Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

Tax-exempt status Tax-	Yes No Yes No Instructions)
Take training Temination	Yes Vo Yes No Instructions)
Name change Initial return Termination Termination Name of the contributions. Name of the contributions Name of the contributio	Yes Vo Yes No Instructions)
Termination	Yes Vo Yes No Instructions)
Termination Amended return Application pending F Name and address of Principal Officer Paul S Castro 6505 Wilshire Blvd500 los angeles, CA 90048 I Tax-exempt status	Yes Vo Yes No Instructions)
Los Angeles, CA 90048 F Name and address of Principal Officer Paul S Castro 6505 Wilshire Blvd500 los angeles, CA 90048 H(a) Is this a group return for affiliates? H(b) Are all affiliates included? (If "No," attach a list See If H(c) Group Exemption Number in Web site:	
F Name and address of Principal Officer Paul S Castro 650 S Wilshire Blvd500 los angeles, CA 90048 I Tax-exempt status	
Paul S Castro 6505 Wilshire Blvd500 105 angleis, CA 90048 I Tax-exempt status	
So S Wilshire Blvd500 los angeles, CA 90048 H(b) Are all affiliates included? (If "No," attach a list See If (If "No," attach and see If (If "No," attach a list See If (If "No,"	
Tax-exempt status	instructions) ▶
Web site:	•
R Type of organization Corporation Trust association other L Year of Formation 1854 M State of	
Part I Summary 1 Briefly describe the organization's mission or most significant activities To Strengthen and preserve individual, family and community life 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	of legal domicile CA
To Strengthen and preserve individual, family and community life 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	
To Strengthen and preserve individual, family and community life 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its 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)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
B Net unrelated business taxable income from Form 990-T, line 34	65 65
B Net unrelated business taxable income from Form 990-T, line 34	100
B Net unrelated business taxable income from Form 990-T, line 34	
B Net unrelated business taxable income from Form 990-T, line 34	<u> </u>
Prior Year Contributions and grants (Part VIII, line 1h)	0
Program service revenue (Part VIII, line 2g)	urrent Year
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,391,426
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–	3,193,670
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–	69,779
12) 26,205,293 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 619,129 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-	124,605
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-	26,779,480
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	686,267
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16,630,386	0
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	17.010.007
The state of the s	17,040,987
16a Professional fundraising fees (Part IX, column (A), line 11e)	
	0.552.962
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 10,371,389 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 27,620,904	9,552,863
19 Revenue less expenses Subtract line 18 from line 12 -1,415,611	-500,637
	end of Year
20 Total assets (Part X, line 16)	12,780,425
10/23 21 Total liabilities (Part X, line 26) 4,799,423	3,564,472
Beginning of Year E 20 Total assets (Part X, line 16) 16,257,691 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 11,458,268	9,215,953
Part II Signature Block	7,213,333
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	t of my knowledae
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowledge
Please sign ****** 2009-12-16 Date	
Here	
Lawrence Trent Maggard Executive Director/ CEO Type or print name and title	
Data Charles Danagarda DTIN (Con C	
GREEN HASSON JANKS LIP self-	an Inct \
Palo empolyed empolyed	en Inst)
llse Only if self-employed), EIN ▶	en Inst)
address, and ZIP + 4 10990 WILSHIRE BLVD 16th FLOOR Phone no 10990 WILSHIRE BLVD 16th FLOOR	en Inst)
LOS ANGELES, CA 900243929 May the IRS discuss this return with the preparer shown above? (See instructions)	,

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
See A	odditional Data Table				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services o		vices during the year	r which were not listed on	Yes ✓ No
3	Did the organization cease conducting services?		changes in how it co	nducts any program	Yes ▼ No
4	Describe the exempt purpose achieven Section 501(c)(3) and (4) organization others, the total expenses, and revenue	nents for each of the s and 4947(a)(1) tr	usts are required to	report the amount of grants and	
4a	(Code) (Expenses \$ Older Adults Jewish Family Services of Los An continuum of care includes seven case managexercise and nutrition programs, home modific	geles(JFSLA) has an ext Jement programs servin	g the most frail and need	y older adults and targeting minority	and underserved populations,
4b	(Code) (Expenses \$ Food and Nutrition Through its Food and Nutrition seniors and supportive services Services are p				
4c	(Code) (Expenses \$ Counseling Services JFSLA provides culturally adults, couples and families, substance abuse based mental health services including psychol offers Specialized counseling programs that ad	sensitive resources for seducation, support, and therapy, medication pre-	prevention, divorce med scription/monitoring, and	iation, domestic violence counseling, case management for adults age 55 a	and in-home and community
	(Code) (Expenses \$	3,389,615	including grants of \$	686,267) (Revenue \$)
	, (дарынжэ ф	5,557,013	Jaaning grants of #	SSS/207 / (Nevertide #	,
4d	Other program services (Describe in	Schedule O)			
	(Expenses \$	including grants of	<u> </u>) (Revenue \$)
4e	Total program service expenses \$	22,011,455	Must equal Part IX	, Line 25, column (B).	

