

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

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

C Please use IRS label or print or type. See specific instructions.
JEWISH FAMILY SERVICE OF SAN DIEGO
 8804 BALBOA AVENUE
 SAN DIEGO, CA 92123-1506

D Employer Identification Number: 95-1644024
E Telephone number: 858-637-3000
F Accounting method: Cash Accrual
 Other (specify) _____

G Web site: HTTP://WWW.JFSSD.ORG

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates: _____
H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

J Organization type (check only one): 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

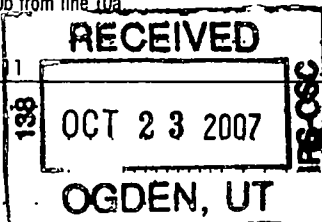
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 18,494,754.

I Group Exemption Number: _____
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

SCANNED NOV 06 2007

1 Contributions, gifts, grants, and similar amounts received					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	11,785,783.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	2,783,100.			
e Total (add lines 1a through 1d) (cash \$ 14,568,883. noncash \$ _____)	1e			14,568,883.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,116,264.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			324,647.	
5 Dividends and interest from securities	5			515,000.	
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	1,969,960.	8a	(B) Other	
b Less: cost or other basis and sales expenses		671,054.	8b		
c Gain or (loss) (attach schedule) STATEMENT. 1		1,298,906.	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			1,298,906.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			17,823,700.	
13 Program services (from line 44, column (B))	13			7,594,028.	
14 Management and general (from line 44, column (C))	14			1,014,105.	
15 Fundraising (from line 44, column (D))	15			502,186.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			9,110,319.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			8,713,381.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			11,570,980.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20			428,359.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			20,712,720.	



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	4,736,435.	4,178,103.	352,067.	206,265.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	397,908.	351,881.	26,384.	19,643.
29 Payroll taxes	29	414,671.	368,873.	30,141.	15,657.
30 Professional fundraising fees	30				
31 Accounting fees	31	59,195.	29,130.	25,874.	4,191.
32 Legal fees	32				
33 Supplies	33	70,500.	57,427.	9,690.	3,383.
34 Telephone	34	87,893.	82,371.	4,215.	1,307.
35 Postage and shipping	35	35,693.	27,316.	3,599.	4,778.
36 Occupancy	36	241,073.	231,119.	2,669.	7,285.
37 Equipment rental and maintenance	37	144,558.	124,111.	15,651.	4,796.
38 Printing and publications	38	87,299.	69,691.	4,305.	13,303.
39 Travel	39	114,982.	110,320.	4,068.	594.
40 Conferences, conventions, and meetings	40	22,195.	10,653.	11,542.	
41 Interest	41	539,104.	113,759.	425,345.	
42 Depreciation, depletion, etc (attach schedule)	42	249,688.	205,930.	35,199.	8,559.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	1,909,125.	1,633,344.	63,356.	212,425.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,110,319.	7,594,028.	1,014,105.	502,186.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

a SEE STATEMENT 5

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

7,594,028.

b

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

c

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

d

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

e Other program services

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

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

7,594,028.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	3,331,254.	45	3,285,505.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 104,740.		
	b Less: allowance for doubtful accounts	47b	79,250.	47c 104,740.
	48a Pledges receivable	48a 8,915,853.		
	b Less: allowance for doubtful accounts	48b 1,215,350.	4,865,507.	48c 7,700,503.
	49 Grants receivable		440,777.	49 908,071.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a 27,531.		
	b Less: allowance for doubtful accounts	51b	36,431.	51c 27,531.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		38,878.	53 45,088.
	54a Investments – publicly-traded securities STMT 6 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,000.	54a 1,910,769.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55a Investments – land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)	SEE STMT 7	5,898,107.	56 8,319,200.	
57a Land, buildings, and equipment: basis	57a 8,981,372.			
b Less: accumulated depreciation (attach schedule) STATEMENT 8	57b 398,018.	6,748,810.	57c 8,583,354.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 9)		2,144,080.	58 2,116,571.	
59 Total assets (must equal line 74). Add lines 45 through 58		23,585,094.	59 33,001,332.	
LIABILITIES	60 Accounts payable and accrued expenses	778,304.	60	949,550.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule) SEE STATEMENT 10		9,000,000.	64a 9,000,000.
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 11		1,724,879.	64b 1,724,879.
	65 Other liabilities (describe ► SEE STATEMENT 12)		510,931.	65 614,183.
66 Total liabilities. Add lines 60 through 65		12,014,114.	66 12,288,612.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		3,723,559.	67 5,332,769.
	68 Temporarily restricted		6,110,403.	68 13,523,952.
	69 Permanently restricted		1,737,018.	69 1,855,999.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		11,570,980.	73 20,712,720.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		23,585,094.	74 33,001,332.

