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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

A Fo	or the 2	2011 ca	lendar year, or tax year beginning 01-01-	2011 and ending 12-31-20:	11			<u> </u>
		pplicable	C Name of organization JEWISH FEDERATION COUNCIL OF GREATER LA			D Employ	er ide	ntification number
	dress ch			ı		95-16	4338	8
┌ Na	me cha	nge	Doing Business As			E Telepho	ne nu	mber
┌ <sub>Inr</sub>	tıal retu	m	Number and street (or D.O. boy if mail is not di	olivered to street address) Deem/s	uuto.	(323)	761-8	3000
_	rmınate		Number and street (or P O box if mail is not do 6505 WILSHIRE BLVD	elivered to street address) Room/s	uite	<b>G</b> Gross re	ceipts	\$ 54,787,097
	nended		City or town, state or country, and ZIP + 4		[			
_			LOS ANGELES, CA 90048					
ј Ар	plication	n pending						
			F Name and address of principal offi JAY SANDERSON	cer	H(a) Is the		returr	
			6505 WILSHIRE BLVD		affilia	ces /		ΓYes <b>Γ</b> No
			LOS ANGELES, CA 90048		H(b) Are all	affiliates i	nclud	ed?
					If "No	," attach	a lıst	(see instructions)
I la	ax-exem	npt status	▼ 501(c)(3)	4947(a)(1) or   527 	H(c) Grou	p exempti	on nu	mber 🟲
J W	ebsite	e: 🕨 WW	W JEWISHLA ORG					
<b>K</b> For	m of ord	ganızatıon	Corporation Trust Association Other	<b>&gt;</b>	L Year of for	mation 193	37 <b>M</b>	State of legal domicile CA
Pa	rt I	Sum	mary					-
		Briefly d	escribe the organization's mission or mos	t significant activities				
	1	BASED	ON JEWISH VALUES, THE JEWISH FEDE	RATION OF GREATER LOS				
e e		EVERYW COMMU	/HERE, ENSURES THE JEWISH FUTURE NITY	SUPPORTS A SECURE STA	ATE OF ISRAEI	_, AND EN	IGAG	ES THE GREATER
Governance	<u> </u>	<u>COMMO</u>	1911 1					
Ě								
Š	-							
			nis box 🚩 if the organization discontinue			5% of its		ssets
Activities &	1		of voting members of the governing body			-	3	46
Ę			of independent voting members of the gov		•		4	45
ਹੁੰ			mber of individuals employed in calendar			-	5	188
⋖			mber of volunteers (estimate if necessary	•		-	6	2,296
			related business revenue from Part VIII,	-	7a	8,087		
	b	Net unre	lated business taxable income from Form	990-1, line 34			7b	6,910
					Prior	Year	_	Current Year
<u>o</u>	8		butions and grants (Part VIII, line 1h)		•	49,553,4		45,503,542
Revenue	9	_	m service revenue (Part VIII, line 2g)		•	3,688,088		3,638,177
Ψ	10		ment income (Part VIII, column (A), line revenue (Part VIII, column (A), lines 5, 6		·	1,025,503		1,607,023
	12		revenue—add lines 8 through 11 (must ec		ne	-239,2	42	-396,863
	12		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		54,027,7	87	50,351,879
	13	Grants	and similar amounts paid (Part IX, colur	nn (A), lines 1-3)		28,049,4	34	26,722,946
	14	Benefi	ts paid to or for members (Part IX, colum	n (A ), line 4 )			0	0
ø	15		es, other compensation, employee benefit	s (Part IX, column (A), lines		14,848,5		14621170
Expenses	46-	5-10)					14,631,178	
ፙ	16a		sional fundraising fees (Part IX, column (			160,4	53,714	
ሿ	b		ndraising expenses (Part IX, column (D), line 25) I					
	17		expenses (Part IX, column (A), lines 11a		-	11,388,2	_	11,402,172
	18		expenses Add lines 13-17 (must equal F			54,446,7		52,810,010
, <i>a</i> 7	19	Reven	ue less expenses Subtract line 18 from l	ine 12	Posinnins.	-418,9	_	-2,458,131
8 0 9 0					Beginning Y	of Curren ear	"	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		1	28,684,7	20	126,881,663
선물	21		iabilities (Part X, line 26)			22,978,3		25,788,186
žŽ	22	Netas	sets or fund balances Subtract line 21 fr	om line 20	1	05,706,4	08	101,093,477
Pa	rt II	Sign	ature Block					
Unde know	r penal	ties of p	erjury, I declare that I have examined this re f, it is true, correct, and complete. Declaration					
		****				12-11-12		
Sigr		<b>F</b> Signa	ature of officer		Da	te		
Her	e		WOLKIND CFO/COO					
		Iype	or print name and title			1		
		Preparer		Date	Check if self-	Preparer's (see instri		yer identification number
Paid		sıgnatur	S NUIVA VANIS		employed •	(See mistre	- CO 113	,
•	arer's		ame (or yours ERNST & YOUNG US LLP			EIN Þ		
Use	Only		nployed), and ZIP + 4 18111 VON KARMAN AVENUE SU	JITE 1000		LIIV F		
		]				Phone no	<b>▶</b> (9-	49) 794-2300

