

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

_										<u>'</u>			
<u> </u>	4	For th	<u>e 2011 calen</u>	dar year, or tax year beg	inning		, 20	11, and endir	1g		,		
E	3	Check if	applicable	C						D Employer iden	tification Nu	ımber	
		Add	dress change	JEWISH COMMUNIT		TION OF ?	THE WE	ST		68-0445	835		
		Na	me change	2014 CAPITOL AV						E Telephone nun	ıber		
			ıal return	SACRAMENTO, CA	95811					916-441	-1613		
		⊢	minated										
		\vdash								C • .	ė	024	021
		\vdash	ended return	<u> </u>					1,,,,,,,,,,	G Gross receipts		924, Yes	<u>821.</u>
		L Ap	Application pending F Name and address of principal officer H(a) Is this a group return for at H(b) Are all affiliates included?										X No
_				SAME AS C ABOVE			_			amiliates included? attach a list (see in	structions)	Yes	∐ No
<u> </u>		Tax-e	xempt status	X 501(c)(3) 501(c)	()◀ (insert no.)	4947(a)(1)	or 527			-		
	J	Web	site: ► WW	W.JCFWEST.ORG					H(c) Group e	exemption number	>		
•	<u> </u>	Form	of organization	X Corporation Trust	Association	Other ►		L Year of Forma	tion 2000	M State of	legal domici	le CA	
Γ	Pa	rt I	Summar										
L	Ť			be the organization's mis	ssion or most	significant ac	tivities:	TO BECET	VE AC	JUITER HO	ть ма	NACE	
				CER_AND_EXPEND_P							מהי "הני	WGE	·
	ည္	-	พักผิรมรอร	EK_AND_EAFEND_F	WOLFWII T	7MD_LOMDS	FOR	TUVIVI IVDI	rr rukr	OSES			
	nal	-		- 									
	ě		 Check this bo										
	ဗိ			ox ► ∐ if the organizatoting members of the gov				sposea or m	ore than 2:	1 -	sseis		13
	≪			idependent voting memb				ıne 1h)		3 4			13
	ies			r of individuals employed	_		•	-		5			1
	Activities & Governance			r of volunteers (estimate		eai zoii (i a	it v, iiie	Zaj		6			0
	Aci			ed business revenue from		dumn (C) line	12 د			7a		0.	
				d business taxable incom						7 b			0.
-	\dashv		ret un ciatet	d business taxable incom	C HOILT OILL	330-1, IIIC 3-	<u> </u>		D	rior Year		rent Ye	-
		8	Contributions	s and grants (Part VIII, Iir	ne 1h)					492,414.	Cui		762.
	욕			vice revenue (Part VIII, II		4,72,414.	<u> </u>	010,	702.				
20	Revenue					121,445.		106	059.				
	ا ۾	11	Other revenu	ncome (Part VIII, column ie (Part VIII, column (A),	(A), lines	0000000	110			121,445.		100,	039.
	_			e – add lines 8 through 1				line 12\		613,859.		924	821.
2 -	\dashv							, line 12)		-			
SCANNED DEC				imilar amounts paid (Par						577,275.	645,	710.	
M		14	Benefits paid	to or for members (Part	IX, columna (A), line 4)							
Ψ,	ړ			er compensation, employ			nii (A)), lin	nes 5-10)		35,175.		35,	924.
30	Expenses	16a	Professional	fundraising fees (Part IX	, column 🕼	Tine 11e).	103.II						
	ē			sing expenses (Part IX, o			$ \mathcal{Q} $						
	Δ			ses (Part IX, column (A),			ンド	<u>i</u>	-	52,634.	59,394		
4		17	Other expens	ses (Fart IX, Column (A),	ines ma-m	(14e)	§	.					
	- 1			ses Add lines 13-17 (mus			J₁-me 25))		665,084.			028.
2012	_	19	Revenue less	s expenses Subtract line	18 from line	12				-51,225.			793.
≥3 .	2 0									g of Current Year		d of Ye	
	Assets o Balanco			(Part X, line 16)						<u>,189,835.</u>		<u>,937,</u>	
	35	21	Total liabilitie	es (Part X, line 26)					3	<u>,600,844.</u>	3	<u>,376,</u>	<u>351.</u>
	ŠĘ	22	Net assets o	r fund balances Subtract	line 21 from	line 20			3	,588,991.	І з	,561,	391.
	Pa	rt II	Signatui						<u> </u>	•		,,	
_					return including a	ecompaning sch	adulas and s	tatements and to	the best of m	w kaawladaa and h	aliof it is tru	a corract	and
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								o ule best of it	ly knowledge and b	:1161, IL 15 UU	e, conect	, anu
_													
	Sig	ın	Signati	ure of officer					Da	te _			
ì	He	re	Tw	n Taille	0,05	ident			1.7	12/12			
			<u> </u>	r print name and title		1-2-2-1	_			12112			
-		-	Print/Type i	preparer's name	Preparer's sig	noture D	7	Date,		Observation III of	PTIN	-	
			· · ·	•	The part of 3 st			70/2	17/12	Check if		0602	
	Pai			T S. GROSS	ANDITATE TO		7D C 7:	self-employed P00228692					
		pare	1			MTSBERGE	rk & VI						
	US	e On	Firm's addr		-	DRIVE #D				Firm's EIN > 68			
_				STOCKTON, C	A 95219					Phone no (20		1-10 <u>8</u>	4
1	May	the II	RS discuss th	his return with the prepar	er shown abo	ve? (see inst	ructions).			<u>.</u>	X Ye	es	No
ī	BΑ	A For	Paperwork F	Reduction Act Notice, se	e the senarate	e instructions		TE	FA01131 08	18/11	F	rm 99 0	(2011)

