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SCANNED AUG 1 5 2012

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

Open to Public Inspection

<u>A</u>	For the		ndar year, or tax yea				and ending			, 20	
В	Check if	applicable.	C Name of organization	COLUMBIA JE	WISH FEDERA	TION			D Employ	er identification	number
	Address	change	Doing Business As							57-0704341	
$\checkmark$	Name ch	hange	Number and street (or	PO box if mail is	not delivered to st	reet address)	Room/suite		E Telephor	ne number	-
	Initial ret	turn	P O. BOX 23257							803-787-2023	
	Terminat	ted	City or town, state or o	country, and ZIP +	. 4		<u> </u>				
	Amende	ed return	COLUMBIA, SC 2	29224-3257					<b>G</b> Gross re	eceipts \$	466,877
			F Name and address of p	principal officer	ERICA SERBIN			H(a) Is this	a group return	for affiliates? Ye	s V No
	• •							1		ncluded? Ye	
1	Tax-exe	mpt status	✓ 501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	4 ''		list (see instruct	
J	Website		ishcolumbia.org		<u>, , , , , , , , , , , , , , , , , , , </u>			H(c) Grou	p exemption	number >	
ĸ	Form of		Corporation Trust	✓ Association	☐ Other ▶	L Ye	ar of formation		<del></del>	of legal domicile	. sc
Р	art I	Summ	ary			<del></del>			•	<u>*</u>	
	1	Briefly de	scribe the organiza	tion's mission	or most signifi	cant activities:	SEE AT	TACHED N	ISSION S	TATEMENT	
					0u.						
če											
Activities & Governance											
Ž	2	Check the	ıs box ▶☐ if the org	nanization dis	continued its o	perations or di	isposed of	more that	25% of	its net assets	
Ĝ	3		of voting members of				opooda oi		3		56
ď	4		of independent votir	_			 line 1h\				56
ţį	5		nber of individuals e	=		• •	•		5		5
¥	6		nber of volunteers (		•		szaj .	• • • •	6	<del></del>	10
¥	7a		elated business reve						7a		0
	1 .	Not uprol	stad business tevel	ellue li Ulli Fai	Secondon (	-11-2-24	· · ·		7b		0
	b	Met uniter	ated business taxat	ole income iro	REC.	ENED .		Prior Y		Current	
					1		있 . <u> </u>			Current	
Revenue	8		tions and grants (Pa				%ા ⊢		483,216	<del></del>	477,317
	9		service revenue (Pa			<u>.</u> 0.2012	였		040.000		34,409
æ	10		nt income (Part VIII,			· .	&  ·		216,996		(44,849)
	11		enue (Part VIII, colu				<u> </u>		1,013		
_	12		enue-add lines 8 th				ne [2)		701,225		466,877
	13		nd similar amounts j	•			· ·  _		397,910		402,292
	14	•	paid to or for memb	•		•	· ·				
es	15		other compensation,		•		· · ·		166,757		180,431
Expenses	16a	Professio	nal fundraising fees	(Part IX, colu	mn (A), line 11	e)			11,985		3,324
×	b		draising expenses (f				<u> </u>	8470000	N. AKUK	<b>组织的</b> 分形式	WW.JUM
Щ	17		penses (Part IX, colu	• • •		•			82,360		75,827
	18	Total exp	enses. Add lines 13	3–17 (must eq	ual Part IX, colu	ımn (A), line 2	5) .		659,012		661,874
	19	Revenue	less expenses. Sub	tract line 18 f	rom line 12 .	<u></u>			42,213		(194,997)
5 8	8						Ве	ginning of C	urrent Year	End of '	/ear
sets	20	Total ass	ets (Part X, line 16)				[		2,556,504	-	2,361,507
t As	21	Total liab	ılities (Part X, Ime 26	6)			[				
Net Assets or Fund Balances	22	Net asset	ts or fund balances.	Subtract line	21 from line 20	)			2,556,504		2,361,507
	art II	Signat	ure Block								
Ur	nder pena	alties of perjui	ry, I declare that I have ex	xamined this retur	n, including accom	panying schedule	s and stateme	ents, and to	the best of i	my knowledge a	nd belief, it is
tru	e, correc	t, and comple	ete Declaration of prepai	rer (other than offi	cer) is based on all	information of wh	ich preparer h	as any know	/ledge		
	_	X							-		
Sig	gn	Signa	ature of officer	$\overline{}$				D	ate		
He	re										
		Туре	or print name and title			······································					
		Print/Typ	pe preparer's name	Pre	epare s signature	211	Date	· · · · ·	Charle	PTIN	
Pa		_ Den	VARD ELDS	CHANNESO 1	nua	SHL	5 61	28/17	Check self-em		13214
	epare		CICHMAN!	PICTOPA'S	ATES P.A.	1	<del>) /   - / /</del>	E.m	m's EIN ►≨		171
US	se Onl	Firm's a		* 1200000					one no	- 1	-6116
Ma	v the IF	RS discuss	S ME TEILIFE WITH THE	phe Acen	Wil above? (se	e instructions)			ONE NO TA	03/237 VX	
			ction Act Modice, sale				Cat No	11202			990 (2011)
. 0	· abeig		THE PERSON NAMED IN COLUMN NAMED ASSESSMENT NAMED ASSESSM	Anhou Georg			Uat NO	112021		1 0111	(2011)