art IV	Check	list of	Required	Schedules
	CIICCR	1136 01	NC dull Cd	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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	6		No
7	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	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a 25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		N o

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page
Ра	Statements Regarding Other IRS Fillings and Tax Comphanice		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

Section A. Governing Body and Management

No

Yes

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	, desc	ribe the circumsta	ances,			
1a	Enter the number of voting members of the governing body	1a		65			
b	Enter the number of voting members that are independent	1b		65			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	•	2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con				3		No
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	ınce t	he prior Form 99	0 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	ınızat	on's assets? .		5		Νo
6	Does the organization have members or stockholders?				6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			of the	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholder	ers, o	r other persons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	ndertaken during	the			
а	the governing body?				8a	Yes	
ь	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with those of the or		•		9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
ь	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Lawrence Trent Maggard 6505 wilshire blvd 500 Los angeles, CA 90048 (323) 761-8800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i	·	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	(E) Reportable compensation from the organizations (W- 2/1099-MISC) (E) Reportable compensation from related organizations (W- 2/1099-MISC)	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
						_			

Part VIII Continued

				() ition that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	org	Estima nount of ompens from t janizati relate rganiza	other ation he on and
			<u> </u>										
1 b	Total		٠					►	1,105,11	3	0		166,261
2	Total number of individuals (includir compensation from the organization		a) who i	recei	ved	mor	e thar	1 \$1	00,000 ın reportab	le			
										_		Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu		tor or t	ruste									
	on the ra it res, complete serieur	le J for such								sated employee	3		Νο
4	For any individual listed online 1a, i organization and related organizatio	s the sum of	<i>reporta</i>	ual . ble c	• omp	• ens	• atıon	• and	other compensatio	n from the	3	Vas	No
4 5	For any individual listed online 1a, i	s the sum of ns greater th	reporta nan \$15	ble c 0,00	omp 0?	ens If "Y	ation 'es," co	and ompl	other compensatio lete Schedule J for su	n from the	3	Yes	N o
	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater th • • • eive or accru	reportanan \$15	ble c 0,00 • ensa	omp 0? i • tion	ens If "Y froi	ation <i>es," co</i> • • n any	and ompl	other compensatio lete Schedule J for su	n from the uch for services		Yes	No No
5	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater th • • • eive or accru s," complete S	reportanan \$15	ble c 0,00 • ensa	omp 0? i • tion	ens If "Y froi	ation <i>es," co</i> • • n any	and ompl	other compensatio lete Schedule J for su	n from the uch for services	4	Yes	
5	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater th eive or accru s," complete S ctors	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i • tion	ens If "Y • froi	ation 'es," co many erson	and ompl • unre	other compensation lete Schedule J for sum lete sum of the sum o	n from the uch	4	Yes	
5 Se	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater th eive or accru s," complete S ctors	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i • tion	ens If "Y • froi	ation 'es," co many erson	and ompl • unre	other compensation deteined organization of the compensation of th	n from the uch	4	Yes (C Comper	No_
5 Se	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the serve or accrus, "complete S	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i • tion	ens If "Y • froi	ation 'es," co many erson	and ompl • unre	other compensation deteined organization of the compensation of th	n from the och	4	(c	No_
5 Se	For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the serve or accrus, "complete S	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 0? i • tion	ens If "Y • froi	ation 'es," co many erson	and ompl • unre	other compensation deteined organization of the compensation of th	n from the och	4	(c	No_

