

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

SCHEDULE M, LINE 32B: THE ORGANIZATION'S BROKERAGE FIRM SELLS THE
PUBLICLY TRADED SECURITIES.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

JEWISH COMMUNITY FOUNDATION OF SAN DIEGO

Employer identification number

95-2504044

FORM 990, PART VI, SECTION A, LINE 7B: - ELEVEN (11) DIRECTORS SHALL BE
NOMINATED BY THE BOARD ADVANCEMENT COMMITTEE AND RATIFIED BY THE JEWISH
FEDERATION OF SAN DIEGO COUNTY.

- ONE (1) EX OFFICIO DIRECTOR IS APPOINTED WITH FULL VOTING RIGHTS WHO
SHALL BE THE THEN-SERVING PRESIDENT OF THE JEWISH FEDERATION OF SAN DIEGO
COUNTY.

- IN THE EVENT THE AMOUNT AUTHORIZED WILL REDUCE THE UNRESTRICTED PERMANENT
ENDOWMENT FUND TO LESS THAN \$1,500,000 (OR A HIGHER AMOUNT AS MAY BE
DETERMINED FROM TIME TO TIME BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE
CORPORATION THEN IN OFFICE), AN AFFIRMATIVE VOTE OF TWO-THIRDS OF THE BOARD
OF DIRECTORS OF THE CORPORATION THEN IN OFFICE AND THE APPROVAL OF THE
JEWISH FEDERATION OF SAN DIEGO COUNTY IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD IS PROVIDED WITH A COPY
OF THE FINAL FORM 990 PRIOR TO FILING A RETURN WITH SCHEDULE B REDACTED FOR
CONFIDENTIALITY. A COMPLETE COPY OF THE FINAL FORM 990 IS REVIEWED BY A
DESIGNATED COMMITTEE OF THE BOARD PRIOR TO FILING THE RETURN AND MAKES A
REPORT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION REQUIRES THAT EACH
BOARD MEMBER DISCLOSE ALL CONFLICTS BY COMPLETING A CONFLICT OF INTEREST
QUESTIONNAIRE. A CONFLICT OF INTEREST POLICY, ADOPTED BY THE BOARD OF
DIRECTORS, IS DISTRIBUTED AND REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE COMMITTEE OF THE
FOUNDATION EVALUATES AND APPROVES EXECUTIVE COMPENSATION ANNUALLY. THE

Name of the organization
JEWISH COMMUNITY FOUNDATION OF SAN DIEGO

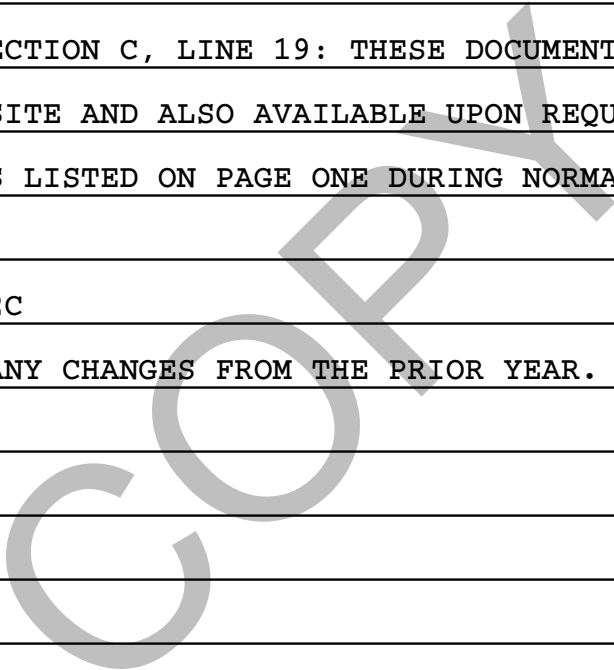
Employer identification number
95-2504044

EVALUATION INCLUDES THE REVIEW OF COMPARABILITY DATA PROVIDED BY
INDEPENDENT SOURCES. A WRITTEN EMPLOYMENT CONTRACT IS ISSUED AND SIGNED BY
THE EXECUTIVE AND THE BOARD CHAIR.

FORM 990, PART VI, SECTION C, LINE 18: THESE DOCUMENTS ARE AVAILABLE ON
THE FOUNDATION'S WEBSITE AND ALSO AVAILABLE UPON REQUEST AT THE
ORGANIZATIONS ADDRESS LISTED ON PAGE ONE DURING NORMAL BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE ON
THE FOUNDATION'S WEBSITE AND ALSO AVAILABLE UPON REQUEST AT THE
ORGANIZATIONS ADDRESS LISTED ON PAGE ONE DURING NORMAL BUSINESS HOURS.

FORM PART XII, LINE 2C
THERE HAVE NOT BEEN ANY CHANGES FROM THE PRIOR YEAR.



Related Organizations and Unrelated Partnerships

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

Name of the organization **JEWISH COMMUNITY FOUNDATION OF SAN DIEGO** Employer identification number **95-2504044**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION CHARITABLE REAL ESTATE FUND - 33-0794699, 4950 MURPHY CANYON ROAD, SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE BETH EL ENDOWMENT FOUNDATION - 33-0969651, 4950 MURPHY CANYON ROAD, SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE CHORTEK FAMILY FOUNDATION - 33-0766395 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE FOSTER FAMILY FOUNDATION - 33-0796491 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE GALINSON FAMILY FOUNDATION - 33-0744228 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE POLIS SCHUTZ FAMILY FOUNDATION - 33-0872523, 4950 MURPHY CANYON ROAD, SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE STONE FAMILY FOUNDATION - 33-0799149 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE TURK FAMILY FOUNDATION - 20-3469161 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
THE VITERBI FAMILY FOUNDATION - 33-0737155 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X
JFS FOUNDATION - 30-0696597 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

COMMUNITY FOUNDATION CHARITABLE REAL ESTATE FUND

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE
JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE BETH EL ENDOWMENT FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE
JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE CHORTEK FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE
JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE FOSTER FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE
JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE GALINSON FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE
JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

THE POLIS SCHUTZ FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE STONE FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE TURK FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

THE VITERBI FAMILY FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY FND

NAME OF RELATED ORGANIZATION:

JFS FOUNDATION

PRIMARY ACTIVITY: TO CONDUCT OR SUPPORT ACTIVITIES FOR THE BENEFIT OF THE JEWISH COMMUNITY FND

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions JEWISH COMMUNITY FOUNDATION OF SAN DIEGO	Employer identification number (EIN) or 95-2504044
	Number, street, and room or suite no. If a P.O. box, see instructions. 4950 MURPHY CANYON ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JEREMY PEARL

• The books are in the care of **4950 MURPHY CANYON ROAD - SAN DIEGO, CA 92123**
Telephone No. **858-279-2740** FAX No. **858-279-6105**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year , or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date