ВАА	TEEA0102L 07/05/11		Form 99	(2011)
4e Total program service expenses ►	673, 243.) (noveride y		
4d Other program services (Describe in Sche (Expenses \$	edule O) ncluding grants of \$) (Revenue \$	١	
			_	
				
		- 		
				
		-		
4c (Code:) (Expenses \$	including grants of \$) (Revenue	\$)
4.0.1		· -		
			. – – – – – –	
				
MANAGED FUNDS HELD FOR CHA	RITABLE PURPOSES.	- -		
4b (Code) (Expenses \$	27,533. including grants of \$) (Revenue	\$)
		- 		
DISTRIBUTED FUNDS FOR CHAR			-	
4a (Code: (Expenses \$	645,710. including grants of \$) (Revenue	\$	<u> </u>
others, the total expenses, and revenue, i	any, for each program service reported			•
4 Describe the organization's program servic Section 501(c)(3) and 501(c)(4) organization	ce accomplishments for each of its three ons and section 4947(a)(1) trusts are red	largest program services, as uired to report the amount of	measured by expe grants and allocat	nses. ions to
If 'Yes,' describe these changes on Sched				
3 Did the organization cease conducting, or	make significant changes in how it condu	icts, any program services?	Yes X	No
If 'Yes,' describe these new services on Si	chedule O.		☐ 162 V	NU
2 Did the organization undertake any signific Form 990 or 990-EZ?	cant program services during the year wh	icn were not listed on the prid	or Yes X	No
				
CHILD THE DIED CONG				- -
1 Briefly describe the organization's mission TO RECEIVE, ACQUIRE, HOLD,		מואג שהמשמטממ חואשמי	FIINDS FOR	
	ponse to any question in this Part III			
Part III Statement of Program Servi	•			_
	A 11 1 A			

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		_X_
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		X
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		X
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	Х	
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		<u>x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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		Х
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	X	Said Suffer or all
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		X
	c 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	11 c		Х
	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	11 d	i	X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	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	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? <i>If</i> 'Yes,' <i>complete Schedule F, Parts I and IV</i>	14b		х
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		x
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		Х
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		x
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		X
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		Х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	<u>x</u>	
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		<u>X</u>
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and 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		Х_
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25a		X
ŀ	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		X
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		х
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	20.572 4 4 440	X
	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)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If 'Yes,' complete Schedule M	30		X
		31		X
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		X
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		<u>x</u>
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		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	i	X
ı	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA	$oldsymbol{\Lambda}$	Forn	1 990 1	(2011)

