Return of Organization Exempt From Income Tax

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

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

**For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

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

**D Employer identification number**
95-1644024

**E Telephone number**
(858) 637-3090

**G Gross receipts $ 19,003,580**

**F Name and address of principal officer**
GIUVEERE KERSTETTER
4947(a)(1) or 527

**H(a) Is this a group return for affiliates?**

Yes [ ]
No [ ]

**H(b) Are all affiliates included?**

Yes [ ]
No [ ]

If "No," attach a list (see instructions)

**H(c) Group exemption number**

**J Website**
http://www.jfsd.org

**K Form of organization**
Corporation [ ]
Trust [ ]
Association [ ]
Other [ ]

**L Year of formation**
1918

**M State of legal domicile**
CA

**Summary**

1 Briefly describe the organization's mission or most significant activities

Jewish Family Service provides programs that are diverse yet complimentary to address the community's growing human care needs. Services are available to all in need of ASSISTANCE REGARDLESS OF religion, race, ethnicity, nationality, age or sexual orientation

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . .

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . .

**Revenue**

8 Contributions and grants (Part VIII, line 1h) . . . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) . . .

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . .

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . .

16 Professional fundraising fees (Part IX, column (A), line 11e) . . . .

16a Total fundraising expenses (Part IX, column (O), line 25) [1,005,090] . . . .

17 Other expenses (Part IX, column (A), lines 11e-11d, 11f-24e) . . . .

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . .

19 Revenue less expenses Subtract line 18 from line 12 . . . .

**Beginning of Current Year**

20 Total assets (Part X, line 16) . . . .

21 Total liabilities (Part X, line 26) . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . .

**Current Year**

23 Prior Year 13,337,176 15,030,865

24 Current Year 1,005,869 1,177,600

25 Prior Year 1,755,701 1,666,944

26 Current Year -24,085 925,274

27 Prior Year 16,074,661 18,800,683

28 Current Year 1,012,444 996,229

29 Prior Year 10,521,445 10,720,087

30 Current Year 0 0

31 Prior Year 3,953,042 4,094,134

32 Current Year 15,486,931 15,810,450

33 Prior Year 587,730 2,990,233

**End of Year**

34 Current Year 27,638,523 29,808,224

35 Current Year 2,865,033 2,285,026

36 Current Year 24,773,490 27,523,198

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer
GIUVEERE KERSTETTER CFO

Type of print name and title
2013-11-14

**Paid**

Preparer's signature JULIE A. FRIEL

Date 2013-11-14

Check if self-employed [ ]

Preparer's taxpayer identification number (see instructions)

**Preparer's Use Only**

Name of firm's tax return preparer
Leaf & Cole LLP

Address of tax return preparer
2810 Camino Del Rio South Suite 200
San Diego, CA 92108-3820

Phone no (519) 294-7200

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes [ ]
No [ ]

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 11282Y

Form 990 (2011)
Part III

Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission

Jewish Family Service provides programs that are diverse yet complimentary to address the community's growing human care needs. Services are available to all in need of assistance regardless of religion, race, ethnicity, nationality, age or sexual orientation.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or Form 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a. (Code ) (Expenses $ 4,245,790 including grants of $ 358,213) (Revenue $ 2,605,415)

Aging & Wellness Services GenCare Management provides comprehensive assessments, plan of care, coordination of services, consultations, advocacy and referrals for older adults in need. Serving Older Holocaust Survivors (SOS) program provides care management, home care, and emergency assistance services for low-income Jewish Holocaust survivors. CO-OP (Creating Opportunities for Older Persons) allows older adults to age in place in a supported community. The three social & wellness centers located at Congregation Beth Jacob in Northland Indiana Center located at Temple Adat Shalom and University City Older Adult Center located at Congregation Beth Israel, all provide daily activities, exercise and computer classes, educational programs and hot kosher lunches. The College Avenue Center also has a nutritious salad bar in addition to the hot lunch. The Foodmobile program provides home delivered hot kosher meals and friendly visits to older adults and younger homebound disabled adults. The Senior Nutrition program is a kosher kitchen located at Congregation Beth Jacob that provides noon meals to the Social & Wellness Centers and the Foodmobile program. JFS-Fac It Service provides free home repairs and safety modifications for low-income older adults. On the Go Transportation Solutions for Older Adults (On the Go) is a transportation service for older adults operated under a memorandum of understanding (MOU) with CARS nonprofit. On the Go provides the following: "Rides & Smiles" - individual transportation by volunteer drivers to necessary medical and personal appointments; "On the Go Excursions - group transportation to shopping and dining destinations and to JFS Older Adult Centers; "On the Go Excursions - group transportation to organized activities and community events." "Taxi Scrip" for individual transportation.