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D)
				iotai kevenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Function	Revenue	Tax under IRC
					Revenue		512, 513, or 514
in a	1a	Federated campaigns 1a	3,515,638				
Contributions, gifts, grants and other similar amounts	b	Membership dues					
뚫	_	1b —	747,572				
ું.≣	С	Fundraising events 1c -	747,572				
焦衷	d	Related organizations 1d					
<u>.</u>	e	Government grants (contributions) 1e	9,732,224				
뚨涛							
きゅ	f	All other contributions, gifts, grants, and similar amounts not included above —	9,395,992				
≘专		1f					
독후	g	Noncash contributions included in					
ರಹ		lines 1a-1f \$ 837,223		23,391,426			
	h	Total (Add lines 1a-1f)	.				
			Business Code				
E E	2a	CLIENT SERVICE FEE		3,193,670	3,193,670		
že.	ь						
22							
93	С						
<u>≽</u>	d						
S.	e						
181	f	All other program service revenue					
Program Serwce Revenue							
<u>ራ</u>	g	Total. Add lines 2a-2f					
		\$ 3,193,670					
	3	Investment income (including divide		60 770			60.770
		other similar amounts)		69,779			69,779
	4	Income from investment of tax-exempt bon	nd proceeds				
			•				
	5	Royalties		1,909			1,909
		(ı) Real	(11) Personal				
	6a	Gross Rents 66,696					
	ь	Less rental expenses					
	С	Rental income 66,696					
		or (loss)					
	d	Net rental income or (loss)		66,696			66,696
		(ı) Securities	(II) O ther				
	7a	Gross amount	. ,				
		from sales of assets other					
		than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
		 	<u> </u>				
	8a	Gross income from fundraising					
		events (not including \$ 127,053					
ë		of contributions reported on line					
≅		1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
Other Revenue	_	\$15,000 a	747,572				
Рe	ь	Less direct expensesb	127,053				
ŏ	С	Net income or (loss) from fundraisin	gevents				
	9a	Gross income from gaming	F*				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	 					
		_	tivitios.				
	С	Net income or (loss) from gaming ac	tivities -				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		а					
	b	Less cost of goods sold b					
	с	Net income or (loss) from sales of in	ventory				
		Miscellaneous Revenue	Business Code				
	11a	LOAN FORGIVENESS	900,099	56,000			56,000
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			\$ 56,000				
	12	Total Revenue. Add lines 1h, 2g, 3,	4,5,6d,7d,	26,779,480	3,193,670	0	194,384
		8c, 9c, 10c, and 11e					
	J	,,	-				ı

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	686,267	686,267		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	582,933	451,005	104,060	27,868
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,657,608	9,792,977		605,118
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,353,831	1,087,383	208,389	58,059
9	Other employee benefits	1,302,056	1,045,798	200,419	55,839
10	Payroll taxes	1,144,559	919,298	176,176	49,085
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	5,330		5,330	
с	Accounting	4,903		4,903	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	24,285		24,285	
g	Other	839,912	696,686	141,931	1,295
12	Advertising and promotion	188,330	117,164	53,491	17,675
13	Office expenses	739,583	536,017	110,146	93,420
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy	1,738,301	1,240,890	389,114	108,297
17	Travel	137,588	100,009	32,337	5,242
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		===,===		
19	Conferences, conventions and meetings	49,043	35,648	11,526	1,869
20	Interest	134,117		134,117	·
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	351,102	135,949	174,923	40,230
23	Insurance	166,452	136,336	24,420	5,696
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Program Activities	3,821,158	3,815,256	5,852	50
	ın-kınd goods	837,223	837,223		
c	Equip/Repairs & Maint	149,286	120,214	22,122	6,950
d	equipment purchase	103,078	74,560	27,887	631
e	Security	71,324	71,252	72	
f	All other expenses	191,848	111,523	48,524	31,801
25	Total functional expenses. Add lines 1 through 24f	27,280,117	22,011,455	4,159,537	1,109,125
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.23,337	2,23,423

Parity Balance Sheet	Part X	Ralance	Sheet
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					(A) Beginning of year		(E End o	3) fyear
	1	Cash—non-interest-bearing			216,154	1		164,811
	2	Savings and temporary cash investments			738,485	2		601,889
	3	Pledges and grants receivable, net			2,651,334	3		1,197,760
	4	Accounts receivable, net			1,395,765	4		2,126,662
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			281,147	9		298,167
Assets	10a	Land, buildings, and equipment cost basis	10a	8,589,117				
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	5,697,943	3,151,605	10c		2,891,174
	11	Investments—publicly traded securities			4,276,003	11		3,279,451
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII c	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$.	t VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,547,198	15		2,220,511
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,257,691	16	1	2,780,425
	17	Accounts payable and accrued expenses .			2,002,250	17		2,213,655
	18	Grants payable				18		
	19	Deferred revenue			606,564	19		378,007
_	20	Tax-exempt bond liabilities				20		
<u>. 6</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			390,609	23		289,396
	24	Unsecured notes and loans payable			1,800,000	24		683,414
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			4,799,423	26		3,564,472
S do S		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete lin	es 27				
lan.	27	Unrestricted net assets			4,380,923	27		2,760,726
Balance	28	Temporarily restricted net assets			3,643,113	28		3,564,064
됟	29	Permanently restricted net assets			3,434,232	29		2,891,163
or Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	lete					
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
AS	32	Retained earnings, endowment, accumulated income, or other fun	ds			32		
¥	33	Total net assets or fund balances			11,458,268	33		9,215,953
<u>z</u>	34	Total liabilities and net assets/fund balances			16,257,691	34	1	2,780,425
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493012010100