Form 990 (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if	Schedule O contains a response to any question in this Part V				
0110011	our contract of the contract o			Yes	No
1a Enter the num	ober reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	nber of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0		1	
	ization comply with backup withholding rules for reportable payments to vendo				
(gambling) wi	nnings to prize winners?	s and reportable garning	1с		
2a Enter the nun	nber of employees reported on Form W-3, Transmittal of Wage and Tax State-				
ments, filed for	or the calendar year ending with or within the year covered by this return	2a 1	,		
	is reported on line 2a, did the organization file all required federal employmer	ř	2b		<u>X</u>
Note. If the su	um of lines 1a and 2a is greater than 250, you may be required to e-file. (see if	nstructions)			
•	ization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		X
b If 'Yes' has it	filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	,	3 b		
4a At any time d	uring the calendar year, did the organization have an interest in, or a signature	or other authority over, a	الما		v
	unt in a foreign country (such as a bank account, securities account, or other f	inanciai account)	4a	\rightarrow	<u> X</u>
	the name of the foreign country: ►	Inancial Accounts			
	ns for filling requirements for Form 1D F 90-22 1, Report of Foreign Bank and r nization a party to a prohibited tax shelter transaction at any time during the ta	ľ	5 a		X
•	le party notify the organization that it was or is a party to a prohibited tax shelf	* h	5 b		X
-	e 5a or 5b, did the organization file Form 8886-T?	er transaction:	5c	$\overline{}$	
	· · · · · ·		30	$\overline{}$	
solicit any cor	anization have annual gross receipts that are normally greater than \$100,000, a atributions that were not tax deductible?		6a		Х
b If 'Yes,' did the not tax deduction	ne organization include with every solicitation an express statement that such c tible?	ontributions or gifts were	6ь		
7 Organizations	s that may receive deductible contributions under section 170(c).				
a Did the organ services provi	ization receive a payment in excess of \$75 made partly as a contribution and pided to the payor?	partly for goods and	7a		Х
b If 'Yes,' did th	ne organization notify the donor of the value of the goods or services provided?		7b		
c Did the organ	ization sell, exchange, or otherwise dispose of tangible personal property for w	hich it was required to file	_		.,
Form 8282?			7c		X
•	ate the number of Forms 8282 filed during the year	7d			
	ization receive any funds, directly or indirectly, to pay premiums on a personal	· · · · · · · · · · · · · · · · · · ·	7e		X
•	ization, during the year, pay premiums, directly or indirectly, on a personal ber	The state of the s	7f		X
g if the organize as required?	ation received a contribution of qualified intellectual property, did the organizat	ion file Form 8899	7g		
h If the organize Form 1098-C	ation received a contribution of cars, boats, airplanes, or other vehicles, did the	e organization file a	7h		
8 Sponsoring of	organizations maintaining donor advised funds and section 509(a)(3) supporting ganization, or a donor advised fund maintained by a sponsoring organization, he	ng organizations. Did the			
supporting or	ganization, or a donor advised fund maintained by a sponsoring organization, have time during the year?	nave excess business	8		Х
-	organizations maintaining donor advised funds.		$\stackrel{\bullet}{-}$		^
•	ization make any taxable distributions under section 4966?		9a		
	ization make a distribution to a donor, donor advisor, or related person?		9b	-	
· ·	c)(7) organizations. Enter				
	and capital contributions included on Part VIII, line 12	10a	}	1	'
	s, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
•	c)(12) organizations. Enter				
	e from members or shareholders	11a			
b Gross income	from other sources (Do not net amounts due or paid to other sources				
	e from other sources (Do not net amounts due or paid to other sources ints due or received from them)	_11b			
	(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12a		
	the amount of tax-exempt interest received or accrued during the year	12b	ļ		
	2(29) qualified nonprofit health insurance issuers.				
_	ration licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	e instructions for additional information the organization must report on Schedu	ie U	1		
b Enter the am- which the ord	ount of reserves the organization is required to maintain by the states in janization is licensed to issue qualified health plans	136			
	ount of reserves on hand	13c			
	ization receive any payments for indoor tanning services during the tax year?		14a	$\neg \neg$	Х
	t filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b		

68-0445835 Form 990 (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 13 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 any other 2 Х officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8b 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* 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this is done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15 a Х 15b b Other officers of key employees of the organization 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 with a taxable entity during the year? X 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 taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? 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 Forms 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 |X| Upon request Another's website Own website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O 19 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KENT NEWTON 2014 CAPITOL AVE, STE 109 SACRAMENTO CA 95811 916-441-1613

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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.

X Check this box if neither the organization	n nor any	relate	ed or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trus	stee
										
(A) Name and title	(B) Average hours per week	(B) Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_(1)_ALICE_CARTWRIGHT TREASURER	2	X		Х				0.	0.	0.
(2) MICHAEL ROCHMAN								0.		<u> </u>
VICE PRESIDENT	2	X		Х				0.	0.	0.
(3) JOEL HASS										
DIRECTOR	2	X						0.	0.	0.
(4) VERONICA KAUFMAN										
DIRECTOR	2	X						0.	0.	0.
_(5) MARGARET_KENT_NEWTON	ન ૂ	,,		.,				2	0	
SECRETARY	2	X		Х	_			0.	0.	0.
_(6)_ANDY_BARON DIRECTOR	2	X						0.	0.	0.
(7) TIM TAYLOR		 -						0.		<u></u>
PRESIDENT	2	X		Х				0.	0.	0.
(8) LARRY SALTZMAN										
DIRECTOR	2	X	<u> </u>		<u> </u>			0.	0.	0.
(9) ARIEL SHENHAR		١								_
DIRECTOR	2	X						0.	0.	0.
(10) MARK_COHN DIRECTOR	2	X						0.	0.	0
(11) TERRY KAUFMAN								0.	U.	0.
SECRETARY	2	x						0.	0.	0.
(12) MIKE DEAN	 	 		_						<u>.</u>
DIRECTOR	2	X						0.	0.	0.
(13) ANNE EISENBERG								-		
DIRECTOR	2	X						0.	0.	0.
(14)										