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

a	Total revenue, gains, and other support per audited financial statements		a	18,252,059.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1	453,510.	
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):			
	SEE STM 13	b4	-25,151.	
	Add lines b1 through b4			b 428,359.
c	Subtract line b from line a			c 17,823,700.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 17,823,700.

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

a	Total expenses and losses per audited financial statements		a	9,110,319.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c 9,110,319.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 9,110,319.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 14		151,253.	6,050.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		191
91 a	The books are in care of ▶ GUINEVERE A. KERSTETTER Telephone number ▶ 858-637-3000 Located at ▶ 8804 BALBOA AVENUE, SAN DIEGO CA ZIP + 4 ▶ 92123		
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)? If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

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

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.

Please Sign Here	Signature of officer	<input checked="" type="checkbox"/>	Date 10/16/07
	Type or print name and title Jill Borg Spitzer, CEO		Date 10/16/07

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self employed), address, and ZIP + 4			
	JULIE A. FIRD	10/08/07		P00085551
	LEAF & COLE, LLP 1843 HOTEL CIRCLE SOUTH, #300 SAN DIEGO, CA 92108-3322		EIN	95-2076568
			Phone no	619.294.7200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545 0047

2006

Name of the organization

JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number

95-1644024

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17		429,120.	13,165.	0.
Total number of other employees paid over \$50,000 ▶	14			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **▶ \$** N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

b Did the organization have a section 403(b) annuity plan for its employees?

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.

b Did the organization make any taxable distributions under section 4966?

c Did the organization make a distribution to a donor, donor advisor, or related person?

d Enter the total number of donor advised funds owned at the end of the tax year **▶** N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **▶** N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **▶** 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **▶** 0.

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
3c		X
3d		X
4a		X
4b	N/A	
4c	N/A	

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,880,525.	3,730,831.	4,442,863.	2,423,266.	22,477,485.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	1,572,564.	2,140,178.	1,087,267.	2,470,917.	7,270,926.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	196,507.	689,254.	322,952.	47,278.	1,255,991.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	13,649,596.	6,560,263.	5,853,082.	4,941,461.	31,004,402.
24 Line 23 minus line 17	12,077,032.	4,420,085.	4,765,815.	2,470,544.	23,733,476.
25 Enter 1% of line 23	136,496.	65,603.	58,531.	49,415.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	474,670.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶ 26c	23,733,476.
d Add: Amounts from column (e) for lines:	18 <u>1,255,991.</u> 19 _____	▶ 26d	1,255,991.
	22 _____ 26b _____	▶ 26e	22,477,485.
e Public support (line 26c minus line 26d total)		▶ 26f	94.71 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	N/A			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2005) _____	(2004) _____	(2003) _____	(2002) _____
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005) _____	(2004) _____	(2003) _____	(2002) _____
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____
	21 _____	22 _____	23 _____	24 _____
d Add. Line 27a total _____ and line 27b total _____				27c _____
e Public support (line 27c total minus line 27d total)				27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				▶ 27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27f _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27g _____ %
				▶ 27h _____ %

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

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations	
(The term 'expenditures' means amounts paid or incurred.)				
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table –	41		
	If the amount on line 40 is –			The lobbying nontaxable amount is –
	Not over \$500,000			20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000			\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000			\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.				