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990FZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number Jewish Family Service of Los Angeles 95-1691013 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)

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). (See instructions.) 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

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 organizations the organization supports h

Yes No 11g(i) 11q(ii) 11q(iii)

Type III - Other

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	ou notify inization i) of your port?	organiz	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
-									
-									
Total									

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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
P	ublic Support							_
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,196,911	22,313,046	22,766,665	22,512,332		23,391,426	112,180,380
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
	organization without charge	21,196,911	22,313,046	22,766,665	22,512,332		23,391,426	112,180,380
4 5	Total. Add line 1-3 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount	21,190,911	22,313,040	22,700,003	22,312,332		23,331,420	112,100,300
	shown on line 11, column							
6	(f) Public Support subtract line 5 from line 4							112,180,380
T	otal Support		L					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	21,196,911	119,228	22,766,665	22,512,332		23,391,426	112,180,380
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	168,209	119,228	229,830	209,959		138,384	865,610
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	110,807	77,418	171,493	86,304		56,000	502,022
11	Total Support (Add lines 7 through 10)							113,548,012
12	Gross receipts from related activities, etc	(See instruction	s)			12		18,687,104
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		98.800 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		98.750 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the l	orted organizati oox on line 13 o	on r 16a, and line 1	•			
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. It is a standard of the organization meets the "facts and circumstances" and circumstances Test - 2007. It is a standard of the organization meets the "facts and Circumstances" and of the organization meets the "facts and circumstances" and of the organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2008. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances Test - 2007. It is a standard organization meets the "facts" and circumstances the standard organization meets the "facts" and cir	If the organization Its and circumst ances" test The If the organization	on did not check ances" test, che e organization qu on did not check	a box on line 1: eck this box and ualifies as a pub a box on line 1:	l stop here. Exp licly supported 3, 16a, 16b, or	laın ın organı 17a aı	Part IV ho zation nd line 15	ow the ► Is 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did instructions	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 95-1691013