Part VII Section A. Officers, Directors, Trust	ees, ł	(ey	Em	ıplo	ye	es,	and	Highest Com	pensated Emp	loyees	(cont)
				•	C)						
(A) Name and title	(B) Average hours	box.	, unle	ss pe	rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Est amour	(F) imated it of other
	per week (describ	or d	Inst	Officer	ē	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro orga	ensation m the nization
	week (describ e hours for related organi- zations	vidual irector	Institutional trustee	Cer	employee	Highest compensated employee	ner			and	related nizations
	related organi-	truste	al trus		oyee	mpen					
	Sch O)		tee			sated					
<u>(15)</u>											
(16)								-			
(17)											
(18)						İ					
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							>	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						-	0.	0.		0.
Total number of individuals (including but not limite	d to th	ose	liste	d ab	ove	e) wh	no re		·	able com	
from the organization 0											Yes No
3 Did the organization list any former officer, director	or trus	stee,	key	em e	ploy	yee,	or h	ighest compensat	ted employee		
on line 1a ³ If 'Yes,' compléte Schedule J for such i									£	3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual									irom	4	X
5 Did any person listed on line 1a receive or accrue of	omper	satio	on fi	rom	any	unr	elate	ed organization or	· ındıvıdual		
for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors	comple	te S	che	dule	J fo	or su	ich p	person		5	X
1 Complete this table for your five highest compensation	ted ind	eper	nden	it co	ntra	ctor	s tha	at received more	than \$100,000 of	la t aua	
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)											
Name and business address Description of services Compensation											
			_								
									·		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		ot lirr	nted	1 to 1	ihos	e lis	ted	above) who receiv	ved more than		

Par	t VIII Statement of Revenue	· -			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
٦	1a Federated campaigns. 1a				
ž Š	b Membership dues 1b		İ		
종등					
A S	c Fundraising events 1c				
F &	d Related organizations.				
Š.	e Government grants (contributions)				
흔	f All other contributions oifts grants and				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 818,762.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f: \$				
용취	h Total. Add lines 1a-1f	818,762.			
-8	Business Code				
Ę	2a				
Æ	b				
핑	c				
- ≩-	d				·
<u>⊽</u>	<u> </u>		•		
<u>₹</u>	6 All allows are a second and a second a second and a second a second and a second a second and a second and a second and				
PROGRAM SERVICE REVENUE	f All other program service revenue				
-	g rotali Add lines Za-Zi				
Ì	Investment income (including dividends, interest and other similar amounts)	106,059.			106,059.
	ŗ	100,039.			100,033.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				-
	(i) Real (ii) Personal				
l	6a Gross rents				
	b Less rental expenses				
1	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
ŀ	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory			1	
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events				i
ä	(not including \$				
E .	of contributions reported on line 1c)				
2	See Part IV, line 18				
OTHER REVEN	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				ļ
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
					
	11a		-		
	b			-	-
	C				
	d All other revenue				-
	e Total. Add lines 11a-11d .	924 921			106 059
	LZ LOTEL FOVORUA SOCIECTIVATIONS	. 4.// 2./			i iiin iinu

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 re	sponse to any question	in this Part IX		
Do i 6b,	not include amounts reported on lines 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 United States. See Part IV, line 21	645,710.	645,710.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	33,150.		33,150.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,774.		2,774.	
11	Fees for services (non-employees)				
a	ı Management				
t	Legal				
	Accounting	15,600.		15,600.	
	Lobbying				_
	Professional fundraising services. See Part IV, line 17				.
	Investment management fees	27,533.	27,533.		
	Other	27,033.	27,000.		· · · · · · · · · · · · · · · · · · ·
_	Advertising and promotion				
	Office expenses	2,646.		2,646.	
14	Information technology	2,040.		2,040.	
	· · · · · · · · · · · · · · · · · · ·				
15	Royalties	3,600.		3,600.	
16	Occupancy	3,000.		3,000.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	840.		840.	
23	Insurance	2,217.		2,217.	
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)				
á	ANNUAL REPORT	2,510.		2,510.	
	PHILANTHROPY EDUCATION PROGRAM	2,321.		2,321.	
	OTHER EXPENSES	2,127.		2,127.	
	OUTSIDE SERVICES			-/	
	All other expenses.				
	Total functional expenses. Add lines 1 through 24e	741,028.	673,243.	67,785.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	731,020.	0/3/243.	37,703.	<u> </u>
	Check here ► if following SOP 98-2 (ASC 958-720) .				

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Part X Balance Sheet (A) Beginning of year (B) End of year 1 19.767. Cash - non-interest-bearing 3,625 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 3,290. 9 2,573. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 15,120. 10b 14,180 1,780. 940. **b** Less accumulated depreciation 10 c 11 Investments - publicly traded securities 7,181,140. 11 6,914,462. 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 Total assets. Add lines 1 through 15 (must equal line 34) 7,189,835. 16 6,937,742. 17 Accounts payable and accrued expenses 1,555. 17 3,459 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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties 24 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. 3,599,289 3,372,892. 25 Total liabilities. Add lines 17 through 25 3,600,844. 26 3,376,351. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. ASSETS 95,319. 27 Unrestricted net assets 109,113. 27 1,808,601. Temporarily restricted net assets 1,806,946. 28 1,671,277. Permanently restricted net assets 29 1,659,126. Q R Organizations that do not follow SFAS 117, check here ▶ and complete FUND lines 30 through 34. Capital stock or trust principal, or current funds 30

BAA

BALANCES

31

33

34

6, 937, 742. Form **990** (2011)

3,561,391.