Columbia, SC 29201

Form **990** (2011) 5-16

Form 99	00 (2011) Page <b>2</b>									
Part	Statement of Program Service Accomplishments									
	Check if Schedule O contains a response to any question in this Part III									
1	Briefly describe the organization's mission: SEE ATTACHED MISSION STATEMENT									
	SEC ATTACHED MISSION STATEMENT									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	prior Form 990 or 990-EZ?									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of									
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.									
	(Code: ) (Expenses \$ 402,292 including grants of \$ 402,292 ) (Revenue \$ )									
	/ (Linkshoos & Lines and Brains of the Lines and Brains of t									
	GRANTS AND ALLOCATIONS TO JEWISH ORGANIZATIONS WHICH BENEFIT THE LOCAL COMMUNITY AND NATIONAL									
	JEWISH ORGANIZATIONS:									
	(Code) \( \sum_{0.000}  \) \( \sum_{0.000}  \)									
4b	(Code:) (Expenses \$22,362 including grants of \$) (Revenue \$)									
	JEWISH FAMILY SERVICES - ASSISTING REFUGEES AND POOR FAMILIES									
4c	(Code:) (Expenses \$8,698 including grants of \$) (Revenue \$)									
	COMMUNITY DEVELOPMENT - HOLOCAUST, INTERFAITH									
4d	Other program services (Describe in Schedule O.)									
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 433 352									

	90 (2011)			age 3
Part	Checklist of Required Schedules		Yes	N.
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	<b>783</b>	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>V</b>	
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	•	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>→</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<	
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	•	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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			,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	000.3.0 <b>00.00</b> 000	<b>✓</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f		11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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? If "Yes," complete Schedule F, Parts II and IV.	15		1
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, Parts III and IV	16		<u>'</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 99	0 (2011)		F	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	7.43		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37		1
		_ `	000	10044

Part	V Statements Regarding Other IRS Filings and Tax Compliance	_		ugo e
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		<b>企業</b>	A.C
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lib -0-	器	200	3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	3154
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	19. 14. 19. 14.	332
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- <del> </del>	\$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	✓
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		/
b	If "Yes," enter the name of the foreign country:	SEX.	MAG /	30,000
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1413	<b>J</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del></del>	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a		1
	gifts were not tax deductible?	6b		<b>1</b>
7	Organizations that may receive deductible contributions under section 170(c).	PESE.	2.24.	A.M.A.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Ž.,
	and services provided to the payor?	7a	I MESTINGUE	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		75.4	130
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		R. H.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		i hin	File
_	organization, have excess business holdings at any time during the year?	8	80007767	<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.	SEE		577
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	20,82,82,2	17795
10	Section 501(c)(7) organizations. Enter:		7	
a	Initiation fees and capital contributions included on Part VIII, line 12		102	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			\$61 \$84. **
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		right.	
a b	Gross income from members or shareholders			No.
	against amounts due or received from them.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	175/4	<b>√</b>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		i lon	ish.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.	S. (1)	1	Part.
b	Enter the amount of reserves the organization is required to maintain by the states in which		2	
	the organization is licensed to issue qualified health plans			繋
С	Enter the amount of reserves on hand		W.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI: response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. NΛ **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? . . . . . . 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☑ Upon request ☐ Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MARIO MONDINO-KATTAN, SAME ADDRESS, 803-787-2023