4b. (Code ) (Expenses $ 6,059,748 including grants of $ 597,156) (Revenue $ 2,094,537)

Community ServicesAdoption Alliance of Southern California is a nonprofit adoption agency, licensed by the State of California and fully Hague Accredited, providing international and domestic homestudies, post-placement studies, parent education, consultations, groups and referrals. Stairs of David, a program within Adoption Alliance, is a national network of support and information for Jewish and interfaith families with adopted children. Community Case Management provides professional care case managers dedicated to empowering the client and their family to return to self-sufficiency after an unstable situation. Case managers have multiple specialty areas and provide the necessary resources, referrals, and services critical to the client's physical, emotional, and spiritual well-being. Girls Give Back is a leadership and empowerment program for young Jewish women. Girls Give Back promotes Jewish values while developing social-mindedness, critical thinking, healthy self-esteem, and empathy in high school girls. In conjunction with the Hand Up Teen Leadership Program, the award-winning Hand Up Youth Food Pantry distributes food to low-income and homeless individuals and families at multiple sites in San Diego County. It provides a unique opportunity for youth and groups to volunteer in the food pantry. The nationally-recognized Hand Up Teen Leadership Program offers high school students a unique opportunity to learn about social change and see the difference they can make in our community. Students use leadership skills in a real-world setting by supporting the Hand Up Youth Food Pantry through direct service and advocacy. The Hunger Advocacy Network includes 16 organizational partners from across San Diego County who are actively involved in state-wide advocacy. Member organizations address an anti-hunger policy agenda through the state legislature and support Hunger Action Month activities in September. The Intensive Psychiatric Case Management Program is for Jewish adults who require intensive ongoing support to live successfully in the community. Jewish BGPs matches Jewish adult mentors with Jewish children from single-parent or non-traditional families. Mentors provide friendship, companionship, and life-enriching experiences to the children they mentor, enhancing their growth and development and helping them achieve their full potential. Supporting Jewish Single Parents (SJSP) actively welcomes and connects Jewish single parents and their children to the Jewish community. The program helps promote Jewish continuity and offers services that enhance a feeling of belonging and inclusion. North Coastal Jewish Connections links Jews living in the coastal area of North County to the Jewish community and JFS via a full spectrum of programs and services. The Jewish Healing Center provides short-term spiritual counseling and support, friendly visits, healing services, meditation, contemplative workshops, and support groups for chronic illness, bereavement, and spiritual direction. Established in 2008 in response to the economic crisis, the Jewish Employment Network supports Jewish individuals in their job search and helps connect Jewish community members with employers. Ways to Work is a character-based car loan program for working families with poor or challenged credit. Qualified loan recipients can apply for a car loan and receive on-going case management services to assist them in attaining self-sufficiency. Since 1998 JFS has offered resettlement services to newly arriving refugees and asylees from around the world. Refugee Resettlement and Acculturation program case managers work with refugee families providing financial assistance, social services, case management, and acculturation programs and workshops. Preferred Communities, a specialized medical case management program, assists newly arrived refugees with significant health issues. A skilled medical social worker helps connect and navigate a complex medical system while at the same time building cultural awareness and sensitivity to refugee issues with health care providers. The Pms Asylum Program offers pre-bono legal assistance for individuals who are experiencing or at risk of persecution in their homeland and are seeking protection in the United States. The Citizenship and Naturalization Program provides citizenship application assistance for qualified individuals that enable them to become US citizens. Volunteer Services provides and coordinates volunteer opportunities at JFS. More than 550 volunteers are actively involved and these volunteers donate more than 62,850 hours this fiscal year. Volunteers are the heart of JFS, working directly with those in need and providing administrative support.

4c. (Code ) (Expenses $ 2,494,647 including grants of $ ) (Revenue $ 2,515,065)

Counseling and Educational Services The Counseling program provides services to individuals, couples, families and group counseling services to individuals from diverse backgrounds. Services are provided by licensed therapists and interns on a sliding scale, some forms of insurance are accepted. Both brief and long-term therapy is available, depending on client need. Areas of specialty include mood disorder, play therapy, communication, divorce and separation, chronic health issues, grief, and general life transitions. The Parenting and Youth Services department provides a broad base of services to families and youth, with a focus on strengthening family relationships through education. Programs in this department include: Preschool in the Park, Positive Parenting and Empowerment. Of note, this department houses the largest County grant ever received by JFS Pachye's Place, a new innovative parenting program, is focused on early intervention and education for families with children ages zero to five years old. The Patient Advocacy Program provides support for the rights of mentally ill individuals through direct service and general education. Patient Advocates work throughout the County, advocating on behalf of mentally ill individuals at psychiatric hospitals, board and care facilities, legal hearings and more. Advocates also ensure that these individuals are being treated with respect by providing education to direct service staff and administrators at these facilities. Project SARA (Stop Abuse Relationships At Home) provides counseling, case management, community outreach and education, support groups and legal advocacy to survivors of domestic or relationship abuse and their children.