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

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

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

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 1,969,960.
COST OR OTHER BASIS: 605,366.
EXPENSES OF SALE: 65,688.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 1,298,906.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,298,906.

**STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN INVESTMENT IN SUBSIDIARY \$ -25,151.
INVESTMENT EXPENSES .. -28,432.
UNREALIZED GAINS 481,942.
TOTAL \$ 428,359.

**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE EXPENSES ALLOC		-12,625.	11,130.	1,495.
ADVERTISING & PROMOTION	189,155.	184,775.	1,971.	2,409.
BANK FEES & PAYROLL PROCESSING	35,386.	9,369.	13,755.	12,262.
CONSULTANTS	57,935.	39,153.	18,079.	703.
EMERGENCY ASSISTANCE	200,253.	200,253.		
FUNDRAISING	79,426.	392.	267.	78,767.
HOLOCAUST HOME CARE	136,361.	136,361.		
HUMAN RESOURCES ALLOCATED		101,802.	-101,802.	
INSURANCE	77,891.	61,084.	15,650.	1,157.
LAB FEES	55,303.	55,303.		
MEMBERSHIPS/SUBSCRIPTIONS	25,732.	12,400.	13,331.	1.
MISCELLANEOUS	69,240.	53,329.	15,640.	271.
PROFESSIONAL FEES	340,452.	197,889.	39,371.	103,192.
PROGRAM EXPENSES	376,315.	366,944.	270.	9,101.
PROPERTY & OTHER TAXES	-7,839.	-6,071.	986.	-2,754.
REPAIRS & MAINTENANCE	100,738.	91,081.	6,987.	2,670.
STAFF DEVELOPMENT	22,121.	18,160.	3,961.	
SUBCONTRACTOR FEES	1,951.	1,940.	11.	
TRANSPORTATION SERVICE	55,448.	46,056.	8,996.	396.
UTILITIES	93,257.	75,749.	14,753.	2,755.
TOTAL	\$ <u>1,909,125.</u>	\$ <u>1,633,344.</u>	\$ <u>63,356.</u>	\$ <u>212,425.</u>

CLIENT 06-152

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

**STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

JEWISH FAMILY SERVICE OF SAN DIEGO

JEWISH FAMILY SERVICE OF SAN DIEGO (JFS) IS A CALIFORNIA NOT-FOR-PROFIT ORGANIZATION THAT WAS FOUNDED IN 1918 BY A CONSORTIUM OF WOMEN'S CLUBS WHO SOUGHT TO ADDRESS THE MYRIAD OF HUMAN NEEDS OF THE TIME. TODAY JFS IS A COMPREHENSIVE SOCIAL SERVICE ORGANIZATION WITH NINE LOCATIONS THROUGHOUT SAN DIEGO COUNTY AND AN OFFICE IN PALM DESERT, SERVING THE COACHELLA VALLEY. FROM ITS EARLY GRASSROOTS ORIGINS, THE AGENCY NOW SERVES OVER 20,000 PEOPLE ANNUALLY. THE MISSION OF JFS IS TO STRENGTHEN THE INDIVIDUAL, ENHANCE THE FAMILY, PROTECT THE VULNERABLE, WITH HUMAN SERVICES BASED ON JEWISH VALUES.

**STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
JFS OPERATES THE FOLLOWING PROGRAMS:		
COUNSELING AND CARE MANAGEMENT: A BROAD BASE OF SERVICES ARE AVAILABLE TO THE COMMUNITY THROUGH THE FOLLOWING PROGRAMS:		
.ADOPTION ALLIANCE OF SAN DIEGO		
.CARING COMMUNITY - LIVING WITH CANCER		
.COUNSELING SERVICES		
.EDUCATION AND OUTREACH FOR JEWS WITH MENTAL HEALTH CONCERNS		
.FOOD PANTRY		
.JEWISH BIGPALS FOR BOYS AND GIRLS		
.PROJECT SARAH (STOP ABUSIVE RELATIONSHIPS AT HOME)		
.REFUGEE RESETTLEMENT AND ACCULTURATION		
.SUPPORTING JEWISH SINGLE PARENTS		
.COMMUNITY CASE MANAGEMENT		
COACHELLA VALLEY SERVICES AND OVERNIGHT SHELTER (CV-SOS): IN PARTNERSHIP WITH JFS OF THE DESERT, THE CV-SOS PROGRAM FEEDS AND HOUSES 12 TO 14 HOMELESS PEOPLE PER NIGHT WITH THE HELP OF SEVEN CHURCHES AND SYNAGOGUES IN THE COACHELLA VALLEY. JFS ALSO MANAGES NIGHTINGALE MANOR, A 45-BED EMERGENCY SHELTER FOR FAMILIES WITH CHILDREN IN PALM SPRINGS.		
HIV SERVICES: THE HIV SERVICES PROGRAM PROVIDES COUNSELING, TESTING, AND EARLY INTERVENTION SERVICES TO PARTICIPANTS OF COUNTY-FUNDED ALCOHOL, DRUG TREATMENT, AND RECOVERY PROGRAMS. THE PROGRAM PROVIDES EDUCATIONAL INFORMATION TO MORE THAN 7,000 INDIVIDUALS ANNUALLY IN AN EFFORT TO PREVENT THE SPREAD OF HIV INFECTION. IN ADDITION, THROUGH THIS PROGRAM JFS OFFERS A FULL ARRAY OF CASH MANAGEMENT SERVICES INCLUDING A BEHAVIOR MANAGEMENT PROGRAM. THE TALKING ABOUT TINA SUPPORT GROUP MEETS WEEKLY FOR HIV-POSITIVE MEN WHO USE METHAMPHETAMINE. THE GOAL IS TO HELP PARTICIPANTS REDUCE AND EVENTUALLY STOP THEIR DRUG USE.		
PARENTING, YOUTH AND SCHOOL-BASED SERVICES:		

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
A BROAD BASE OF SERVICES ARE AVAILABLE TO FAMILIES AND YOUTH IN THE COMMUNITY THROUGH THE FOLLOWING PROGRAMS:		
.CHAMP (CHILDREN ARE MORE PROTECTED)		
.FOOTHILLS HIGH SCHOOL TEEN PARENT PROGRAM		
.MENTORING MOTHERS		
.PEACEFUL PARENTING (0 - 5 YEARS) AND GREEN PARENTING (6 - 18 YEARS)		
.PRESCHOOL IN THE PARK		
.SCHOOL-BASED COUNSELING		
.WISDOM ALLIANCE		
.YAD (YOUTH ASSESSMENT AND DEVELOPMENT)		
OLDER ADULT/SENIOR SERVICES:		
A BROAD BASE OF SERVICES ARE AVAILABLE TO OLDER ADULTS THROUGH THE FOLLOWING OLDER ADULT/SENIOR SERVICE PROGRAMS:		
.CO-OP (CREATING OPPORTUNITIES FOR OLDER PERSONS)		
.CARE MANAGEMENT		
.FOODMOBILE		
.HEARTFELT HOMES SENIOR PLACEMENT SERVICES		
.INFORMATION AND REFERRAL		
.JEWISH HEALING CENTER		
.JFS FIX-IT SERVICE		
.RIDES & SMILES		
.SENIOR NUTRITION		
.SENIOR WHEELS		
.SOS - SERVING OLDER HOLOCAUST SURVIVORS PROGRAM		
.COLLEGE AVENUE SENIOR CENTER		
.NORTH COUNTY INLAND SENIOR CENTER		
.UNIVERSITY CITY SENIOR CENTER		
		7,594,028.
INCLUDES FOREIGN GRANTS: NO		
		<u>\$ 0.</u> <u>\$ 7,594,028.</u>