	(2011	

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эa	a	e	•

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A)	(B)				rtion			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week	_	1	_			<u> </u>	from	related	other
	(describe	<u>_</u> 2 ≥ 1	<u>इ</u>	Officer	e e	賣賣	Former	the	organizations	compensation
	hours for related	8 2	Ĕ	ğ	<b>8</b>	loyest	હ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	oੱ≅	l ä	ļ	Key employee	1 4 8		(11 2 1000 11100)		and related
	in Schedule	Individual trustee or director	₹		8	l pe				organizations
	O)	8	Institutional trustee			Highest compensated employee				
					l	Ē				
(1) SEE ATTACHED LIST OF DIRECTORS				ļ						
					<u>L</u>	l				
(2) NO ONE MAKES MORE THAN \$100,000										
(3)							П			
(4)							П			
	1	}						1		
(5)							-			
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(6)			_		<u> </u>	<u> </u>	t			
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(8)			├	$\vdash$	$\vdash$	<del> </del>	$\vdash$		<del> </del>	
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(10)							⊢			<del> </del>
(10)										
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			<u> </u>	<u> </u>	L	ļ	<u> </u>	ļ	ļ	
(13)										
			L.	L	<u> </u>	<u> </u>				
(14)										
	1		1	1	ı	l	ı	I	1	

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (	contin	ued)	
						C) stron							_
	(A)	(B)	Position (do not check more than							(E) Reportable	.	(I	
	Name and title	Average hours per					is both or/trust		Reportable compensation	compensation		Estim amou	nated unt of
		week						·	from	related		oth	
		(describe hours for	d K	strtu	Officer	ey e	nghe.	Former	the organization	organization (W-2/1099-N		compe from	
		related organizations	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	"	(W-2/1099-MISC)			organi and re	
		in Schedule	trus	al tr		) ye	ğ		1			organi	
	-	O)	8	ıste			nsa				1		
				L G		<u> </u>	<u> 8</u>	L					
(15)		_								İ	ĺ		
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(16)	NONE	1						1		ł	- 1		
147	<del> </del>		ļ	┡	-			-					
(17)		1								1			
(18)				$\vdash$	-	⊢	├	├	<del>                                     </del>				
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(19)		<del> </del>		╁╌	-	╁╌	<del> </del>	╁╌			<del>-</del>		
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(20)			ļ	$\vdash$	$\vdash$			$\vdash$					
J						ļ							
(21)													
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(22)			İ										
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(23)		]					1			1			
(0.4)			ļ	-	-	├		-					
(24)		-				ļ					1		
(25)			$\vdash$	┢	⊢	-		-					
(25)		_						İ					
1b	Sub-total		1	٠				┢					
C	Total from continuation sheets to Part							<b>•</b>					
d	Total (add lines 1b and 1c)							<b>•</b>					
2	Total number of individuals (including bu							e) w	ho received m	ore than \$1	00,00	0 of	
	reportable compensation from the organ												
													Yes No
3	Did the organization list any former of							emp	oloyee, or high	nest compe	ensate	d 🎉	
	employee on line 1a? If "Yes," complete							•				3	<b>√</b>
4	For any individual listed on line 1a, is the											- 1.45 x 1 1	
	organization and related organizations individual	greater th	an p	150,	,000	) (	1 16	<b>.</b> \$,	complete Sci	leaule J IC	or suc	34-44-3-41	
5	Did any person listed on line 1a receive of	or accrue co	· ·	nea	· tion	fro	· · m anı	V un	 related organi	 zation or m	dwdu	4 al 왕왕	<b>▼</b>
•	for services rendered to the organization											5	
Section	on B. Independent Contractors						_		· · · · · · · · · · · · · · · · · · ·				l <u>\</u>
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	ract	ors that receive	ed more tha	an \$10	00.000 of	
	compensation from the organization. Rep	•		•									
	year.						_						
	(A)								(B)			(C)	
	Name and business add	iress						_	Description of s	services	L	Compensa	ation
	NONE	<del></del>						┼			<u> </u>		<del></del>
	NONE	·· ·-··						+-		<del></del>	ļ		-
								+-		<del></del>	<del> </del>		
								+					•
2	Total number of independent contractor	ors (includii	ng bu	ut n	ot	lımi	ted to	o th	nose listed ab	ove) who		Mar 1527	
	received more than \$100,000 of compens									•		争以	A. 48