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

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

4e. Total program service expenses $ 14,142,782
### Part IV Checklist of Required Schedules

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<td>20b</td>
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</tbody>
</table>

**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I.

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

DID THE ORGANIZATION MAINTAIN AN OFFICE, EMPLOYEES, OR AGENTS OUTSIDE OF THE UNITED STATES?

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Part I.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.

Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

DID THE ORGANIZATION OPERATE ONE OR MORE HOSPITALS? If "Yes," complete Schedule H.

If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note:** All Form 990 filers that operated one or more hospitals must attach audited financial statements.
<table>
<thead>
<tr>
<th></th>
<th>Checklist of Required Schedules (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II.</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III.</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer “Yes” to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J.</td>
</tr>
<tr>
<td>24a</td>
<td>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? If “Yes,” answer questions 24b through 24d and complete Schedule K. If “No,” go to line 25.</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I.</td>
</tr>
<tr>
<td>25b</td>
<td>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? If “Yes,” complete Schedule L, Part I.</td>
</tr>
<tr>
<td>26</td>
<td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If “Yes,” complete Schedule L, Part II.</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If “Yes,” complete Schedule L, Part III.</td>
</tr>
<tr>
<td>28</td>
<td>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)</td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
</tr>
<tr>
<td>28c</td>
<td>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 owner? If “Yes,” complete Schedule L.</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M.</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M.</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I.</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II.</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I.</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Parts II, III, IV, and V, line 1.</td>
</tr>
<tr>
<td>35a</td>
<td>Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>35b</td>
<td>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2.</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2.</td>
</tr>
<tr>
<td>37</td>
<td>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? If “Yes,” complete Schedule R, Part VI.</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?</td>
</tr>
</tbody>
</table>

**Note.** All Form 990 filers are required to complete Schedule O.
### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td>
<td>170</td>
<td></td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2a 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</td>
<td></td>
<td>343</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
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</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>4a 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 or securities account)?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country</td>
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</tr>
<tr>
<td>See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts</td>
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<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td>5c</td>
</tr>
<tr>
<td>6a 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?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td>7D</td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of non-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the aggregate amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Form 990 (2011)
## Section A. Governing Body and Management

| 1a | Enter the number of voting members of the governing body at the end of the tax year. | Yes | No |
| 30 |
| 1b | Enter the number of voting members included in line 1a, above, who are independent. | Yes | No |
| 30 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | No |
| 2 |
| 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? | Yes | No |
| 3 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | Yes | No |
| 4 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | Yes | No |
| 5 |
| 6 | Did the organization have members or stockholders? | Yes | No |
| 6 |
| 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? | Yes | No |
| 7a |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | No |
| 7b |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | Yes | No |
| a | The governing body. | Yes | No |
| b | Each committee with authority to act on behalf of the governing body. | Yes | No |
| 8a |
| 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. | Yes | No |

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

| 10a | Did the organization have local chapters, branches, or affiliates? | Yes | No |
| 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? | Yes | No |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | No |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13. | Yes | No |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | No |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | Yes | No |
| 13 | Did the organization have a written whistleblower policy? | Yes | No |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | No |
| 15 | Did the organization have a written document retention and destruction policy? | Yes | No |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:

- CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3) is only) available for public inspection. Indicate how you made these available. Check all that apply:

- [ ] Own website
- [ ] Another's website
- [ ] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Guenevere A Kerstetter
8804 BALBOA AVENUE
SAN DIEGO, CA 92123
(858) 639-3000
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title</td>
<td>Average hours per week (describe hours for related organizations in Schedule O)</td>
<td>Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
</tbody>
</table>

See Additional Data Table
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Provided care to employees of exempt organization</td>
<td>Provided care to employees of related organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional Trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former highest compensated employee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Additional Data Table

<table>
<thead>
<tr>
<th>1b Sub-Total</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td>513,172</td>
<td>72,405</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If Yes, complete Schedule J for such individual</td>
</tr>
<tr>
<td>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGED SOLUTION</td>
<td>IT CONTRACTOR</td>
<td>139,815</td>
</tr>
<tr>
<td>9655 GRANITE RIDGE SR SUITE S50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>159,893</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>6,659,882</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>8,211,090</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $142,920</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f $15,030,865</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>Programme Revenue $1,177,600</th>
<th>Programme Revenue $1,177,600</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a PROGRAM REVENUE</td>
<td>624100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f $1,177,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest and other similar amounts)</td>
<td>1,689,704</td>
<td>1,689,704</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less cost or other basis and sales expenses</td>
<td>22,760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>-22,760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>-22,760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $159,893 of contributions reported on line 1c)</td>
<td>925,274</td>
<td>925,274</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less direct expenses</td>
<td>178,137</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>925,274</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d $0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 12 Total revenue. See Instructions                       | 18,800,683       | 1,177,600                      |                               | 2,592,218           |
### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. 
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) 
Check if Schedule O contains a response to any question in this Part IX. 

