY, COMMUNITY OUTREACH, EVENT PLANNING, AND MENTORSHIP OF YOUNGER TEENS TO CREATE POSITIVE SOCIAL CHANGE FOR TEENS ACROSS SAN DIEGO. 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. 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 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 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 & 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 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 (UPLI) BY DELIVERING EDUCATIONAL PRESENTATIONS TO INCREASE PUBLIC AWARENESS. SHELTER FOR ASYLUM SEEKING FAMILIES - BEGINNING IN OCTOBER 2018, JFS OPENED AN EMERGENCY SHELTER TO SERVE FAMILIES SEEKING ASYLUM. AS OF JUNE 30, 2019, THE SHELTER HAS SERVED 17,064 INDIVIDUALS. THE SHELTER PROVIDES BASIC SERVICES INCLUDING FOOD, CLOTHING, AND SHELTER, IN ADDITION TO CASE MANAGEMENT AND LEGAL SERVICES.

**Form 990, Part III, Line 4b:**

AGING WITH DIGNITY 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

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 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 -TRANSPORTATION SOLUTIONS FOR OLDER ADULTS OFFERS SHUTTLE SERVICE, EXCURSIONS, RIDES & SMILES, NAVIGATOR, 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 NAVIGATOR OFFERS ON-DEMAND TRANSPORTATION ANYWHERE IN SAN DIEGO COUNTY USING CAR-SHARING SERVICES 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 2,434 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 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

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**Form 990, Part III, Line 4c:**

COMMUNITY CONNECTION AND ENGAGEMENT EMBRACE-A-FAMILY - EACH YEAR INDIVIDUALS, FAMILIES, SERVICE AND FAITH-BASED COMMUNITY GROUPS, AND BUSINESSES DONATE NEW HOLIDAY GIFTS TO THE EMBRACE-A-FAMILY PROGRAM TO HELP ENSURE THAT FAMILIES UNABLE TO PURCHASE THEM HAVE GIFTS FOR THE HOLIDAYS THIS PROGRAM OFFERS THE COMMUNITY A MEANINGFUL WAY TO MAKE THE HOLIDAY SEASON A LITTLE BRIGHTER FOR FAMILIES STRUGGLING TO MAKE ENDS MEET 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIE RAFTERY CHAIR	4 00	X		X				0	0	0
ADAM WELLAND 1ST VICE CHAIR	4 00	X		X				0	0	0
EMILY JENNEWAIN 2ND VICE CHAIR	4 00	X		X				0	0	0
MARCIA FOSTER HAZAN SECRETARY	2 00	X		X				0	0	0
SHERYL L ROWLING TREASURER	2 00	X		X				0	0	0
JAN ADLER DIRECTOR	2 00	X						0	0	0
DEBORAH BUCKSBAUM DIRECTOR	2 00	X						0	0	0
AARON COHN DIRECTOR	2 00	X						0	0	0
SHELDON DEREZIN DIRECTOR	2 00	X						0	0	0
THERESA DUPUIS DIRECTOR	2 00	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIRA FINKENBERG ..... DIRECTOR	2 00 .....	X						0	0	0
SUSANNA FLASTER ..... DIRECTOR	2 00 .....	X						0	0	0
KATE KASSAR ..... DIRECTOR	2 00 .....	X						0	0	0
MICHAEL LEES ..... DIRECTOR	2 00 .....	X						0	0	0
DR JENNY MEISELMAN ..... DIRECTOR	2 00 .....	X						0	0	0
TAL MOORE ..... DIRECTOR	2 00 .....	X						0	0	0
GABRIELLE ORATZ ..... DIRECTOR	2 00 .....	X						0	0	0
SCOTT SCHINDLER ..... DIRECTOR	2 00 .....	X						0	0	0
BRAD SLAVIN ..... DIRECTOR	2 00 .....	X						0	0	0
RABI JONATHAN STEIN ..... DIRECTOR	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KARIN TORANTO ..... DIRECTOR	2 00 .....	X						0	0	0
MICHAEL HOPKINS ..... CHIEF EXECUTIVE OFFICER	40 00 .....			X				359,687	0	46,489
DANA TOPPEL ..... CHIEF OPERATING OFFICER	1 00 40 00 .....			X				182,867	0	21,152
SHANA HAZAN ..... CHIEF PHILANTHROPY OFFICER	40 00 .....			X				146,257	0	25,282
BERNADETTE GRIGGS ..... CHIEF FINANCIAL OFFICER	40 00 .....			X				70,348	0	6,613
MITCHAELL A KOHLBECKER ..... SR DIRECTOR, INFORMATION TECH	40 00 .....					X		113,539	0	6,697
ERIN GRAHAM ..... SR DIRECTOR, CONTROLLER	40 00 .....					X		108,861	0	5,784
BRENDA BOTHEL HAMMOND ..... SR DIRECTOR	40 00 .....					X		107,898	0	196
MICHAEL STERN ..... SR DIRECTOR, MARKETING	40 00 .....					X		102,230	0	4,646