Part	VIII	Statement of Reve	nue					
	\ \frac{\frac{1}{2}}{2}			× 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	s 1a	477,317	, , , , ,	-74 75.	7	<b>8 + 1</b> €
ts, Grants Amounts	ь	Membership dues .	<del></del>		9	er ere	· · · · · · · · · · · · · · · · · · ·	
ă, G	С	Fundraising events .		<u> </u>			, F	
Gifts, ilar Ar	d	Related organizations	<del></del>	<u> </u>	上: 表: " 侵	· 海 · 连· · 读:	12 8 3 3	
Contributions, Giff and Other Similar	е	Government grants (con		1		1 1 2 2 2 2 2 3	i.e	
ion IS	f	All other contributions, gi				, t.k.		
but		and similar amounts not inc		}		\$ 1, 25	s his series	
d di	g	Noncash contributions includ	ded in lines 1a-1f: \$	. L		1 31 3		
Contributions, and Other Sim	h	Total. Add lines 1a-1	f	>	477,317	· 徐· 按:學		
93				Business Code	i vo	e a dita. A distribution	\$ . W . 1. W . 1. 8	
Ven	2a	COMMUNITY DIRECTO	ORY	9000099	7,642			
8	b	HILLEL INCOME		9000099	6,858			
Yi Çê	С	JEWISH FAMILY SERV	/ICE	9000099	7,466			
Ser	d	PJ LIBRARY		9000099	8,000			
Program Service Revenue	е							
ogu	f	All other program serv	vice revenue .		4,443			
4	g	Total. Add lines 2a-2		<u></u> ▶	34,409	ALTERNATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AD	कर्मका वेम्हेपसम्	
	3	Investment income						
		and other similar amo			61,452	61,482		
	4	Income from investment	t of tax-exempt b	ond proceeds				
	5	Royalties			A CARROLL LOUIS 1 . NO.	V 1 % 1 % 2 % 2 % 2 % 2 % 2 % 2 % 2 % 2 %	6 4ct - 9k / 8 a Z (4c) - 1 a l	Co. 1884 a salato y a fin a
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses		ļ. <u>.</u>		2012		1647
	C	Rental income or (loss)		L				
	d   7a	Net rental income or ( Gross amount from sales of	(i) Secunties		20.10 May 1 334 4 1 M	TO SERVICE COMMENTS	Philippe Colored	- 3 - 発露がいない 報点 **・554
	'a	assets other than inventory	(i) occurries	(ii) Other				
	ь	Less. cost or other basis						
		and sales expenses .	106,301				lage some state	
	С	Gain or (loss)	(106,301)	<del> </del>	Evilon Hall		Litera All	
	d	Net gain or (loss)		· · · · •	(106,301)	240000000000000000000000000000000000000	La Sancia Sommera	
		, ,			FALL AND AND AND AND AND ADDRESS OF THE PARTY OF THE PART	Programme in the second	CARRIGATION.	
/enne	8a	Gross income from fu	ındraısıng					
		events (not including \$						
Other Re		of contributions reporte	ed on line 1c).		SEE CONTRACT	444		
ē		See Part IV, line 18 .	a				Lika Braid de	
\$	b	Less: direct expenses	3 b					
_	С	Net income or (loss) fi		events . >		trafficiality sign		
	9a	Gross income from ga	-		1 F. J.		La de Le Pari	Carrie Maria
		•	$\cdots$ a				A. S. S. S. S. S. S. S. S. S. S. S. S. S.	
	ь	Less: direct expenses			diam diam	\$100 PM (1885)	22×30×500	
	C	Net income or (loss) fi		ivities ▶	F. BOLDLA ABOUT THE SAME STORE	9-9-79 ( 1964 - 2003) S. T. 200	Para sloki had shike the f	THE STATE OF CHECKING AND A SECOND
	10a	Gross sales of in returns and allowance						
			· · · · · ·	·	(B) (1) (B)	14.5 S. 15	推了AMASA(图)~~	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	b	Less: cost of goods s Net income or (loss) fi				137 3 8	3. 2 32	
	С	Miscellaneous R		Business Code	3 3 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 6 V 4	1 12 5
	11a	Wild College College		223/1933 0008	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Lite Burish is	
i	b					<del>                                     </del>	<del>                                     </del>	<del></del>
	C					-		<del></del>
	d	All other revenue .						<del>                                     </del>
	e	Total. Add lines 11a-		•		La Comercia de la Comercia del Comercia de la Comercia del Comercia de la Comercia del Comercia de la Comercia del Comercia de la Comercia del Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia del Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la Comercia de la		ik. "Ka . 1842 i ikhind
	12	Total revenue. See in			466,877	1	1	A STATE OF THE PARTY OF THE PAR