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States  See Part IV, line 21</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States  See Part IV, line 22</td>
<td>996,229</td>
<td>996,229</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States  See Part IV, lines 15 and 16</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>515,678</td>
<td>197,053</td>
<td>98,166</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>8,148,579</td>
<td>7,491,854</td>
<td>237,571</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>250,242</td>
<td>222,354</td>
<td>11,652</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>1,071,102</td>
<td>981,664</td>
<td>35,110</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>734,486</td>
<td>648,087</td>
<td>38,980</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising  See Part IV, line 17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td>375,704</td>
<td>213,388</td>
<td>115,776</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>111,492</td>
<td>74,848</td>
<td>8</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>104,108</td>
<td>94,034</td>
<td>3,641</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>623,575</td>
<td>622,380</td>
<td>1,094</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>376,764</td>
<td>365,877</td>
<td>7,666</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>10,097</td>
<td>5,206</td>
<td>4,899</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>365,285</td>
<td>316,159</td>
<td>17,535</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>108,247</td>
<td>92,733</td>
<td>13,886</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses  Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)</td>
<td>162,431</td>
<td>154,257</td>
<td>3,169</td>
</tr>
<tr>
<td>a</td>
<td>UTILITIES</td>
<td>118,151</td>
<td>114,319</td>
<td>3,621</td>
</tr>
<tr>
<td>b</td>
<td>TRANSPORTATION SERVICE</td>
<td>127,337</td>
<td>118,247</td>
<td>4,941</td>
</tr>
<tr>
<td>c</td>
<td>TELEPHONE</td>
<td>784,611</td>
<td>784,307</td>
<td>304</td>
</tr>
<tr>
<td>d</td>
<td>PROGRAM EXPENSES</td>
<td>173,242</td>
<td>159,890</td>
<td>5,295</td>
</tr>
<tr>
<td>e</td>
<td>EQUIPMENT RENTAL &amp; EXPENSE</td>
<td>653,090</td>
<td>489,876</td>
<td>59,638</td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24f</td>
<td>15,810,450</td>
<td>14,142,762</td>
<td>662,648</td>
</tr>
</tbody>
</table>

**26 Joint costs.** Check here □ if following 
SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
**Balance Sheet**

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash—non-interest-bearing</td>
<td>1,403,096</td>
<td>1,143,097</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>21,144</td>
<td>2</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>2,508,478</td>
<td>2,252,525</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>86,407</td>
<td>72,140</td>
</tr>
<tr>
<td>5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td></td>
<td>63,957</td>
</tr>
<tr>
<td>6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>44,120</td>
<td>64,488</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>22,458</td>
<td>39,496</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>9,349,478</td>
<td></td>
</tr>
<tr>
<td>10b Less accumulated depreciation</td>
<td>2,334,866</td>
<td>7,329,352</td>
</tr>
<tr>
<td>11 Investments—publicly traded securities</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>12 Investments—other securities See Part IV, line 11</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13 Investments—program-related See Part IV, line 11</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets See Part IV, line 11</td>
<td>16,222,468</td>
<td>18,878,909</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>27,638,523</td>
<td>29,808,224</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>1,508,496</td>
<td>1,583,692</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td>394,817</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>485,245</td>
<td>19</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D</td>
<td>871,292</td>
<td>306,517</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>2,865,033</td>
<td>2,285,026</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Unrestricted net assets</td>
<td>16,761,678</td>
<td>17,304,372</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>6,052,127</td>
<td>7,920,713</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>1,959,685</td>
<td>2,298,113</td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>24,773,490</td>
<td>27,523,198</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>27,638,523</td>
<td>29,808,224</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets
Check if Schedule O contains a response to any question in this Part XI

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year  Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting
Check if Schedule O contains a response to any question in this Part XII

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□  Cash  □  Accrual  □  Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes,” to 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</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>3b</td>
<td>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</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Part I  Reason for Public Charity Status