31

32

33

34

3,588,991

7,189,835

Form	990 (2011)	<u>JEWISH</u>	COMMUNITY FOUNDATION OF THE WEST	68-0	<u>445835</u>		Pa	age 12
Par	t XI	Reco	nciliation	of Net Assets					_
		Check	ıf Schedul	O contains a response to any question in this Part XI					<u> X</u>
					1	i			
1	Total	revenue	e (must equ	al Part VIII, column (A), line 12)	L	1			<u> 321.</u>
2	Total	expense	es (must ed	qual Part IX, column (A), line 25)	_	2		41,0	
3	Reve	nue less	expenses	Subtract line 2 from line 1	<u></u>	3			<u> 793.</u>
4	Net a	ssets or	fund balar	ices at beginning of year (must equal Part X, line 33, column (A))	L	4	3,5	88,9	<u>991.</u>
5	Other	r change	s in net as	sets or fund balances (explain in Schedule O) SEE SCHEDULE O	<u>_</u>	5	<u>-2</u>	<u>11,3</u>	<u> 393.</u>
6		ssets or	fund balar	ices at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		6	3,5	61,3	391.
Par	t XII	Finan	icial State	ements and Reporting		•			
		-		O contains a response to any question in this Part XII					
								Yes	No
1	Acco	unting m	nethod used	to prepare the Form 990. Cash X Accrual Other					
		organız hedule (ged its method of accounting from a prior year or checked 'Other,' explain					
2 a	Were	the orga	anızatıon's	financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
ŧ	Were	the orga	anızatıon's	financial statements audited by an independent accountant?			2b	Х	
c	If 'Ye	s' to line w, or co	e 2a or 2b, mpilation o	does the organization have a committee that assumes responsibility for oversifits financial statements and selection of an independent accountant?	ght of the	e audit,	2 c		x
		organız hedule (ged either its oversight process or selection process during the tax year, explain	ın				
c	sepa	rate bas	is, consolid	check a box below to indicate whether the financial statements for the year we ated basis, or both	ere issue	d on a			
	X	Separa	te basis	Consolidated basis Both consolidated and separate basis					
3 a				award, was the organization required to undergo an audit or audits as set forth ular A-133?	ın the S	ıngle	3a		x
t				ition undergo the required audit or audits? If the organization did not undergo to Schedule O and describe any steps taken to undergo such audits	the requi	red audit	3 b		

Form **990** (2011)

BAA

TEEA0112L 07/06/11

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

JEW:	ISF	COMMUNITY										45835		
Part						(All organizations					See ir	<u>ıstructı</u>	ions	
The o	rga					e it is: (For lines 1 thro								
1	Ц					ciation of churches desc		section	170(b)	1)(A)(i).				
2	Н					(ii). (Attach Schedule I								
3	Н	•	•	•		e organization describe						=		
4	Ш			•	perated	in conjunction with a h	iospital c	lescribe	d in sec	tion 170	ДБХТХ А)(III) Er	iter the hospital's	
5		name, city, and An organization 170(b)(1)(A)(iv).	opera	ated for the b	enefit o	f a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in section	
6 7		A federal, state, An organization	or lo	cal governme	ent or go	overnmental unit descri substantial part of its su					or from	the ger	neral public describ	oed
_	二	ın section 170(b				•	4. D. 4.1							
8	띩	,				'0(b)(1)(A)(vi). (Comple		•		t.ana	mamba	rchin for	os and areas reas	ınta
9	X	from activities re	elated me al	d to its exemp nd unrelated	ot function busines:) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III.)	n except	ions, an	d (2) no	more t	han 33-1	1/3% of	its support from ar	OSS
10		An organization	orga	nized and op	erated e	xclusively to test for pu	ublic safe	ety See	section	509(a)((4).			
11		more publicly su describes the ty	organuppor organuppor organization	ted organizat supporting o	ions des rganizat	xclusively for the bene- scribed in section 509(a ion and complete lines	1)(1) or s 11e thro	ection 5 ough 11	509(a)(2) h) See s	f, or car ection 5	509(a)(3)	. Check the box the	e or nat
	$\overline{}$	a ∐Type I			ype II	ш -	I – Fund	_	-			d 📙	Type III — Other	
е	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box													
g		Since August 17	7, 200	06, has the or	ganızatı	on accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	,7	
													Yes	No
						ontrols, either alone or oported organization?	together	with pe	ersons d	escribe	ın (II) i	and (III)	11g (i)	
		•	_			bed in (i) above?							11 g (ii)	
		(iii) A 35% cor	ntrolle	ed entity of a	person	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the follo	owing	ınformation :	about th	e supported organization	on(s).							
		(i) Name of supporte organization	ed :	(ii) EIN		(in) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in byerning ment?	the organ	ou notify ization in n (i) of upport?	colun	ation in nn (i) ed in the	(vii) Amount of suppo	ort
							Yes	No	Yes	No	Yes	No		
(A)														
<u>(B)</u>							 							
(C)_													·-	
(D)														
<u>(E)</u>			·,	-										
<u>Total</u>														
BAA	Fo	Paperwork Rec	ductio	on Act Notice	see the	Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (For	m 990 or 990-EZ) 2	2011