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	402,292	402,292	A ST A ST					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			M - M - S - S - S - S					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Real de desir					
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 8	Other salaries and wages	180,431	120,431	60,000					
9 10 11	Other employee benefits								
a b c	Management								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		<b>不能 并                                   </b>	李寶 第 华美国					
f	Investment management fees	12,508		12,508					
g	Other								
12	Advertising and promotion								
13	Office expenses	4,786	3,786	1,000					
14	Information technology	4,159	4,159						
15	Royalties								
16	Occupancy	18,000	18,000	·					
17 18	Travel								
19	Conferences, conventions, and meetings .	2,328	2,328		<del></del>				
20	Interest								
21	Payments to affiliates				<del></del>				
22	Depreciation, depletion, and amortization .								
23	Insurance	2,986	2,986						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	FUNDRAISING	3,324			3,324				
b	PROGRAMS	31,060	31,060						
c d									
е -	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	661,874	585,042	73,508	3,324				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Ľ	art 🗴	Balance Sneet			
,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	319,204	1	291,107
	2	Savings and temporary cash investments	2,237,300	2	2,070,400
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
Assets	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	<b>学</b> 基本。
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	-1
As	8	Inventories for sale or use	<del></del> -	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		學	
	Ь	Less: accumulated depreciation 10b	Secretary Color Color Color	10c	المراجع والمساولات والأستان الماسية
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,556,504		2,361,507
	17	Accounts payable and accrued expenses	2,000,001	17	2,001,002
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es -		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		*	
3UC	27	Unrestricted net assets		27	1 - Commendate & Comment - To 28 54 42
<u>ğ</u>	28	Temporarily restricted net assets	319,204	28	291,107
P	29	Permanently restricted net assets	2,237,300	-	2,070,400
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	The same of the sa
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>e</u>	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	2,556,504	34	2,361,507
			<del>`</del>		222

Form 9	90 (2011)			Pa	ge <b>12</b>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	<u></u>	'46	6,877
2	Total expenses (must equal Part IX, column (A), line 25)	2		66	1,874
3	Revenue less expenses. Subtract line 2 from line 1	3		(194	,997)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,55	6,504
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		2,36	1,507
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in J		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.	_			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	<del></del>		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar we	re j		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a	45.365	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	he	Ť	

Form **990** (2011)

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

**COLUMBIA UNITED JEWISH WELFARE FEDERATION** 57-0709341 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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). 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.) 8 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 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 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 Yes Νo (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (ii) EIN (iv) Is the organization (i) Name of supported (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section (see instructions)) support? US? Yes No Yes No Yes No (A) (B) (C) (D) (E)

**Total** 

Part	Support Schedule for Organization	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
· · · · · ·	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	T					
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		外现和外域	AF ESTABLE	<b>经数据推动</b> 多	19-1200-28	
	on B. Total Support		<del></del>			, · · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10	经输送和不胜的	発展の数は	<b>,下户公司的</b> 处理()	<b>《新聞》</b>	<b>《京新华集》</b> 》。	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
<u> </u>	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	· · • [
	on C. Computation of Public Suppo						
14	Public support percentage for 2011 (line		•			14	
15 16a	Public support percentage from 2010 Sc 33 <sup>1</sup> /3% support test—2011. If the organi					15	book this
10a	box and <b>stop here.</b> The organization qua						neck this · ► [
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33½% 	or more, . ► [
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization in supported organization in the control of the control	ition meets the	facts-and-c	rcumstances" tances" test. T	test, check th	nis box and ste	op here.
18	Private foundation. If the organization d	id not check a	box on line 13	16a 16b 17a	a or 17h chec	k this hox and	_

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	ł.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	490,924	459,462	623,296	483,216	477,317	2,534,215
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				ļ		
	furnished in any activity that is related to the organization's tax-exempt purpose				İ		
3	Gross receipts from activities that are not an	ļ					
Ū	unrelated trade or business under section 513						
4	_						
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						<u>-</u>
6	Total. Add lines 1 through 5	490,924	459,462	623,296	483,216	477,317	2,534,215
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	}				i	
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	The state of the		第7条 / 操心	70000000000000000000000000000000000000	in an classical	
	line 6.)		<b>计划4至等</b>				2,534,215
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	490,924	459,462	623,296	483,216	477,317	2,534,215
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	78,772	89,937	43,457	54,876	61,452	328,494
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	78,772	89,937	43,457	54,876	61,452	328,494
11	Net income from unrelated business	70,772	00,007	43,407	34,070	01,402	320,737
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)			5 112	1 012	24 400	40 524
13	Total support. (Add lines 9, 10c, 11,			5,112	1,013	34,409	40,534
.5	and 12.)	569,696	540 200	671.005	520 405	572 470	0.000.040
14	First five years. If the Form 990 is for t		549,399		539,105	573,178	2,903,243
14	organization, check this box and stop he						n 501(c)(3)
Socti	on C. Computation of Public Suppo				<del></del>	· · · ·	· · • L
15	Public support percentage for 2011 (line			0		145	07.0/
16	Public support percentage for 2017 (inte-		•			15	87 % 89 %
	on D. Computation of Investment In			· · · · · ·	· · · · · ·	1 101	03 70
17	Investment income percentage for 2011			v line 12 poliur	nn (fl)	17	11 %
18	Investment income percentage for 2011						
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2011. If the organ					18	11 %
129	17 is not more than 331/3%, check this box						
<b>L</b>							_
b	331/3% support tests – 2010. If the organial line 18 is not more than 331/3%, check this						
00			-	•			_
20	Private foundation. If the organization d	iu noi check a	DUX OH line 14,	, 19a, or 19b, C	HECK THIS DOX	and see instruc	ctions 🕨 🔲