STATEMENT 6
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
US TREASURY BILL	COST	\$ 480,950.
US TREASURY BOND	COST	482,939.
US TREASURY NOTE	COST	944,880.
TOTAL		<u>\$ 1,908,769.</u>

STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

STATE AND MUNICIPAL OBLIGATIONS	VALUATION METHOD	AMOUNT
JEWISH COMM. FOUND. STATE OF ISRAEL BOND	MARKET VALUE	\$ 2,000.
	TOTAL	\$ 2,000.
PUBLICLY TRADED SECURITIES		<u>\$ 1,910,769.</u>

STATEMENT 7
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
JEWISH COMMUNITY FOUNDATION POOL A	MARKET VALUE	\$ 2,418,692.
JEWISH COMMUNITY FOUNDATION POOL C	MARKET VALUE	506,434.
JEWISH COMMUNITY FOUNDATION POOL D	MARKET VALUE	5,394,074.
	TOTAL	<u>\$ 8,319,200.</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 129,173.	\$ 108,396.	\$ 20,777.
FURNITURE AND FIXTURES	386,490.	75,476.	311,014.
MACHINERY AND EQUIPMENT	425,590.	75,068.	350,522.
MISCELLANEOUS	8,040,119.	139,078.	7,901,041.
TOTAL	<u>\$ 8,981,372.</u>	<u>\$ 398,018.</u>	<u>\$ 8,583,354.</u>

STATEMENT 9
FORM 990, PART IV, LINE 58
OTHER ASSETS

ACCRUED INTEREST RECEIVABLE	\$ 10,432.
BOND ISSUANCE COSTS	137,731.
DEPOSITS	10,715.
INVESTMENT IN CARS	211,498.
OTHER ASSETS	1,746,195.
TOTAL	<u>\$ 2,116,571.</u>

CLIENT 06-152

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

**STATEMENT 10
FORM 990, PART IV, LINE 64A
TAX-EXEMPT BOND LIABILITIES**

BALANCE DUE

THIRD PARTY INFORMATION: COLORADO EDUCATIONAL & CULTURA
 ISSUE DATE: 5/01/2006
 ORIGINAL ISSUE AMOUNT: 9,000,000.
 BOND RETIREMENT DATE: 1/01/2031
 OUTSTANDING ISSUE AMOUNT:

TOTAL \$ 9,000,000.
 TOTAL \$ 9,000,000.

**STATEMENT 11
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE**

OTHER NOTES PAYABLE

LENDER'S NAME: SAN DIEGO NATIONAL BANK
 DATE OF NOTE: 5/12/2005
 MATURITY DATE: 5/12/2011
 REPAYMENT TERMS: MONTHLY INT PMTS @ PRIME RATE
 INTEREST RATE: 8.25%
 ORIGINAL AMOUNT: 380,000.
 BALANCE DUE: \$ 379,879.

LENDER'S NAME: LOW INCOME INVESTMENT FUND
 DATE OF NOTE: 5/16/2005
 MATURITY DATE: 12/01/2006
 REPAYMENT TERMS: MONTHLY INT PMTS
 INTEREST RATE: 7.25%
 ORIGINAL AMOUNT: 735,000.
 BALANCE DUE: \$ 735,000.

LENDER'S NAME: CORP FOR SUPPORTIVE HOUSING
 MATURITY DATE: 12/01/2006
 REPAYMENT TERMS: MONTHLY INT PMTS
 INTEREST RATE: 5.00%
 ORIGINAL AMOUNT: 610,000.
 BALANCE DUE: \$ 610,000.

TOTAL \$ 1,724,879.

**STATEMENT 12
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

DEFERRED COMPENSATION \$ 506,434.
 PAYABLE TO CARS 77,169.
 SECURITY DEPOSITS 2,275.
 UNEARNED REVENUE 28,305.