(All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9  An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h
   a  Type I
   b  Type II
   c  Type III - Functionally Integrated
   d  Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
   (ii) a family member of a person described in (i) above?
   (iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total
### Part II: Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>9,840,208</td>
<td>10,617,256</td>
<td>13,411,692</td>
<td>13,337,176</td>
<td>15,030,865</td>
<td>62,237,197</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>9,840,208</td>
<td>10,617,256</td>
<td>13,411,692</td>
<td>13,337,176</td>
<td>15,030,865</td>
<td>62,237,197</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>3,330,876</td>
<td>3,330,876</td>
<td>3,330,876</td>
<td>3,330,876</td>
<td>3,330,876</td>
<td>3,330,876</td>
</tr>
<tr>
<td>6 Public Support. Subtract line 5 from line 4</td>
<td>58,906,321</td>
<td>58,906,321</td>
<td>58,906,321</td>
<td>58,906,321</td>
<td>58,906,321</td>
<td>58,906,321</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>9,840,208</td>
<td>10,617,256</td>
<td>13,411,692</td>
<td>13,337,176</td>
<td>15,030,865</td>
<td>62,237,197</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>1,154,648</td>
<td>979,809</td>
<td>1,188,928</td>
<td>1,755,701</td>
<td>1,666,944</td>
<td>6,746,030</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Total support (Add lines 7 through 10)</td>
<td>66,983,227</td>
<td>66,983,227</td>
<td>66,983,227</td>
<td>66,983,227</td>
<td>66,983,227</td>
<td>66,983,227</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (See instructions)</td>
<td>7,785,661</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First Five Years If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.</td>
<td>7,785,661</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))</td>
<td>85.390%</td>
<td>85.390%</td>
<td>85.390%</td>
<td>85.390%</td>
<td>85.390%</td>
</tr>
<tr>
<td>15 Public Support Percentage for 2010 Schedule A, Part II, line 14</td>
<td>91.150%</td>
<td>91.150%</td>
<td>91.150%</td>
<td>91.150%</td>
<td>91.150%</td>
</tr>
</tbody>
</table>

16a 33 1/3% Support Test—2011. 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.

16b 33 1/3% Support Test—2010. If the organization did not check the 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization.

17b 10% Facts and Circumstances Test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. 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 IRC 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any “unusual grants”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public Support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10c, 11 and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First Five Years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15
16 Public support percentage from 2010 Schedule A, Part III, line 15 16

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) 17
18 Investment income percentage from 2010 Schedule A, Part III, line 17 18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private Foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions
### Part IV  Supplemental Information

Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<table>
<thead>
<tr>
<th>Facts And Circumstances Test</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2011
Supplemental Financial Statements

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

| 1 | Total number at end of year |
| 2 | Aggregate contributions to (during year) |
| 3 | Aggregate grants from (during year) |
| 4 | Aggregate value at end of year |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   □ Yes □ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?  
   □ Yes □ No

Part II  Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):
   □ Preservation of land for public use (e.g., recreation or pleasure)  □ 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–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:

<table>
<thead>
<tr>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year:

4 Number of states where property subject to conservation easement is located:

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year:

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year:
   □ $ ___________________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  
   □ Yes □ No

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

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

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

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

   (i) Revenues included in Form 990, Part VIII, line 1
   □ $ ___________________

   (ii) Assets included in Form 990, Part X
   □ $ ___________________

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

   a Revenues included in Form 990, Part VIII, line 1
   □ $ ___________________

   b Assets included in Form 990, Part X
   □ $ 21,000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's 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  [x] Preservation for future generations  
   d  [ ] Loan or exchange programs  
   e  [ ] Other

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

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  [x] No

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

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 XIV and complete the following table

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

b If "Yes," explain the arrangement in Part XIV

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

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td>Prior Year</td>
<td>Two Years Back</td>
<td>Three Years Back</td>
<td>Four Years Back</td>
</tr>
<tr>
<td>1a Beginning of year balance</td>
<td>1,995,685</td>
<td>1,834,351</td>
<td>1,756,151</td>
<td></td>
</tr>
<tr>
<td>1b Contributions</td>
<td>410,422</td>
<td></td>
<td>16,839</td>
<td></td>
</tr>
<tr>
<td>1c Investment earnings or losses</td>
<td>-53,662</td>
<td>174,279</td>
<td>109,415</td>
<td></td>
</tr>
<tr>
<td>1d Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other expenditures for facilities and programs</td>
<td>18,332</td>
<td>48,945</td>
<td>48,054</td>
<td></td>
</tr>
<tr>
<td>1f Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g End of year balance</td>
<td>2,298,113</td>
<td>1,959,685</td>
<td>1,834,351</td>
<td></td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the year end balance held as
   a Board designated or quasi-endowment  ➤
   b Permanent endowment  ➤
   c Term endowment  ➤

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations
   (ii) related organizations
   [ ] Yes  [x] No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  [x] Yes  [ ] No

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

Part VI  Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>2,023,335</td>
<td></td>
<td>2,023,335</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>6,074,841</td>
<td>1,349,578</td>
<td>4,725,263</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>850,335</td>
<td>608,919</td>
<td>241,416</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>400,967</td>
<td>376,369</td>
<td>24,598</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)) 7,014,612
### Part VII: Investments—Other Securities
See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) should equal Form 990, Part X, col (B) line 12.)

### Part VIII: Investments—Program Related
See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) should equal Form 990, Part X, col (B) line 13.)

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RECEIVABLE FROM SUBSIDIARIES</td>
<td>264,863</td>
</tr>
<tr>
<td>(2) INVESTMENTS IN SUBSIDIARIES</td>
<td>896,593</td>
</tr>
<tr>
<td>(3) DEPOSITS</td>
<td>128,811</td>
</tr>
</tbody>
</table>

Total (Column (b) should equal Form 990, Part X, col (B) line 15.)