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support					· · ·				
Cale	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')					.				
	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									
Sec	tion B. Total Support		1	,	_					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(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									
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	2			
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth, (or fifth tax year as	a section 501(c)(3) >			
	tion C. Computation of Pu									
	Public support percentage for 20	•		ne 11, column (f))	14				
15	Public support percentage from	2010 Schedule A	, Part II, line 14			15	5 %			
	16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .									
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
t	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18		zation did not ch	eck a box on line	13, 16a, 16b, 17a						
BAA					Sc	nedule 🛕 (Form	1 990 or 990-EZ) 2011			

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.)

Sect	ion A. Public Support			,			
	lar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts grants contributions	(4) 2007	(5) 2000				
	and membership fees received. (Do not include any 'unusual grants')	363,988.	350,032.	1,225,638.	492,414.	818,762.	3,250,834.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	363,988.	350,032.	1,225,638.	492,414.	818,762.	3,250,834.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support (Subtract line 7c from line 6)	.		<u>_</u>		5.	3,250,834.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	363,988.	350,032.	1,225,638.	492,414.	818,762.	3,250,834.
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	189,634.	120,432.		121,445.	106,059.	691,894.
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	189,634.	120,432.	154,324.	121,445.	106,059.	691,894.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	553,622.	470,464.	1,379,962.	613,859.	924,821.	3,942,728.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)((3)
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	•	15_	82.45 %
	Public support percentage from					16	80.88 %
<u>Sec</u>	tion D. Computation of Inv						
17	Investment income percentage for				ımn (f))	. 17	17.55 %
18	Investment income percentage f					18	19.12 %
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	here. The organ	nization qualifies a	as a publicly suppo	orted organizatior	ւ ► X
t	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization, check this box a	aia not check a b and stop here. Th	oox on line 14 or l le organization qu	ime 19a, and line ialifies as a public	io is more than 3 ly supported orga	inization
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	see instructions	<u>▶ </u>

<u>Schedule</u>	A (Form	990 or 99	0-EZ) 201	1 JEW	ISH CO	MMUNITY	Y FOUND	ATION	OF THE	WEST	68-044	5835	Page 4
Part IV	Part	lementa II, line 1 instruct	7a or 17	nation. C 'b; and f	Complete Part III,	e this pa line 12.	rt to prov Also com	vide the nplete th	explanat is part fo	ions req or any ac	uired by f Iditional ii	Part II, line nformation	e 10; า.
								·					
	<u>-</u>							.					
	·				-								
	. -												
	. -												
	. – – –						. – – – –						
	. – – –												
	. – – – -												
							- -						
			-										. – – – – –
				-		- -			-				
			_ 								_ _		
		-				- 					-		
					-	· - -				-			
						- 							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Open to Rublic Inspection

Name of the organization

Employer identification number

.TEU	VISH COMMUNITY FOUNDATION OF T	HE WEST		68-0445835	
	では、 Organizations Maintaining Donor		ds or Acc		ıf
(ig cir	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	IUS OI ACCI	ounts. Complete	"
		(a) Donor advised funds	(b) F	unds and other acco	unts
1	Total number at end of year	79	1.7		
2	Aggregate contributions to (during year)	685,031.			
3	Aggregate grants from (during year)	606,058.			
4	Aggregate value at end of year	1,806,946.			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in di to the organization's exclusive legal control?	onor advised	XYes	
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or fo	ds can be r any other	X Yes	— □ No
Pai	till Conservation Easements. Compl		to Form 9		
1	Purpose(s) of conservation easements held by		10 1 01111 3	30, 1 art 14, 1111c	/.
•	Preservation of land for public use (e.g., r		of an historic	ally important land a	rea
	Protection of natural habitat	· H		historic structure	ica
	Preservation of open space		or a certifica	motoric structure	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in	the form of a	a conservation easer	ment on the
	last day of the tax year.				
			PART H	leld at the End of the	e Tax Year
6	Total number of conservation easements		2a		
	Total acreage restricted by conservation ease		2b		
•	Number of conservation easements on a certification	fied historic structure included in (a).	2c		
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2d	,	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ted by the or	ganization during the	•
4	Number of states where property subject to co	onservation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hants it holds?	ndling of viol	ations, Yes	No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation easi	ements durin	g the year	_
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing conservation easemer	nts during the	year	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of se	ection	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that o	nse statement, describes the	, and balance sheet, a organization's accor	ind unting for
Păi	रि।।।।। Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Sin 8.	nilar Assets.	
1:	alf the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or resea	enue statemei erch in further	nt and balance sheet ance of public service	t works of ce, provide,
ļ	 if the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items 	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research	statement ar in furtherance	nd balance sheet wo e of public service, p	rks of art, rovide the
	(i) Revenues included in Form 990, Part VIII,	line 1 .		> \$	
	(ii) Assets included in Form 990, Part X	•		. •\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 (ASC 958) relating to these items	for financial ç	gain, provide the follo	owing
	a Revenues included in Form 990, Part VIII, line	:1	•	► \$	
	Assets included in Form 990, Part X			▶\$	