## SCHEDULE, D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 20**11** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service

Open to Public Inspection

Employer identification number

Name of the organization **COLUMBIA JEWISH FEDERATION** 57-0704341 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . -0-3 Aggregate grants from (during year) . . -0-52,368 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ✓ Yes □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes 🗌 No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶\_\_\_\_\_ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

**b** Assets included in Form 990, Part X . . . .

	le D (Form 990) 2011	<u> </u>				Page 2
Par 3	Using the organization's acquisition,	Collections of	Art, Historical	Treasures, or Ot	ther Similar Ass	ets (continued)
	collection items (check all that apply):		ner records, chec	ck any of the follow	wing that are a sit	Jamicant use of its
а	☐ Public exhibition		d ∏ Loan	or exchange prog	rams	
b	Scholarly research			er		
С	☐ Preservation for future generations					
4	Provide a description of the organizat XIV.	tion's collections a	and explain how t	they further the org	ganization's exem	pt purpose in Par
5	During the year, did the organization	solicit or receive	donations of art,	historical treasure	s, or other similai	r
	assets to be sold to raise funds rather					
Pari	IV Escrow and Custodial Arra			ganization answe	red "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun				<del></del>	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ier intermediary f	or contributions of	r other assets not	
b	If "Yes," explain the arrangement in Pa					☐ Yes ☐ No
U	ii res, explain the arrangement in Fa	art Aiv and compi	ete the following	table:	T An	nount
С	Beginning balance			10		
d	Additions during the year				<del></del>	
е	Distributions during the year					<del></del>
f	Ending balance				f	
2a	Did the organization include an amour	nt on Form 990, P				☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa					
Par	V Endowment Funds. Comple					
4 -	Danis and a section of	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance Contributions			<del> </del>		C. L. C. C. C.
b	Net investment earnings, gains, and			<u> </u>		AND THE PERSON OF STREET
•	losses					
d	Grants or scholarships	·				
е	Other expenditures for facilities and			<del> </del>		A STATEMENT
	programs					
f	Administrative expenses					1 WILLEY
g	End of year balance					A 14 P. W
2	Provide the estimated percentage of t		nd balance (line 1	g, column (a)) held	as:	
a	Board designated or quasi-endowmer		%			
b	Permanent endowment	%				
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	%	000/			
За	Are there endowment funds not in the			eat are held and ac	lministered for the	_
	organization by:	) possession or tr	ic organization th	iat are neio and ac	irinistered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIV the intended uses	of the organization	on's endowment t	funds.		——————————————————————————————————————
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, Part X, Iir	ne 10.		

Part VII	Investments-Other Securities	See Form 990, Part X,	line 12.	
. (	a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(B)				
(C)				
(D) (E)				······································
(E) (F)		<u> </u>	<del></del>	
(G)			<del></del>	
<del>\(\)</del>				<del></del>
<u>`</u> (I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		200 200 100 100 100 100 100 100 100 100	acigasi adala di dalah sa
Part VIII	Investments-Program Related	J. See Form 990, Part X		***************************************
	(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)			+	
(6)				
(7)				
(8)			<u> </u>	<del></del>
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(:	a) Description		(b) Book value
(1)				<u>.</u>
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		-
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		Some the same of the
	Income taxes			
(2)				
(3)	·			
(4)				MARKET SOLETION
(5)	<del></del>			
(6)			<b>工作的概念</b> 是是自己的是不是包含	於地域的體,可認知便能
(8)				
(9)				
(10)				
(11)		<del> </del>		
	(b) must equal Form 990, Part X, col. (B) line 25.)	<del>  · · · · · · · · · · · · · · · · · · ·</del>		
	SC 740) Ecotooto In Port VIV provide	the tout of the feetents to	ALL AND THE STREET AND ASSESSED TO A STREET AND A STREET AND A STREET ASSESSED TO A STREET AND A STREET ASSESSED TO A STREET ASSESSED T	38-74 Service - 4 100 - 7 100