Name: Jewish Family Service of Los Angeles

Form 990, Part VII - Section Aaa

			(C)						
I			ion (d hat a	chec		I			(5)	(F)
(A) Name and Title pe	age rs r	Individual Trustea or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Hillary Lottenberg , VICE-PRESIDENT :	0 0 0	Х						0	0	0
Marcie Zelikow , VICE-PRESIDENT	0 0 0	Х						0	0	0
Colette Ament , DIRECTOR	0 0 0	Х						0	0	0
Judy Axonovitz , DIRECTOR :	0 0 0	Х						0	0	0
Ann Barton , DIRECTOR	0 0 0	Х						0	0	0
Joel Binder , DIRECTOR :	0 0 0	Х						0	0	0
Ruby Bubis , dIRECTOR :	0 0 0	Х						0	0	0
Sunny W Caine , DIRECTOR	0 0 0	Х						0	0	0
Ira Cohen , DIRECTOR :	0 0 0	Х						0	0	0
Phyllis Cohen , DIRECTOR :	0 0 0	Х						0	0	0
Fung Der , DIRECTOR :	0 0 0	Х						0	0	0
Dennis R Galanter DDS , DIRECTOR :	0 0 0	Х						0	0	0
Claire Gering , DIRECTOR	0 0 0	Х						0	0	0
Monique Maas Gibbons , DIRECTOR	0 0 0	Х						0	0	0
Elie Gindi , DIRECTOR	0 0 0	Х						0	0	0
Eveline Ginzburg , DIRECTOR	0 0 0	Х						0	0	0
Vicki Gold , DIRECTOR :	0 0 0	Х						0	0	0
Marc Graboff , DIRECTOR	0 0 0	Х						0	0	0
Judy Hager , DIRECTOR	0 0 0	Х						0	0	0
Dr Morgan Hakımı , DIRECTOR :	0 0 0	Х						0	0	0
Anita Hirsh, dIRECTOR	0 0 0	Х						0	0	0
Ronald M Kabrins , dIRECTOR	0 0 0	Х						0	0	0
	0 0 0	Х						0	0	0
Charles Kaplan , dIRECTOR	0 0 0	Х						0	0	0
	0 0 0	Х						0	0	0
	0 0 0	Х						0	0	0
Rick Kurtzman , dIRECTOR :	0 0 0	Х						0	0	0
Heidi Laff , dIRECTOR :	0 0 0	Х						0	0	0
Lee Lainer LCSW , dIRECTOR :	0 0 0	Х						0	0	0
Abby Leibman , DIRECTOR	0 0 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	al -									1
		Posit	(C non (hat a	chec		II			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Nına Pearlson Leung , dIRECTOR	10 00	Χ						0	0	0
David O Levine , dIRECTOR	10 00	Χ						0	0	0
Ruth Linnick , dIRECTOR	10 00	Х						0	0	0
Randolph A Magnın , dIRECTOR	10 00	Х						0	0	0
Connie Mandles , dIRECTOR	10 00	Х						0	0	0
Sue Meltzer , dIRECTOR	10 00	Х						0	0	0
Debby Barak Milgrom , dIRECTOR	10 00	Х						0	0	0
Bryan Moeller , dIRECTOR	10 00	Х						0	0	0
Mousa Namvar , dIRECTOR	10 00	Х						0	0	0
Laurie Nussbaum , dIRECTOR	10 00	Х						0	0	0
Paul S Nussbaum , dIRECTOR	10 00	Х						0	0	0
Wendy Ordower, dIRECTOR	10 00	Х						0	0	0
Laura Ornest , dIRECTOR	10 00	Х						0	0	0
Steven W Paul , dIRECTOR	10 00	Х						0	0	0
Dr Marvin Perer , dIRECTOR	10 00	Х						0	0	0
Joyce Powell , dIRECTOR	10 00	Х						0	0	0
Larry Powell , dIRECTOR	10 00	Х						0	0	0
Rick Powell , dIRECTOR	10 00	Х						0	0	0
Lisa Ribner , dIRECTOR	10 00	Х						0	0	0
Arnold Saltzman , dIRECTOR	10 00	Х						0	0	0
Elyse Salend , dIRECTOR	10 00	Х						0	0	0
Irving Schechter , dIRECTOR	10 00	Х						0	0	0
Geoff Seaman , dIRECTOR	10 00	Х						0	0	0
Howard K Szabo , dIRECTOR	10 00	Х						0	0	0
Rita Title , dIRECTOR	10 00	Х						0	0	0
Mark Tobin , dIRECTOR	10 00	Х						0	0	0
Shirley Turteltaub , dIRECTOR	10 00	Х						0	0	0
Meridith Weiss , dIRECTOR	10 00	Х						0	0	0
Steven Windmueller Phd , dIRECTOR	10 00	Х						0	0	0
Howard Zelıkow , dIRECTOR	10 00	Х				1		0	0	0

Form 990, Part VII - Section Aaa

1 Offil 990, Part VII - Section Add										
			(C non (hat a	chec)			(D)	(E)	(F) Estimated
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Jeffrey Nagler , PRESIDENT	10 00	Х		Х				0	0	0
Richard Weiner , TREASURER	10 00	Х		Х				0	0	0
Shana Passman , Secretary	10 00	X		Х				0	0	0
Ann Cutrow , Lifetime Officer	10 00	X		Х				0	0	0
ArthUR LAUB , Lifetime Officer	10 00	Х		Х				0	0	0
PAUL S CASTRO , Executive Director/ CEO	37 50			х				252,453	0	38,526
Susan Forer-Dehrey , COO	37 50			Х				187,524	0	28,854
lawrence Trent Maggard , CFO	37 50			Х				137,942	0	22,264
VIVIAN SAUER , ASSOCIATE EXEC DIRECTOR	37 50				х			175,678	0	26,951
Eli Veitzer, Dir of Administration	37 50					Х		127,701	0	22,341
Lisa Brooks , Dir of Marketing/PR	37 50					Х		118,025	0	13,176
Joan Mithers , Dir of Food Hunger/Comm	37 50					х		105,790	0	14,149

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Jewish Family Service of Los Angeles is a multi-service Agency whose goals are to strengthen and preserve individual, family and community life by providing a wide range of needed human services to people in the community at every stage of the life cycle, especially those who are poor and disadvantaged. The Agency is guided by ethical and spiritual values of Judaism in its provision of services.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization rish Family Service of Los Angeles		Employer identification number
JCV	rish raining service of this Angeles		95-1691013
Pa	rt I Organizations Maintaining Donor A		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
4	Tatal number at and of year	(a) Donor advised funds	(b) runds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year) Aggregate Grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o	rganızatıon (check all that apply)	
	Preservation of land for public use (e g , recreati	<u> </u>	historically importantly land area
	Protection of natural habitat	Preservation of cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered '		or Other Similar Assets.