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

┌ Yes ┌ No

Form	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
Par											
1	Briefly describe the	organization's missio	n								
SEE	SCHEDULE O										
2						┌ Yes ┌ No					
	If "Yes," describe th	ese new services on S	chedule O								
3						┌ Yes ┌ No					
	If "Yes," describe these changes on Schedule O										
4	expenses Section 5	01(c)(3) and 501(c)(	4) organization:	s and section 4947(a)	(1) trusts are required to re	port the amount of					
4a	(Code	) (Expenses \$	23,430,947	including grants of \$	15,322,485 ) (Revenue \$	3,638,177)					
	SEE SCHEDULE O										
	(Code	) (Expenses \$	14,007,524	ıncludıng grants of \$	10,938,829 ) (Revenue \$	0)					
	SEE SCHEDULE 0										
	(Code	) (Expenses \$	2,193,631	ıncludıng grants of \$	461,632 ) (Revenue \$	0)					
	SEE SCHEDULE O	, , ,									
4d	Other program serv	vices (Describe in Sc	hedule O )								

) (Revenue \$

Form **990** (2011)

including grants of \$

39,632,102

(Expenses \$

Total program service expenses►\$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, 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	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
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.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
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 U S? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		N o
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
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		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	<u> </u>
		F	orm <b>990</b>	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 123			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	105	
	Statements filed for the calendar year ending with or within the year covered by this			
	return	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		No
<b>L</b>	account)?	-14		100
D	If "Yes," enter the name of the foreign country ►			
	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		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No No
-	organization solicit any contributions that were not tax deductible?	0		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70	163	
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		ı		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		110
y	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	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
		0		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
_				
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Instruction foce and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
1 7a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		124		
O	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
4.4		44-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing hady at the and of the tay			
14	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 organization's exempt status with respect to such arrangements?	15:		
- C-	ection C. Disclosure	16b		
<u>56</u> 17	List the States with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FIVAN WOLKIND 6505 WILSHIRE BLVD

LOS ANGELES, CA 90048 (323) 761-8000

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	mor unles an	(C)  Ition (do not check  ore than one box,  ess person is both  an officer and a  irector/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	hours more per unless week an (describe dire					x, oth		Repo compo fro organiz	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	5	Estima amount o compen from organizat	ated f other sation the ion and
		hours for related organizations in Schedule O)  MISC)  Former Highest compensated Officer Institutional Trustee O)	MISC)		relat organiza									
See /	Addıtıonal Data Table											$\top$		
		+			$\vdash$							+		
					-							+		
					<u> </u>							$\bot$		
												$\perp$		
		+										+		
		+			$\vdash$							+		
					<u> </u>							_		
												$\perp$		
		+			$\vdash$							+		
					<u> </u>							+		
								Ļ				_		
1b	Sub-Total				•	•		<b>*</b>				+		
c	Total from continuation sheets  Total (add lines 1b and 1c) .				•	•		<u>-</u>		2,116,750		0		331,044
	Total number of individuals (incl				مارد	ted.	ahove		receive		a n	<u> </u>		331,04-
_	\$100,000 of reportable compen						above	) <b>vv</b> iic	J TECEIVE	a more the	411			
														No
3	Did the organization list any <b>for</b>	<b>mer</b> officer dired	tor or t	truste	e k	eve	mnlov	ee c	or highes	t compens	ated employee		Yes	No
•	on line 1a? If "Yes," complete Sci						p.10 y	•	• • •	• •	· · ·	3		No
4	For any individual listed on line	1a, is the sum o	f report	able	com	pens	sation	and	other co	mpensatio	n from the			
	organization and related organiz	ations greater th	nan \$15	50,00	002.	If "Y	es," co	mple	ete Sched	ule J for su	ch	_ ا	V	
5	Did any person listed on line 1a	receive or accri		nenca	• •tion	fron	n anv	· unra	lated ord	anization	or individual for	4	Yes	
3	services rendered to the organiz		-				-		_	• • •	•	5		No
														110
	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
		(A)	drace							5	(B)		(Compos	
WOR	LD EXPRESS TRAVEL	me and business ad	uress							Desc	ription of services	$\dashv$	Compe	isation