Scheat	18 D (Form 990) 2011				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Financial Statem	ents	}	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments	[	7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine I		10		
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Ref	turn	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i			
а	Net unrealized gains on investments	2a		\$	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	_]選		
d	Other (Describe in Part XIV.)	2d	323	Ž	
е	Add lines 2a through 2d			a	
3	Subtract line 2e from line 1		3		
4	Amounts 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				
b	Other (Describe in Part XIV.)				
C	Add lines 4a and 4b		4		
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
	XIII Reconciliation of Expenses per Audited Financial Statem		er F	<u> </u>	
1	Total expenses and losses per audited financial statements		13.09	· · · · · · · · · · · · · · · · · · ·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l a l			
a	Donated services and use of facilities	2a	<b>-</b>  }		
b	Prior year adjustments	2b		<b>\$</b>	
C	Other losses	2c			
d	Other (Describe in Part XIV.)		3	hv.	
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1		3	***	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(43		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (December in Part VIII)			45	
b	Other (Describe in Part XIV.)			[	
5	Add lines <b>4a</b> and <b>4b</b> .  Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line		40		
Dart	XIV Supplemental Information	5 10.)	5	<u>,                                    </u>	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.				
		•••••		<b></b>	
		•			
••					•

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047	2011	Open to Public Inspection
	•	

Department of the Treasury Internal Revenue Service	ŏ	Complete if the orga	nization answered "Yes" to Fo ► Attach to Form 990.	Yes" to Form 990, Form 990.	the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization							Employer identification number
COLUMBIA JEWISH FEDERATION	7						57-0704341
Part   General Informat	General Information on Grants and Assistar	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	aintain records to subs	stantiate the amou or assistance?	unt of the grants or	assistance, the g	rantees' eligibility for	r the grants or assist	assistance, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ganization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other to Form 990, Part	Grants and Other Assistance to Governmer to Form 990, Part IV, line 21, for any recipient	vernments and ecipient that rec	Organizations i	n the United St \$5,000. Check	this box if no one	its and Organizations in the United States. Complete if the organization answered "Yes" that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	inswered "Yes" more than \$5,000.
Part II can be dup	Part II can be duplicated if additional space is			•			<b>□ ▲</b> · · · · · · · · · · · · · · · · · · ·
(a) Name and address of organization     or government	on (b) EIN	(c) IRC section if applicable	(g)	ì	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA JEWISH CENTER COLUMBIA, SC	57-0369507	501(c)(3)	284,742				
(2) COLUMBIA JEWISH DAY		501(5)(3)	22,000				
(3) FEDERATOINS OF NA (111C)		(6)(2)100	200777				
		501(C)(3)	75,000				
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
·2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	tion 501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table			£ .
Enter total number of other organizations listed in the line 1 table	er organizations listed	in the line 1 table					· ·
For Paperwork Reduction Act Notice, see the Instructions for Form	ice, see the Instructions	s for Form 990.		Ca	Cat. No 50055P		Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants an

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	Sacipality	Casil grain	TOT CAN'T ASSISTED	riviv, appraisar, ourer)	
1					
2					
က					
4					
ro					
9					
7					
Part IV Supplemental Information. Complete this par	te this part to pro	ovide the information	n required in Part I,	rt to provide the information required in Part I, line 2, and any other additional information.	itional information.
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	}	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1			
•		4 1 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1		
•					Schedule I (Form 990) (2011)