TOTAL \$ 614,183.

CLIENT 06-152

JEWISH FAMILY SERVICE OF SAN DIEGO

95-1644024

STATEMENT 13
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

CHANGE IN INVESTMENT IN SUBSIDIARY

TOTAL	\$	-25,151.
	\$	<u>-25,151.</u>

STATEMENT 14
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FERN SIEGEL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	\$ 0.	\$ 0.	0.
RON ZOLLMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	PRESIDENT 0	0.	0.	0.
EDWARD J. CARNOT 8804 BALBOA AVENUE SAN DIEGO, CA 92123	TREASURER 0	0.	0.	0.
STEVE LEVINE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	VICE PRESIDENT 0	0.	0.	0.
LOUIS VENER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
MARSHA BERKSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
RABBI JEFF BROWN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
RONNIE DIAMOND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JOAN EICHBERG 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JILL ESSAKOW 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.

STATEMENT 14 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TED FINKEL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JOE FISCH 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
LAURA GALINSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JEFF GLAZER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
MARCIA HAZAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
SUSAN KABBKOFF 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
NADJA KAUDER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
PAUL KURTIN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
MICHAEL LEVINSON 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
HAMILTON LOEB JR. 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
ROSE LEE POLSTER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
LAWRENCE A. OSTER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.

STATEMENT 14 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JERI K, RUBIN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
SUSAN SHMALO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JILL STONE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
VALERIE VITERBI 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
LAURIE WARGOTZ 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
CATHY BABIN WEIL 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
ADAM WELLAND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
GEORGE WISE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JILL BORG SPITZER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	CEO 0	151,253.	6,050.	0.
BORIS ZELKIND 8804 BALBOA AVENUE SAN DIEGO, CA 92123	COO 0	0.	0.	0.
JUDY FELDMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
ADAM FURMAN 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.

STATEMENT 14 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ABRAHAM WINEBERG 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
MATTHEW KOSTRINSKY 8804 BALBOA AVENUE SAN DIEGO, CA 92123	VICE PRESIDENT 0	0.	0.	0.
FELICIA MANDELBAUM 8804 BALBOA AVENUE SAN DIEGO, CA 92123	SECRETARY 0	0.	0.	0.
TOTAL		<u>\$ 151,253.</u>	<u>\$ 6,050.</u>	<u>\$ 0.</u>

STATEMENT 15
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
CHARITABLE AUTO RESOURCES, INC		X
JFS FOUNDATION, LLC	X	
JFS HOLDINGS, LLC	X	

STATEMENT 16
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93A	FEEs AND OTHER INCOME RELATED TO PROGRAM SERVICES
93B	PROGRAM REVENUE FOR SERVICES PROVIDED TO CLIENTS INVOLVED IN VARIOUS PROGRAMS.
100	GAIN FROM SALE OF LAND, BUILDING AND EQUIPMENT, NON DEBT FINANCED. PROCEEDS WERE USED TO ACQUIRE NEW LAND AND BUILDING TO FURTHER THE ORGANIZATIONS MISSION AND ENABLE THEM TO PROVIDE SERVICES TO CLIENTS

STATEMENT 17
 SCHEDULE A, PART I
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
JOEL CRADDOCK 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIR EDUC SVCS 40	76,868.	3,075.	0.
SUSAN LAPIDUS 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DEVELOPMENT DIR 40	89,731.	3,589.	0.
GUINEVERE KERSTETTER 8804 BALBOA AVENUE SAN DIEGO, CA 92123	CFO 40	86,606.	3,464.	0.
CRAIG LAMBERT 8804 BALBOA AVENUE SAN DIEGO, CA 92123	DIR ADULT SVCS 40	75,915.	3,037.	0.
ALAN ZAMOSKY 8804 BALBOA AVENUE SAN DIEGO, CA 92123	COO 40	100,000.	0.	0.
	TOTAL	\$ 429,120.	\$ 13,165.	\$ 0.