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

<table>
<thead>
<tr>
<th>(a) Description of Liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Income Taxes</td>
<td></td>
</tr>
<tr>
<td>DEFERRED COMPENSATION</td>
<td>306,517</td>
</tr>
</tbody>
</table>

Total (Column (B) should equal Form 990, Part X, col (B) line 25.)

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).
### Part XI  Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net) Add lines 4 - 8</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements Combine lines 3 and 9</td>
</tr>
</tbody>
</table>

### Part XII  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)</td>
</tr>
</tbody>
</table>

### Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)</td>
</tr>
</tbody>
</table>

### Part XIV  Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part XI, Line 8</td>
<td>Part XI, Line 8 Other Changes in Net Assets or Fund Balances</td>
<td>CHANGE IN INVESTMENT IN SUBSIDIARY $500,515</td>
</tr>
<tr>
<td>Part V, Line 4</td>
<td>Part V, Line 4 Intended uses of the endowment fund</td>
<td>JEWISH FAMILY SERVICES' SPENDING POLICY IS TO DISBURSE FUNDS AVAILABLE IN ACCORDANCE WITH DONOR RESTRICTIONS TO MEET THE CURRENT PROGRAM NEEDS OF THE JEWISH FAMILY SERVICE</td>
</tr>
<tr>
<td>Part III, Line 4</td>
<td>Part III, Line 4 Description of organization's collections and how it furthers its purpose</td>
<td>ARTWORK IS HELD FOR FINANCIAL GAIN AND ITS FUTURE APPRECIATED VALUE WILL BE USED TO ENHANCE PROGRAMS</td>
</tr>
</tbody>
</table>
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. See separate instructions.

**Part I  Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [X] Mail solicitations
   - [X] Internet and e-mail solicitations
   - [X] Phone solicitations
   - [X] In-person solicitations
   - [X] Solicitation of non-government grants
   - [X] Solicitation of government grants
   - [X] Special fundraising events

2. 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  
   - [X] No

   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. Form 990-EZ filers are not required to complete this table.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
### Part II  Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th></th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other Events</th>
<th>(d) Total Events (Add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>1,136,177</td>
<td>108,913</td>
<td>18,214</td>
</tr>
<tr>
<td>2</td>
<td>Less Charitable contributions</td>
<td>159,893</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>976,284</td>
<td>108,913</td>
<td>18,214</td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td></td>
<td>12,160</td>
<td>328</td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td>64,405</td>
<td>5,557</td>
<td>566</td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td>10,675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td>79,956</td>
<td>3,500</td>
<td>990</td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary (Add lines 4 through 9 in column (d))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income summary (Combine lines 3 and 10 in column (d))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III  Gaming

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (Add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary (Add lines 2 through 5 in column (d))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary (Combine lines 1 and 7 in column (d))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Enter the state(s) in which the organization operates gaming activities
   a. Is the organization licensed to operate gaming activities in each of these states? Yes __________ No __________
   b. If "No," Explain ____________________________________________________________________________________________

10a. Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes __________ No __________
    b. If "Yes," Explain ____________________________________________________________________________________________
11. Does the organization operate gaming activities with nonmembers?
   Yes ☐  No ☐

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

13. Indicate the percentage of gaming activity operated in
   a. The organization’s facility
   No ☐  Yes ☐
   b. An outside facility
   No ☐  Yes ☐

14. Provide 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 ▶$___________ and the
   amount of gaming revenue retained by the third party ▶$___________

15c. If "Yes," enter name and address
   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 Complete this part to provide additional information for responses to question on Schedule G (see
instructions.)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2011
Schedule I (Form 990)  

Grants and Other Assistance to Organizations, Governments and Individuals in the United States  

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  

Attach to Form 990  

Name of the organization: JEWISH FAMILY SERVICE OF SAN DIEGO  

Employer identification number: 95-1644024  

Part I: General Information on Grants and Assistance  

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  

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 Governments and Organizations in the United States  

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.  

(a) Name and address of organization or government  

(b) EIN  

(c) IRC Code 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  

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 Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RUBENSTEIN SCHOLARSHIPS</td>
<td>17</td>
<td>30,322</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) HOUSING, FOOD, CASH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSISTANCE FOR REFUGEES</td>
<td>303</td>
<td>381,794</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) HOLOCAUST VICTIMS ASSISTANCE</td>
<td>63</td>
<td>284,687</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) EMERGENCY FUNDS FOR PARENTS</td>
<td>1578</td>
<td>276,224</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEEDING ASSISTANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) CHANGE A LIFE FUNDS FOR CLIENTS</td>
<td>15</td>
<td>23,202</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN NEED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Supplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantmaker's Description of How Grants are Used</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Additional Supplemental Information</td>
<td></td>
<td>Rubenstein Scholarships: Following are criteria for Rubenstein scholarships: -For dependent students, gross family income cannot exceed $90,000 for families with three or more children, $80,000 for families with two children, and $70,000 for families with one child. -High school grades must be 2.0 or higher. Juniors and up must show a 2.5 Grade point average for the most recent period completed. -Although the committee may grant exceptions in extreme circumstances, applicants must be residents of San Diego County. -Students are expected to apply for other financial aid and to work in order to contribute to their educational expenses.</td>
</tr>
</tbody>
</table>
Schedule J
(Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Attach to Form 990. See separate instructions.