<u> </u>	(a) current year	(b) I Hol year	(c) Iwo years back	(u) Thice years back	(c) Tour years back
1 a Beginning of year balance	1,671,277.	1,444,647.	1,114,723.	1,511,318.	
b Contributions	133,731.	153,497.	172,625.	50,530.	
c Net investment earnings, gains, and losses	-106,230.	147,780.	222,175.	-420,837.	
d Grants or scholarships.	39,652.	74,647.	64,876.	10,850.	
e Other expenditures for facilities and programs				0.	
f Administrative expenses				15,438.	
g End of year balance	1,659,126.	1,671,277.	1,444,647.	1,114,723.	
2 Provide the estimated percentage	of the current year e	nd halance (line 1g	column (a)) held as	-	

a Board designated or quasi-endo	wment -	%
b Permanent endowment ▶	100.00%	
Townson to meet water dead and account	_1 ~	Q.

c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as require Describe in Part XIV the intended uses of the organization's e

				3a(i)	Х	
				3a(ii)	Х	
ed on Schedule R?				3b		
endowment funds.	SEE	PART	XIV			

Part VI Land, Buildings, and Equip	ment. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements	1,929.		1,929.	0.
d Equipment	1,868.		928.	940.
e Other	11,323.	· — · — ·	11,323.	0.
Total. Add lines 1a through 1e. (Column (d) r.	nust equal Form 990, Part X,	column (B), line 10(c)) ▶	940.

BAA

Schedule **D** (Form 990) 2011

Yes

No

		68-044583	35 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	-	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		924,821.
2	Total expenses (Form 990, Part IX, column (A), line 25)		741,028.
3	Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>	183,793.
4	Net unrealized gains (losses) on investments	<u> </u>	-211,393.
	Donated services and use of facilities	<u> </u>	211,393.
2			
6	Investment expenses		
7	Prior period adjustments	<u></u>	
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		-211,393.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		-27,600.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	713,428.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	 	713,420.
	1 1		
	Net unrealized gains on investments	_	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants.		
d	Other (Describe in Part XIV) SEE PART XIV 2d -211,393	3.	
	Add lines 2a through 2d	2e	-211,393.
	Subtract line 2e from line 1		
		3	924,821.
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	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	024 021
			924,821.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	768,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
	· · · · · · · · · · · · · · · · · · ·		
		_	
	Other (Describe in Part XIV.) SEE PART XIV 2d 27,533	3.	
е	Add lines 2a through 2d	2e	27,533.
3	Subtract line 2e from line 1	3	741,028.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · · · · · · · · · · · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b		
		4c	741 020
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information	5	741,028.
Part any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl additional information.	IV, lines 1b a ete this part f	and 2b; to provide
	PART_Y, LINE 4 - INTENDED_USES OF ENDOWMENT FUND		
	ENDOWMENTS_ARE_PERMANENT_FUNDS_THAT_ALLOW_DONORS_TO_SUPPORT_THEIR_F	AVORITE_	CHARITIES
	OR_CAUSES_IN_PERPETUITY	 -	
	PART.XFIN.48.FOOTNQTE	- -	
-	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER	SECTION_	501(C)(3)
- - -	OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA R	EVENUE A	<u>ND</u>
-	TAXATION CODE. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED NOT	<u>TO BE A</u>	_PRIVATE
	FOUNDATION UNDER SECTION 170 (B) (1) (A) (VI) OF THE INTERNAL REVENUE C	ODE	
BAA	TEEA3304L 05/25/11		D (Form 990) 2011
			,

Schedule D (Form 990) 2011 JEWISH COMMUNITY FOUNDATION OF THE WEST	68-0445835	Page 5
PartXIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS	TAXING AUTHORITIES	S .
THE_ORGANIZATION'S_FEDERAL_TAX_RETURNS_FOR_2009, 2010 AND 2011	REMAIN OPEN TO	
EXAMINATION BY THE INTERNAL REVENUE SERVICE; STATE INCOME RETUR	NS FOR 2008 2009	
2010 AND 2011 ARE OPEN TO EXAMINATION. IN EVALUATING THE ORGAN	IZATION'S TAX	
PROVISIONS AND ACCRUALS, MANAGEMENT BELIEVES THAT ITS ESTIMATES	ARE APPROPRIATE	
BASED ON CURRENT FACTS AND CIRCUMSTANCES.		
		