<b>(A)</b> Name and business address	( <b>B)</b> Description of services	<b>(C)</b> Compensation
WORLD EXPRESS TRAVEL 18425 BURBANK BLVD SUITE 512 TARZANA, CA 91356	TRAVEL SERVICES	2,414,165
NASTEC INTERNATIONAL 5000 N PARKWAY CALABASAS CALABASAS, CA 91302	SECURITY SERVICES	900,211
CLASSIC PARTY RENTALS 2310 EAST IMPERIAL HIGHWAY EL SEGUNDO, CA 90245	EVENT RENTAL EQUIP	665,105
ENTERPRISE BUILDING SERVICES INC 5000 N PARKWAY CALABASAS CALABASAS, CA 91302	MAINTENANCE SERVICES	485,021
DA'AT TRAVEL SERVICES 19 WASHINGTON STREET JERUSALEM, 0 91710 IS	TRAVEL SERVICES	447,695
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13

Form 99								Page <b>9</b>
Part	<b>/!!!</b>	Statement of	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ıes <b>1b</b>	87,821				
s, g	С	Fundraising ev	ents <b>1</b> c	8,543,360				
#£	d	Related organiz	zations 1d	5,695,247				
ي. E	e	Government grant	s (contributions) 1e	227,768				
i Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	30,949,346				
돌 돌	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
d H		lines 1a-1f \$ _	,316,076					
္မ	h	Total. Add line	s 1a-1f	▶	45,503,542			
				Business Code				
Program Service Revenue	2a	PROGRAM SERVIC	ES	900099	20,815	20,815		
₽3.	ь	RENT REIMBURSE	MENT	531120	3,617,362	3,617,362		
- G	c							
ž b	d		_					
ਔ ⊆	e		_					
Iran	f	All other progra	am service revenue					
چ م								
	д 3		s 2a-2f		3,638,177			
			ome (including dividen ar amounts)	·	1,057,288		8,087	1,049,201
	4		stment of tax-exempt bond	F	0		·	, ,
	5				0			
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)	<u> </u>				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,835,272	( )				
	b	Less cost or other basis and sales expenses	3,285,537					
	C	Gain or (loss)	549,735					
	d	Net gain or (los			549,735			549,735
Other Revenue	8a	events (not inc \$8,543 of contributions	s,360 reported on line 1c)					
č		See raitiv, iii	ne 18 a	451,756				
h e	ь	Less direct ex	penses <b>b</b>	1,149,681				
5	c	Net income or	(loss) from fundraising		-697,925			-697,925
	9a		rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo	ınventory, less					
	b c		oods sold <b>b</b> (loss) from sales of inv	entory ►	o			
	Ť	Miscellaneous		Business Code				
	11a	REIMBURSEM		900099	157,385			157,385
	ь	MISCELLANEO		900099	143,677			143,677
	c							
	d	All other reven	ue					
	е		s 11a-11d	·	201.25			
	12		See Instructions .	•	301,062 50,351,879	3,638,177	8,087	1,202,073
	1				30,331,073	J,UJU,1//	0,007	1,202,013

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

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

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	26,504,946	26,504,946		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	218,000	218,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,581,400	635,359	495,113	450,928
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	141,980	16,850	125,130	
7	Other salaries and wages	10,198,443	5,547,001	737,010	3,914,432
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,140,018	532,742	159,846	447,430
9	Other employee benefits	627,408	312,018	63,691	251,699
10	Payroll taxes	941,929	510,824	89,425	341,680
11	Fees for services (non-employees)		-		
а	Management	0			
b	Legal	239,345		239,345	
С	Accounting	148,333		148,333	
d	Lobbying	62,692	62,692		_
e	Professional fundraising See Part IV, line 17	53,714			53,714
f	Investment management fees	121,883		121,883	<u> </u>
g	Other	673,576	232,525	176,489	264,562
12	Advertising and promotion	932,816	96,133	42,626	794,057
13	Office expenses	495,366	227,891	76,084	191,391
14	Information technology	567,658	45,350	169,797	352,511
15	Royalties	0			<u> </u>
16	Occupancy	2,993,587	2,346,142	470,939	176,506
17	Travel	543,088	399,199	79,986	63,903
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	134,786	59,477	44,212	31,097
20	Interest	77,176		77,176	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,454,745	960,340	392,767	101,638
23	Insurance	479,319	95,864	201,314	182,141
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT REPAIRS AND MAINT	1,136,012	310,926	486,701	338,385
b	SPECIAL EVENT EXPENSE	365,136	281,341	62,438	21,357
c	TEMPORARY LABOR	270,752	60,353	85,812	124,587
d	ALL OTHER EXPENSES	705,902	176,129	497,723	32,050
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	52,810,010	20 622 102	E 042 940	0 124 060
26	Joint costs. Check here ► if following	32,610,010	39,632,102	5,043,840	8,134,068
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) (B) End of year Beginning of year 8,702,999 1 10,373,416 1 2 14.939.016 2 8.887.373 Savings and temporary cash investments . . . . . . . 3 13,251,361 3 11,427,878 0 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 176.818 5 184.783 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 400,062 7 254,888 0 8 496,554 340,406 9 9 Prepaid expenses and deferred charges . . . . . . 50,819,208 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 29,592,345 b Less accumulated depreciation . . . . . 22,077,227 10c 21,226,863 30,214,860 25,998,154 11 11 43,977,000 39,672,461 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 0 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 500,466 15 2,463,798 15 128,684,720 16 126,881,663 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,266,615 17 4,219,575 17 Accounts payable and accrued expenses . 18 14.882.195 18 14,485,274 19 19 0 20 3.230.000 20 0 21 0 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 3,300,000 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 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 1,599,502 25 3,783,337 D . . . . 26 22,978,312 26 25,788,186 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 88,885,571 27 85,949,998 Unrestricted net assets . . . . 12,007,495 28 10,330,137 28 Temporarily restricted net assets . . . . . Fund 29 4,813,342 29 4,813,342 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 105.706.408 33 101.093.477 128,684,720 34 Total liabilities and net assets/fund balances . . . . . 34 126.881.663