Name of the organization
JEWISH FAMILY SERVICE OF SAN DIEGO

Employer identification number
95-1644024

Part I Questions Regarding Compensation

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

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

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 the expenses described above? If "No," complete Part III to explain

1b

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

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director: Check all that apply

☐ Compensation committee
☐ Written employment contract
☐ Independent compensation consultant
☐ Compensation survey or study
☐ Form 990 of other organizations
☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a

b Any related organization?

5b

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a

b Any related organization?

6b

If "Yes," to line 6a or 6b, describe in Part III

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

7

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described inRegs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

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

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990
Cat No 50053T Schedule J (Form 990) 2011
## Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>JILL BORG SPITZER</td>
<td>(i) 196,895 (ii)</td>
<td>31,632</td>
<td>22,601</td>
<td>251,128</td>
<td></td>
</tr>
</tbody>
</table>
**Part III Supplemental Information**

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>
## Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

### Part I  Excess Benefit Transactions

(section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Description of transaction</th>
<th>(c) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
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</tr>
<tr>
<td>2</td>
<td>Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Part II  Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

<table>
<thead>
<tr>
<th>(a) Name of interested person and purpose</th>
<th>(b) Loan to or from the organization?</th>
<th>(c) Original principal amount</th>
<th>(d) Balance due</th>
<th>(e) In default?</th>
<th>(f) Approved by board or committee?</th>
<th>(g) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MICHAEL HOPKINS</td>
<td>X</td>
<td>65,625</td>
<td>63,957</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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</tr>
</tbody>
</table>

Total: $ 63,957

### Part III  Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of grant or type of assistance</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
### Part IV  Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Yes</td>
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</tr>
</tbody>
</table>

### Part V  Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Schedule L (Form 990 or 990-EZ) 2011
### NonCash Contributions

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**

**Attach to Form 990.**

#### Part I  Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of Contributions or items contributed</th>
<th>(c) Contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art—Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art—Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art—Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td>144</td>
<td>142,920 FMV</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities—Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities—Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities—Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities—Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution—Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution—Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate—Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate—Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate—Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<td></td>
<td></td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td>Other ▶ (__________)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Other ▶ (__________)</td>
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<tr>
<td>27</td>
<td>Other ▶ (__________)</td>
<td></td>
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<tr>
<td>28</td>
<td>Other ▶ (__________)</td>
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</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>30a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

<table>
<thead>
<tr>
<th>31</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

<table>
<thead>
<tr>
<th>32a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**b** If "Yes," describe in Part II

**33** If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II
**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I, Line 32, Hire and Use of Third Parties</td>
<td>THE ORGANIZATION USES THE FOLLOWING COMPANY TO CONDUCT ITS VEHICLE DONATION PROGRAM CHARITABLE AUTO RESOURCES, INC4669 MURPHY CANYON ROADSAN DIEGO, CA 92123</td>
<td></td>
</tr>
</tbody>
</table>
# Supplemental Information to Form 990 or 990-EZ

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

## Name of the Organization
Jewish Family Service of San Diego

## Employer identification number
95-1644024

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990, Part VI, Line 19</td>
<td>Form 990, Part VI, Line 19 Other Organization Documents Publicly Available</td>
<td>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's website.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 15b</td>
<td>Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees</td>
<td>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.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 11</td>
<td>Form 990, Part VI, Line 11 Form 990 Review Process</td>
<td>Form 990 is reviewed by the Audit Committee and Executive Committee and approved by the Board of Directors.</td>
</tr>
<tr>
<td>Form 990, Part III, Line 4d</td>
<td>Form 990, Part III, Line 4d Other Program Services Description</td>
<td>Other program services: 4 Aging &amp; Wellness Services: Geriatric Care Management provides comprehensive assessments, plan of care, coordination of services, consultations, advocacy, and referrals for older adults in need. Serving Older Holocaust Survivors (SOS) program provides care management, home care, and emergency assistance services for low-income Jewish Holocaust survivors. CO-OP (Creating Opportunities for Older Persons) allows older adults to age in place in a supported community. The three social &amp; wellness centers, College Avenue Center located at Congregation Beth Jacob, North County Inland Center located at Temple Adat Shalom, and University City Older Adult Center located at Congregation Beth Israel, all provide daily activities, exercise and computer classes, educational programs, and hot kosher lunches. The College Avenue Center also has available a nutritious salad bar in addition to the hot lunch. The Foodmobile program provides home delivered hot kosher meals and friendly visits to older adults and younger homebound disabled adults. The Senior Nutrition program is a kosher kitchen located at Congregation Beth Jacob that provides nutritional hot food to the Social &amp; Wellness Centers and the Foodmobile program. JFS Fix-It Service provides free home repairs and safety modifications for low-income older adults. On the Go Transportation Solutions for Older Adults (On the Go) is a transportation service for older adults operated under a memorandum of understanding (MOU) with CARS nonprofit. On the Go provides the following: &quot;Rides &amp; Smiles - individual transportation by volunteer drivers to necessary medical and personal appointments&quot;, &quot;On the Go Shuttles - group transportation to shopping and dining destinations and to JFS Older Adult Centers&quot;, &quot;On the Go Excursions - group transportation to organized activities and community events&quot;, &quot;Taxi Scrip for individual transportation&quot;.</td>
</tr>
</tbody>
</table>
**Related Organizations and Unrelated Partnerships**