- 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
- 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

- 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
- Revenues included in Form 990, Part VIII, line 1

- \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

	Organizations Maintaining Co	nections of Art, i	11510	110	ai iicasu		<u> </u>		(ntinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the f	ollo	owing that ar	e a sıgnıfıcant	use of its c	ollection	ו	
а	Public exhibition	(d 「	_	Loan or exc	hange program	S			
b	Scholarly research	(е Г	-	Other					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and explain	how th	ney	further the o	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						mılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar					nızatıon ansv	vered "Ye	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedia	ary for	· c c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table					_			
								A mou	ınt	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	17					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete								\ F\	Dl.
1_	Paginning of year halance	(a)Current Year 711,938	(b)Prio	or y	ear (c) i w	o Years Back (d	Three Years	васк (е)Four Ye	ears Back
1a L	Beginning of year balance	2,453								
b	Contributions	2,433								
C	Investment earnings or losses									
d	Grants or scholarships Other expenditures for facilities									
е	and programs									
f	Administrative expenses									
g	End of year balance	714,391								
2	Provide the estimated percentage of the yea	r end balance held as								
а	Board designated or quasi-endowment									
ь	Permanent endowment 100 000 %									
c	Term endowment ►									
	Are there endowment funds not in the posse		an tha	٠.	re held and a	d & d & .	r the			
За	Are there endowinent funds not in the posse	ssion of the organization	on tha	ιa		aministerea ro				
5 a	organization by	ssion of the organization	on tha	ιa	re nera ana e	aministerea 10			Yes	No
<i>3</i> a			• •					3a(i)	Yes Yes	No
	organization by (i) unrelated organizations					· · · ·		3a(ii)		No
b	organization by (i) unrelated organizations	ns listed as required o	n Sch	edu	 				Yes	No
ь 4	organization by (i) unrelated organizations	ns listed as required o	n Schw	edu	 ule R?			3a(ii)	Yes	No
ь 4	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur		art X, line 10		3a(ii)	Yes	No
ь 4	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur F(ule R?			3a(ii) 3b	Yes	No ok value
b 4 Par	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur F(ule R?	art X, line 10	(c) Depre	3a(ii) 3b	Yes	ok value
b 4 Par	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur F(ule R?	art X, line 10 (b)Cost or other basis (other)	(c) Depre	3a(ii) 3b	Yes	ok value 977,030
b 4 Par 1a b	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur F(ule R?	art X, line 10 (b)Cost or other basis (other)	(c) Depre	3a(ii) 3b	Yes	ok value 977,030 703,607
b 4 Par 1a b c	organization by (i) unrelated organizations	ns listed as required o	n Schwment	edu fur F(ule R?	(b)Cost or other basis (other) 977,030 3,742,605	(c) Depre	3a(ii) 3b ciation	Yes	ok value 977,030 703,607 68,000
b 4 Par 1a b c d e	organization by (i) unrelated organizations	ns listed as required one organization's endowns, and Equipment.	n Sch vment . See	fur F(a)	ile R?	art X, line 10. (b)Cost or other basis (other) 977,030 3,742,609	(c) Depre	3a(ii) 3b ciation 038,998 549,690	Yes	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. Sec	o Form 000 Part V June	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
-			
·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	15		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
	2011		
DEPOSITS Parafacel Lateractus Demostral Trust			43,739
Beneficial Interest in Perpetual Trust			2,176,772
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			2,220,511
Part X Other Liabilities. See Form 990, Part X		T	
(a) Description of Liability	(b) A mount	4	
Federal Income Taxes		1	
]	
]	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,779,480
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,280,117
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-500,637
4	Net unrealized gains (losses) on investments	4	-1,039,107
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-702,571
9	Total adjustments (net) Add lines 4 - 8	9	-1,741,678
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,242,315
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial		25,371,829
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	448,545
3	Subtract line 2e from line 1	3	24,923,284
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 24,285		
b	Other (Describe in Part XIV)	.	
С	Add lines 4a and 4b	4c	1,856,196
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,779,480
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 2	Total expenses and losses per audited financial statements	1	27,614,144
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments	1	
•	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	448,545
3	Subtract line 2e from line 1	3	27,165,599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 24,285		
b	Other (Describe in Part XIV)	1 1	
c	Add lines 4a and 4b	4 _c	114,518
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,280,117
	rt XIV Supplemental Information	1	· /= - / = -

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4		Jewish Family Services of Los angles (JFSLa) endowments consist of funds established for a variety of purposes Endowment funds are established by donor-restricted gifts and bequests to either provide a permanent endowment, which will provide a permanent source of income to JFSLA, or a term endowment, which will provide income for a specified period to JFSLA. These steady sources of income will increase JFSLA's ability to provide a wide variety of services to its clients