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

**Part I 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 **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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	14,095,128	14,639,031	16,526,503	16,814,652	29,965,999	92,041,313
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	14,095,128	14,639,031	16,526,503	16,814,652	29,965,999	92,041,313
<b>5</b> 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)						6,665,078
<b>6 Public support.</b> Subtract line 5 from line 4						85,376,235

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b> Amounts from line 4	14,095,128	14,639,031	16,526,503	16,814,652	29,965,999	92,041,313
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	549,665	557,818	333,699	595,080	610,874	2,647,136
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	793,580	576,433	410,333	868,252	165,587	2,814,185
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						97,502,634
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	8,474,307

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	87.560 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	85.910 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1644024

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

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

**Facts And Circumstances Test**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**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 the organization JEWISH FAMILY SERVICE OF SAN DIEGO	<b>Employer identification number</b> 95-1644024
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**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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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-
1				
2				
3				
4				
5				
6				



**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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,024
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			6,024
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	JEWISH FAMILY SERVICE DESSIMINATES LETTERS OF SUPPORT AND ISSUES CALLS TO ACTION ABOUT STATE AND FEDERAL BILLS RELATED TO POVERTY, SELF-SUFFICIENCY, HOUSING AND THE NEDDS OF VULNERABLE SENIORS STAFF MEET IN PERSON AND HAVE PHONE CALLS WITH ELECTED OFFICIALS ABOUT STATE AND FEDERAL LEGISLATIVE BUDGET ISSUES 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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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
<b>6</b> 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 an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, 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)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" 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 ▶ \$ \_\_\_\_\_

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .	9,872,828	9,604,244	8,085,759	8,598,249	8,450,751
<b>b</b> Contributions . . . . .	500	4,680	1,000,950	80,916	608,890
<b>c</b> Net investment earnings, gains, and losses	336,799	723,415	877,949	-180,961	-41,080
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	536,099	459,511	360,414	412,445	420,312
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	9,674,028	9,872,828	9,604,244	8,085,759	8,598,249

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 47 000 %
  - b** Permanent endowment ▶ 53 000 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 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
<b>1a</b> Land . . . . .		4,023,335		4,023,335
<b>b</b> Buildings . . . . .		13,129,917	3,260,764	9,869,153
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		3,168,093	2,019,274	1,148,819
<b>e</b> Other . . . . .		198,387		198,387
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				15,239,694

**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 ENDOWMENT FUNDS	9,275,157	F
(B) FUNDS HELD AT JEWISH COMMUNITY FOUNDATION	10,091,419	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	19,366,576	

**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)		
<b>Total.</b> (Column (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) DEPOSITS	113,011
(2) INVESTMENTS IN SUBSIDIARIES	2,155,903
(3) INTERCOMPANY RECEIVABLES	3,812,512
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	6,081,426

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	401,245
INTERCOMPANY PAYABLES	3,773,533
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	4,174,778

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	45,155,247
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	153,891
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	16,424,926
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	16,578,817
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	28,576,430
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	104,692
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	3,702,220
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,806,912
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	32,383,342

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	36,756,389
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	14,643,365
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	14,643,365
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,113,024
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	104,692
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,678,384
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,783,076
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	24,896,100

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1644024

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

## Supplemental Information

Return Reference	Explanation
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

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE BENEFICIAL INTERESTS IN ENDOWMENT FUNDS ARE HELD BY JEWISH COMMUNITY FOUNDATION AND CO MERICA 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 RESTRICTIO NS TO MEET THE CURRENT PROGRAM NEEDS OF JFS

## Supplemental Information

Return Reference	Explanation
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

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE NETTED WITH REVENUE 532,293 REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 15,134,908 CHANGE IN INVESTMENT SUBSIDIARY 757,725

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 3,702,220

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE NETTED WITH REVENUE 532,293 EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 14,111,072



## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 2,678,384

**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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JILL SPITZER 8804 BALBOA AVE SAN DIEGO, CA 92123	FUNDRAISING		No	309,641	114,964	194,674
<b>Total</b>				309,641	114,964	194,674

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>HEART &amp; SOUL GALA</b> (event type)	<b>BHCL</b> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,009,094	71,471		1,080,565
	<b>2</b> Less Contributions . . . . .	381,650	1,035		382,685
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	627,444	70,436		697,880
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	92,181	21,408		113,589
	<b>8</b> Entertainment . . . . .	14,155			14,155
	<b>9</b> Other direct expenses . . . . .	361,775	42,774		404,549
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				532,293
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				165,587

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
 

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ▶ .....  
 Address ▶ .....

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

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FUNDS FOR CLIENTS IN CRISIS	935	269,263			
(2) HOMECARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	113	1,013,843	7,629	COST	MEALS
(3) HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	320	626,258			
(4) CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	31	6,176			
(5) SCHOLARSHIPS	17	59,000			
(6) EMERGENCY FOOD ASSISTANCE TO NO INCOME AND LOW INCOME CLIENTS	825	0	49,653	COST	FOOD AND DIAPERS
(7) CAMP SCHOLARSHIPS FOR CHILDREN OF SINGLE PARENTS	38	12,285			
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE PROVIDED TO CLIENTS BASED ON STIPULATIONS PROVIDED BY THE FUNDER ALL GRANT APPLICATIONS ARE REVIEWED BY THE APPROPRIATE PROGRAM DIRECTOR AND SENIOR MANAGER FISCAL REVIEWS THE CODING ON ALL GRANT REQUESTS TO ENSURE THEY ARE CODED TO THE CORRECT GRANT CLAIMS FOR REIMBURSEMENT ARE PREPARED, REVIEWED BY MANAGEMENT AND SUBMITTED TO THE APPROPRIATE FUNDING AGENCIES WITH A COPY TO THE PROGRAM DIRECTOR FOR REVIEW

## Additional Data

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

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
EMERGENCY FUNDS FOR CLIENTS IN CRISIS	935	269,263			
HOMECARE AND OTHER EMERGENCY FUNDS FOR VICTIMS OF THE HOLOCAUST	113	1,013,843	7,629	COST	MEALS
HOUSING, FOOD AND CASH ASSISTANCE FOR REFUGEES	320	626,258			
CHANGE A LIFE FUNDS FOR CLIENTS IN NEED	31	6,176			
SCHOLARSHIPS	17	59,000			

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
EMERGENCY FOOD ASSISTANCE TO NO INCOME AND LOW INCOME CLIENTS	825	0	49,653	COST	FOOD AND DIAPERS
CAMP SCHOLARSHIPS FOR CHILDREN OF SINGLE PARENTS	38	12,285			



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number  
95-1644024

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>										
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No								
	<b>4b</b>		No								
	<b>4c</b>		No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No								
	<b>5b</b>		No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No								
	<b>6b</b>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No								
<p><b>8</b> 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.</p>	<b>8</b>		No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>										



**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.

<b>Return Reference</b>	<b>Explanation</b>
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

**2018**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number  
95-1644024

**Part I 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	122	126,480	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

<b>29</b>	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
<b>30a</b>		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<b>31</b>	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<b>32a</b>	Yes	
------------	-----	--

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION USES THE FOLLOWING COMPANY TO CONDUCT ITS VEHICLE DONATION PROGRAM CHARITABLE ADULT RIDES AND SERVICES, INC 4669 MURPHY CANYON ROAD SAN DIEGO, CA 92123

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SAN DIEGO RAPID RESPONSE NETWORK - FORMED IN LATE 2016, THE RAPID RESPONSE NETWORK IS A COALITION OF ORGANIZATIONS FROM A VARIETY OF SECTORS THAT SHARE THE GOAL OF COORDINATING RESOURCES FOR INDIVIDUALS IMPACTED BY IMMIGRATION POLICIES. JFS IS THE FISCAL AGENT FOR THE COALITION. 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 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, NEGLIGENCE, 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, MEDICAL 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</p>