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

Attach Form 990. See separate instructions.

---

### Part I. Identification of Disregarded Entities

(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
</tr>
<tr>
<td>(1) JFS HOLDINGS LLC</td>
<td>TO FURTHER THE EXEMPT CHARITABLE PURPOSE OF SOLE MEMBER</td>
<td>CA</td>
<td>6,748,599</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>8804 BALBOA AVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SAN DIEGO, CA 92123</td>
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<tr>
<td>56-2574074</td>
<td></td>
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</tr>
<tr>
<td>(2) JFS FOUNDATION LLC</td>
<td>TO FURTHER THE EXEMPT CHARITABLE PURPOSE OF SOLE MEMBER</td>
<td>CA</td>
<td>2,096,552</td>
<td>N/A</td>
<td></td>
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<tr>
<td>8804 BALBOA AVENUE</td>
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<td>SAN DIEGO, CA 92123</td>
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<tr>
<td>56-2574072</td>
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</tbody>
</table>

### 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.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled organization</td>
</tr>
<tr>
<td>(1) CHARITABLE ADULT RIDES &amp; SERVICES INC</td>
<td>Transportation Solutions for Older Adult</td>
<td>CA</td>
<td>501(C)(3)</td>
<td>509(A)(2)</td>
<td>JEWISH FAMILY SERVICE OF SAN DIEGO</td>
<td>Yes</td>
</tr>
<tr>
<td>8804 BALBOA AVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>SAN DIEGO, CA 92123</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>27-4327126</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

Cat No 50135Y

Schedule R (Form 990) 2011
### 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.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 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.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARITABLE AUTO RESOURCES</td>
<td>DONATED AUTO SALE</td>
<td>DE</td>
<td>N/A</td>
<td>C CORP</td>
<td>1,362,558</td>
<td>1,276,559</td>
<td>100 000 %</td>
</tr>
</tbody>
</table>
# Part V  Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

   - Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

| a | 1a | No |
| b | 1b | No |
| c | 1c | Yes |
| d | 1d | No |
| e | 1e | No |
| f | 1f | No |
| g | 1g | No |
| h | 1h | No |
| i | 1i | No |
| j | 1j | No |
| k | 1k | Yes |
| l | 1l | No |
| m | 1m | No |
| n | 1n | Yes |
| o | 1o | No |
| p | 1p | Yes |
| q | 1q | No |
| r | 1r | Yes |

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.

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARITABLE AUTO RESOURCES</td>
<td>r</td>
<td>1,250,000</td>
<td>FMV</td>
</tr>
<tr>
<td>CHARITABLE AUTO RESOURCES</td>
<td>n</td>
<td>145,304</td>
<td>alloc costs</td>
</tr>
<tr>
<td>CHARITABLE AUTO RESOURCES</td>
<td>k</td>
<td>2,419</td>
<td>fmv</td>
</tr>
<tr>
<td>CHARITABLE AUTO RESOURCES</td>
<td>c</td>
<td>262,000</td>
<td>cash payment</td>
</tr>
<tr>
<td>CHARITABLE ADULT RIDES &amp; SERVICES INC</td>
<td>p</td>
<td>27,640</td>
<td>fmv</td>
</tr>
<tr>
<td>CHARITABLE ADULT RIDES &amp; SERVICES INC</td>
<td>k</td>
<td>777</td>
<td>FMV</td>
</tr>
</tbody>
</table>
**Part VI  Unrelated Organizations Taxable as a Partnership**  (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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</thead>
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## Part VII  **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
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Schedule R (Form 990) 2011
### Form 990, Schedule R, Part V - Transactions With Related Organizations

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<th>(a) Name of other organization</th>
<th>(b) Transaction type(a-r)</th>
<th>(c) Amount Involved ($)</th>
<th>(d) Method of determining amount involved</th>
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<td>(C) Position (check all that apply)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
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<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
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<td>Loretta Adams Secretary</td>
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