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DLN: 93493012010100

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-FZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

nternal Revenue Service		-,g			555, 551	Inspection																												
Name of the organization Jewish Family Service of L	os Angolos				Employer ider	ntification number																												
rewish ranning Service of t	Los Afigeres				95-1691013																													
Part I Fundraisin	g Activities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.																												
1 Indicate whether the	e organization raised funds	through a	ny of the	following activities Che	eck all that apply																													
a Mail solicitation	s			e Solicitation of r	non-government grants																													
b F Email solicitatio	ns				government grants																													
c Phone solicitation	· ··-			g Special fundrais	sing events																													
d In-person solicit	tations																																	
or key employees lis	have a written or oral agre sted in Form 990, Part VII) or entity	ın connec	ction with professional f	fundraising activities?	Γ _{Yes} Γ η																												
	highest paid individuals or at least \$5,000 by the org																																	
		(iii)			(v) A mount paid to																													
(i) Name of individua	al (::\ a = ++	custody or		fundraiser have custody or																I												(iv) Gross receipts	(or retained by)	(vi) A mount paid to (or retained by) organization
or entity (fundraiser	(ii) Activity	contr		from activity	fundraiser listed in																													
		contribi Yes	No No	-	col (i)																													
		1.00																																
				1	1																													
			1		†																													

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

Pa	rt II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, li eipts greater than \$5	ne 18, o ,000.	repor	ted
			(a) Event #1 Gala (event type)	(b) Event #2 SOVA 25th Anniversary	(c) O ther Events (total number)	(Add co	otal Eve I (a) th ol (c))	
Φ.	1		675,106	(event type) 199,519			87	4,625
Reveilue	2	Gross receipts Less Charitable contributions	553,994	193,578			74	7,572
~	3	Gross revenue (line 1 minus line 2)	121,112	5,941			12	7,053
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	121,112	5,941			12	7,053
道 古	7	Other direct expenses						
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			12	7,053
	9	Net income summary Combine lir						0
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamıng hrough co	
	1	Gross revenue						
 မ	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>й</u> б	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes% ┌ No	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10	1	
11		es the organization operate gaming a	ctivities with nonmembe	rs?				
12	Is t	he organization operate gaining a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	p or other entity	.		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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DLN: 93493012010100

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer identi	ncation number
Jewish Family Service of Los A	ngeles					95-1691013	
Part I General Infor	mation on Gra	nts and Assistance	e			·	
 Does the organization m the selection criteria use Describe in Part IV the organization 	ed to award the gra	nts or assistance?					V Yes □ N
Form 990, Part Part IV and Sch	IV, line 21 for ai iedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 seconganizations		=			•		
3 Enter total number of oth			<u> </u>				
For Paperwork Reduction Act No	tice, see the Instruct	tions for Form 990.		Cat No 50055	۲	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Client Relief	4000	686,267		book	N/A

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Detailed records of all the assistance provided to the clients are maintained JFSLA does not give out cash to the clients JFSLA pays the clients' bills on their behalf. The client is required to submit the original invoice to JFSLA, which is reviwed at the program level before being paid. All eligibility criteria and contract requirements are followed before the assistance is provided.

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DLN: 93493012010100

OMB No 1545-0047

2000 1343-00 2000 0

| 2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization Jewish Family Service of Los Angeles **Employer identification number**

95-1691013

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		- · · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	R		No.

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
PAUL S CASTRO	(I) (II)	252,453				38,526	290,979	120,696	
Susan Forer-Dehrey	(I) (II)	187,524				28,854	216,378	80,252	
lawrence Trent Maggard	(I) (II)	137,942				22,264	160,206	63,008	
VIVIAN SAUER	(ı) (ıı)	175,678				26,951	202,629	80,425	
Eli Veitzer	(I) (II)	127,701				22,341	150,042	64,470	
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							ļ	

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

Ident if ier	Return Reference	Explanation

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DLN: 93493012010100

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization Jewish Family Service of Los Angeles Employer identification number