**990 Schedule O, Organizational Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>N AND EARLY INTERVENTION OF CHILDHOOD SOCIAL AND EMOTIONAL DISORDERS THE PROGRAM PROVIDES FREE PARENT EDUCATION IN ENGLISH AND SPANISH AT 139 HEAD START PRESCHOOLS, ELEMENTARY SCHOOLS, AND OTHER SITES ACROSS THE COUNTY THE FREE CHILDCARE, INCENTIVES AND HEALTHY SNACKS PPP PROVIDES HELPS REDUCE BARRIERS TO ATTENDANCE FOR THE FAMILIES WITH LOW INCOMES THAT ARE THE FOCUS OF THE PROGRAM THE PROGRAM OFFERS SINGLE WORKSHOPS, INDIVIDUAL AND GROUP SESSIONS TO 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, PSYCHOSOCIAL, EMPLOYMENT, EDUCATIONAL, AND SUPPORT FOR 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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	MARCIA FOSTER HAZAN AND SHANA HAZAN HAVE A FAMILY RELATIONSHIP

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO SIGN ON AN ANNUAL BASIS A CONFLICT OF INTEREST STATEMENT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING AND APPROVING STAFF SALARY RANGES, INCLUDING THE CONTRACT FOR THE CHIEF EXECUTIVE OFFICER A BOARD OF DIRECTORS' SUBCOMMITTEE, INCLUDING THE PRESIDENT OF THE BOARD, REVIEWS SALARY DATA FROM COMPARABLE POSITIONS AND MAKES RECOMMENDATIONS TO THE BOARD'S EXECUTIVE COMMITTEE WHICH APPROVES OR DISAPPROVES THE SUGGESTIONS RECOMMENDATIONS ARE THEN PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR APPROVAL

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	SUBCONTRACTOR FEES PROGRAM SERVICE EXPENSES 971,379 MANAGEMENT AND GENERAL EXPENSES 18,016 FUNDRAISING EXPENSES 13,557 TOTAL EXPENSES 1,002,952 BANK FEES AND PAYROLL PROCESSING PROGRAM SERVICE EXPENSES 18,567 MANAGEMENT AND GENERAL EXPENSES 86,139 FUNDRAISING EXPENSES 9,499 TOTAL EXPENSES 114,205 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,084,605 MANAGEMENT AND GENERAL EXPENSES 219,114 FUNDRAISING EXPENSES 313,243 TOTAL EXPENSES 1,616,962



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN INVESTMENT SUBSIDIARY GAAP 757,725

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> JFS FOUNDATION LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 56-2574072	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	0	8,596,486	JEWISH FAMILY SERVICE OF SAN DIEGO
<b>(2)</b> JFS HOLDINGS LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 56-2574074	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	0	7,271,813	JEWISH FAMILY SERVICE OF SAN DIEGO
<b>(3)</b> 8788 BALBOA AVENUE LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 46-3948553	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	0	5,626,252	JEWISH FAMILY SERVICE OF SAN DIEGO
<b>(4)</b> HAND UP LENDING LLC 8804 BALBOA AVENUE SAN DIEGO, CA 92123 47-4758351	TO FURTHER JFS EXEMPT CHARITABLE PURPOSE	CA	5,996	0	JEWISH FAMILY SERVICE OF SAN DIEGO

**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
<b>(1)</b> CHARITABLE ADULT RIDES & SERVICES INC 4669 MURPHY CANYON ROAD SUITE 100  SAN DIEGO, CA 92123 27-4327126	TRANSPORTATION SOLUTIONS FOR OLDER ADULTS	CA	501(C)(3)	LINE 11	JEWISH FAMILY SERVICE OF SAN DIEGO	Yes	

**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	

**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
<b>(1)</b> CHARITABLE AUTO RESOURCES INC 4669 MURPHY CANYON ROAD SUITE 100 SAN DIEGO, CA 92123 20-0290042	FUNDRAISING ASSISTANCE FOR NON- PROFITS	DE	JEWISH FAMILY SERVICE OF SAN DIEGO	C	-17,500	4,339	100 000 %	Yes	
<b>(2)</b> CAPITAL CITY AUTO AUCTION INC 3796 RECYCLE ROAD RANCHO CORDOVA, CA 95742 81-3043933	OWN AND OPERATE AN AUCTION HOUSE	CA	N/A	C					No
<b>(3)</b> CHARITABLE AUTO RECYCLING INC 4669 MURPHY CANYON ROAD 100 SAN DIEGO, CA 92123 83-1219813	AUCTION SERVICES	CA	N/A	C					No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE ADULT RIDES AND SERVICES INC	C	2,002,500	FMV
(2) CHARITABLE ADULT RIDES AND SERVICES INC	P	634,980	FMV



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>