## SCHEDULE O. (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization **COLUMBIA JEWISH FEDERATION** 57-0704341 FORM 990, PAGE 6: 8(a) & (b) - MINUTES ARE TAKEN OF ALL MEETINGS AND DECISIONS MADE BY THE BOARD. 10(b) - THE ORGANIZATION DOES NOT HAVE LOCAL CHAPTER, BRANCHES OR AFFILIATES. 11(b) - FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT. NON FINANCIAL ANSWERS TO QUESTIONS ARE REVIEWED BY THE EXECUTIVE DIRECTOR. FINANCIAL QUESTIONS ARE ANSWERED BY THE TREASURER AND BOOKKEEPER. 12(c) - EACH BOARDMEMBER RECEIVES ANNUALLY A COPY OF THE BYLAWS WHICH DISCUSS CONFLICTS OF INTEREST. THE GROUP IS REQURIED TO READ THEM AND REPORT ANY CONFLICTS. 15(a) & (b) - THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY A PERSONNEL COMMITTEE AFTER A SERIES OF INTERVIEWS. THE BOARD VOTES ON THE COMMITTEES RECOMMENDATION. ALL OTHER EMPLOYEES SALARIES ARE DETERMINED BY THE EXEC DIRECTOR WITH INPUT FROM THE PERSONNEL COMMITTEE. THE BOARD MUST APPROVE THE ENTIRE BUDGET. 19 - THE BYLAWS (WHICH CONTAIN THIS INFORMATION) IS AVAILABLE UPON REQUEST TO ANYONE IN THE COMMUNITY.



## Columbia Jewish Federation (CJF) Useful Information

Mission: The general purpose of the Federation is to further the welfare of the Jewish community in Columbia, South Carolina, and throughout the world.

The specific purposes of this corporation are the following:

- To conduct annual fund-raising campaign(s) whose proceeds shall be used for the operating, special purpose, and capital needs of the Jewish Institutions in Columbia, South Carolina, and throughout the world.
- To allocate and budget all fund-raising proceeds according to the needs of local, national, and overseas institutions that meet the general purpose of the Columbia Jewish Federation.
- 3. To plan and direct services and programs in the areas of endowment development, community relations, leadership development, public relations, communication, community development, and the relationship with the private and public institutions in the general community.

CJF manages Jewish Family Service, the Columbia Holocaust Education Commission, the PJ Library, the Community Relations Committee (CRC), and Young Leadership. We are also currently working on a Shalom Baby program.

Website: www.jewishcolumbia.org

Federation dollars support the JCC, CJDS, BBYO, JELF, Hillel, CJF, JFNA, Israel, and grants that fund educational events.

## Contact / Staff:

Erica Serbin, CJF Executive Director 787-2023 ext. 211 <a href="mailto:ericas@jewishcolumbia.org">ericas@jewishcolumbia.org</a>
Becky Huston, Office Manager 787-2023 ext. 204 <a href="mailto:beckyh@jewishcolumbia.org">beckyh@jewishcolumbia.org</a>
Elysa Sexton, JFS Director 787-2023 ext. 219 <a href="mailto:elysas@jcccolumbia.org">elysas@jcccolumbia.org</a>
Sarah Moran, Volunteer Svcs Coordinator787-2023 ext. 220 <a href="mailto:sarahm@jcccolumbia.org">sarahm@jcccolumbia.org</a>

# Officers Shelley Kriègshaber President Dr. Naomi Farber President Elect/V P. Barbara Blau Vice President Dr. Joshua McDuffie Secretary Dr. David Lovit Treasurer

## Building Community



### Directors

Cheri Alexander Michael Arnold

Esther Greenberg Immediate Past President

Norman Arnold

Keith Babcock

Kenny Berger

Dr Moss Blachman

Jay Bressler

David Carr

**Shep Cutler** 

Jackie Dickman Babcock

Katie Drucker

Dr Stanley Dubinsky

Jerry Emanuel

Meredith Engler

Dr Lilly Filler

Bernard Fleischman, Jr

Jay Friedman

Daryl Giddings

Henry Goldberg

Dr Stanley Greenberg

**Kay Gross** 

Howard Hammer

Harvey Helman

Lyssa Harvey

Alan Kahn

Jerry Kline Jane Kulbersh

Heidi Lovit

Helai rovi

Debra Lowsky

Gerri Lynn Miller Henry Miller

Eleanor Niestat

Dr Herbert Niestat

Marc Rapport

Dr David Reisman

Stephen Savitz

Fred Seidenberg

Michelle Segal Peterson

Erica Serbin

Dr. Stephen Serbin

Todd Serbin

Elysa Sexton Dr Cheri Shapiro

**Bill Stern** 

Dr Abe Wandersman

**Howard Weiss** 

## Rabbis

Rabbi Jonathan Case Rabbi Hesh Epstein Rabbi Sanford Marcus Rabbi Daniel Sherman Rabbi Philip Silverstein

Trustee Emeritus Melton Kligman Erica R. Serbin Executive Director

Linda Blazek
Office Manager



Offices Located at the Gerry Sue & Norman Arnold Jewish Community Campus 306 Flora Drive | PO Box 23257 | Columbia, SC 29224 telephone 803 787-2023 | fax 803 462-1337 www.jewishcolumbia.org