		-
		
		
		
		-

Schedule D (Form 990) 2011 PartXIV Supplemental	JEWISH	COMMUNITY	FOUNDATION O	F THE	WEST	68-0445835	Page 5
Part XIV Supplemental	Informa	tion (continue	ed)				
	-			. – – – -	· 		-
						_	
					- 		
					· -		
	 -						
							
						· 	
							
				. 	- 		
					- 		
					· 		
							<u>-</u>
	 .	 _					
			- -	-			
					-	· 	
	-						
							
							-
							
							

TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE I

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

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number 68-0445835

ž

X Yes

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? Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I General Information on Grants and Assistance JEWISH COMMUNITY FOUNDATION OF THE WEST Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II can be duplicated if additional space is needed

	2000	50500					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUREAU OF JEWISH EDUCATION			2.4.2	c			CHARITABLE
(2) CONGREGATION BETH SHALOM			5,210.	0	CASH		CHARITABLE
(3) CONGREGATION B'NAI ISRAEL			138,527.	.0	CASH		CHARITABLE PURPOSES
(4) HADAS			97,175.	.0	CASH		CHARITABLE PURPOSES
(5) HILLEL CAPITAL CAMPAIGN = 328 A STREET DAVIS, CA 95616			34,750.	.0	CASH		CHARITABLE
(6) <u>JEWISH FEDERATION OF SACRAMEN</u> - <u>2351 WYDA WAY</u> - SACRAMENTO, CA 95825			65,200.	.0	CASH		CHARITABLE PURPOSES
(7) MOSAIC LAW CONGREGATION			28,204.	.0	CASH		CHARITABLE
(8) TEMPLE OR RICHON			16,608.	.0	CASH		CHARITABLE
	3) and government or	ganizations listed II	n the line 1 table			A	
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				A	2

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Schedule I (Form 990) (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST

[Randle I (Form 990) (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST

[Randle I (Form 990) (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST

[Randle I (Form 990) (2011) JEWISH COMMUNITY FOUNDATION OF THE WEST

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	:				
, m	:				
4					
S					
9					
7					
RartilVe Supplemental Information. Complete this part to		provide the information required in Part I, line 2,	tion required in Par		and any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	<u>IONITORING USE</u>	<u> OF GRANTS FUN</u>	DS IN U.S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THE JEWISH COMMUNITY FOUNDATION OF THE WES	NOF THE WEST	T_DISBURSES GRANTS ONLY TO U.S.	TS ONLY TO U.S		
ORGANIZATIONS THAT ARE TAX EXEMPT PUBLIC CHARITIES, OR TO STATE OR LOCAL GOVERNMENTAL	MPT PUBLIC CH	ARITIES, OR TO	STATE OR LOCAL	GOVERIMENTAL	
ORGANIZATIONS QUALIFIED TO RECEIVE TAX-DEDUCTIBLE CHARITABLE CONTRIBUTIONS, SUCH AS	EIVE_TAX-DEDU	CTIBLE CHARITAB	LE CONTRIBUTIO	NS, SUCH AS	
STATE COLLEGES OR UNIVERSITIES.	 	 	 		
WRITTEN		GRANTS/DISBURSEMENTS	MENTS DISTRIBUTED	TED IN	
RESPONSE TO THEIR RECOMMENDATIONS.	ONS.	 	i i i i i	 	
PROCEDURES ARE IMPLEMENTED TO ENSURE SECURITY OF GRANT FUNDS AS WELL AS COMPLIANCE	ENSURE SECURI	TY OF GRANT FUN	DS AS WELL AS	COMPLIANCE	
WITH LAW.					Schedula I (Form 990) (2011)
***O					/・・>=/ />> />> ・・・・・ ~ ・ > innopino

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

on	2011
	OpenfoRublic de linspection
Employer ide	entification number

OMB No 1545-0047

JEWISH COMMUNITY FOUNDATION OF THE WEST	68-0445835		
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS			
FORM 990 WAS REVIEWED BY BOARD PRESIDENT PRIOR TO FILING.			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE			
GOVERNING DOCS AND FORM 990 WILL BE MADE AVAILABLE PURSUANT T	O STATE AND FEDERAL		
LAWS UPON REQUEST.			

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

JEWISH COMMUNITY FOUNDATION OF THE WEST

68-0445835

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

INVESTMENT LOSS

TOTAL \$ -211,393. \$ -211,393.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

INVESTMENT EXPENSES

TOTAL \$ 27,533. \$ 27,533.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

JEWISH COMMUNITY FOUNDATION OF THE WEST

68-0445835

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -211,393.