95-1691013

Pa	rt I Types of Pro	perty							
			(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art-Works of art		аррисавіс		1				
	Art—Historical treasure								
	Art—Fractional interests								
	Books and publications								
	Clothing and household	• •							
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property .								
9	Securities—Publicly trac	ded .							
10	Securities—Closely held	lstock .							
	Securities—Partnership, or trust interests								
	Securities—Miscellaneo	us							
13	Qualified conservation contribution (historic structures)								
	Q ualified conservation contribution (other)								
	Real estate—Residentia								
	Real estate—Commercia								
	Real estate—Other .								
	Collectibles								
	Food inventory		X	789	837,223	FMV			
	Drugs and medical supp								
	Taxidermy								
	Historical artifacts .								
	Scientific specimens .								
	Archeological artifacts								
	Other (describe								
	Other (describe								
	Other (describe Other (describe								
20 29	·	receive	t by the ora	ı anızatıon durıng the tax yea	I for contributions for				
	which the organization of Acknowledgement	complete	d Form 828	-	ar for contributions for	29			
								Yes	No
30a	hold for at	-			rty reported in Part I, lines				
	•			contribution, and which is	not required to be used for (exempt purposes			
	for the entire holding pe						30a		No
ь 31	If "Yes", describe the a	_			review of any non-standard	contributions?	31	Yes	
	_	_							
∍∠a	contributions?	ine or us	e unira part	es or related organizations	to solicit, process, or sell i	ion-casn	32a	Yes	
ь 33	If "Yes", describe in Pa If the organization did r checked, describe in Pa	ot report	t revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

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. ReturnReference Identifier Explanation Third Party Use Part I, Line 32b Car Donations are handled by a third party Charitable Auto Resources Inc (877-537-4227)

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Jewish Family Service of Los Angeles **Employer identification number**

95-1691013

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	* Shelter Services * Children and Families * Disabilities and Special Needs * Immigration and Resettlement * Client Relief Expenses \$ 3389615 including grants of \$ 686267 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Laurie Nussbaum and Paul S. Nussbaum, board members, have a family relationship. Joyce Powell, Larry Powell, and Rick Powell, board members, have a family relationship. Marcie Zelikow and howard zelikow, board members, have a family relationship. Joel Binder and Phyllis Cohen, board members, have a family relationship.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is reviewed by the Audit committee and then distributed to the full board before filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The procedure will be implemented in the next fiscal year

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		JFSLA has an executive compensation committee that meets once a year to review the Salaries of the CEO, CFO and COO. To reach a decision the committee reviews the current market trends as well as the agency situation and the executive's performance. The board is informed of the entire process of the compensation review and approval

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents and the financial statements are available upon request to the public

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C	Financial Statements and Reporting	The Audit committee is responsible for the planning and oversight of the yearly Audit During the planning stages, the Audit committee request the Audit firm to look at specific areas of the organization. The Audit firm reports directly to the Audit committee and is presented with the final draft before the corresponding approval from the entire Board of Directors.

DLN: 93493012010100

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization ewish Family Service of Los Angeles					ification number
Part I Identification of Disregarded Entities				95-1691013	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Ei	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizati	ons				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity statu (if section 501(c)(3	(F) us Direct controlling 3)) entity
or Panerwork Reduction Act Notice, see the Instructions for Form 990.	•	Cat No 5013	5Y	•	Schedule R (Form 990) 2008

Part III Identification of R	1		1		1			1 -		1			
(A) Name, address, and EIN of related organization	(B) Primary acti	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets		ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partn	ral o ng ing ner?	
								Yes	No		Yes	No	
											$\frac{ }{ }$		
Part IV Identification of R	telated Orga	anizations	Taxable	as a Corporation	n or Trust								
(A) Name, address, and EIN of related organization		(B) Primary act	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	me	Sha end-	are of Perce	H) entage ership		
CALIFORNIA NETWORKINC 6505 WILSHIRE BL los angeles, CA90048 95-4513779		inactive		СА	N/A	С				100 0	ı00 %) %	

(5)

(6)

Part V	Transactions w	ith Related Organizations
--------	----------------	---------------------------

Pa	art V Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or I	V			Yes	No			
1 D	During the tax year, did the orgranization engage in any of the foll	owing transactions with one or more related organizations liste	d ın Parts II-IV?						
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
b									
c	c Gift, grant, or capital contribution from other organization(s)								
d									
e	Loans or loan guarantees by other organization(s)			1e		No			
						1			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organiza	tion(s)		1 i		No			
j	Lease of facilities, equipment, or other assets from other organ	ızatıon(s)		1j		No			
k	k Performance of services or membership or fundraising solicitations for other organization(s)								
1	Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing of paid employees			1n		No			
o	Reimbursement paid to other organization for expenses			10		No			
р	Reimbursement paid by other organization for expenses			1р		No			
						<u> </u>			
q	q O ther transfer of cash or property to other organization(s)								
r	O ther transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions	for information on who must complete this line, including cover	red relationships and transaction thresholds						
_		(B)	(c)						
	(A) Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									

Part VI Unrelated Organizations Taxable as a Partnership

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

					1									
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
									R (Form	200) 2000				

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DLN: 93493012010100

OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return Jewish Family Service of Los Angeles Form 990 Page 10 95-1691013 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 351,102 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 351,102 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44