<u> </u>	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		503	351,879
2	Total expenses (must equal Part IX, column (A), line 25)	2			310,010
3	Revenue less expenses Subtract line 2 from line 1	3		-2,4	58,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		105,7	06,408
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,1	.54,800
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		101,0	93,477
Pai	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA

#### OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

								95-1643			
Part I			blic Charity Sta						instructions	5	
he orgar			te foundation becaus								
1 [	A church	, conventi	on of churches, or as	ssociation o	of churches	section 170(	b)(1)(A)(i)	).			
2	A school	described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (A	ttach Sche	dule E )					
з Г	A hospita	ıl or a coo	perative hospital se	rvice organi	ızatıon desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(iii).			
4 「			h organization operat ity, and state	ted in conju	nction with	a hospital des	scribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the	
5	An organ	ızatıon op	erated for the benefit	t of a colleg	e or univers	sity owned or	operated by	a governme	ntal unit des	cribed in	
	section 1	70(b)(1)(	(A)(iv). (Complete P	art II )							
6 <u></u>	A federal	, state, or	·local government or	governmer	ntal unit des	scribed in <b>sec</b> t	tion 170(b)	(1)(A)(v).			
7 🔽	described	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			described in <b>section</b>		( <b>A)(vi)</b> (C)	omnlete Part 1	Π.)				
9			at normally receives					rihiitions ma	mhershin fee	s and aross	
- 1	_		rities related to its ex	` '				•	•	, -	
			oss investment inco								
			ganızatıon after June						cax) nom b	usillesses	
LO 🗆			ganized and operated								
10 , 11 $\Gamma$									to carry out	the nurnoses of	
,	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h  a										
e   f g	other tha section 5 If the org check thi	n foundatı 09(a)(2) anızatıon s box gust 17, 2	ox, I certify that the ion managers and oth received a written do 2006, has the organi	her than one	e or more pu	ublicly suppor	ted organiz	ations descri	bed in sectio	n 509(a)(1) or	
	_	•	rectly or indirectly c	ontrols, eith	her alone or	together with	persons de	escribed in (ii	)	Yes No	
			governing body of th			_	•	`		y(i)	
		•	er of a person descri		_					ı(ii)	
	` ,	•	lled entity of a perso	` ,		above?				(iii)	
h			ng information about						[	(/	
					<b></b>	,					
Nam supp	(iii) Type of Organization Type of Organization Tis the Organization in Col (i) listed in your governing document?		Did you no organiza col (i) o	(v) Did you notify the organization in col (i) of your support?		i) he ation in ganized U S ?	(vii) A mount of support?				
			(see instructions))	Yes	No	Yes	No	Yes	No	7	
				•	-					1	
					+	1		+	+	1	
					1	1		+	1	1	
						+			+		
					+	+			+	1	
						+	+	+	+	+	

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		<u>'</u>		, ,		•	
Cale	<b>endar year</b> (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 20	11	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	58,430,46	3 55,195,584	48,472,169	49,553,438	45,	503,542	257,155,196
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	58,430,46	3 55,195,584	48,472,169	49,553,438	45,	503,542	257,155,196
3	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							2,941,177
6	(f) <b>Public Support.</b> Subtract line 5							254,214,019
	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(4) 2010	(-) 20	<u>, ,                                  </u>	<b>(f)</b> Total
_	beginning in)				(d) 2010	(e) 2011		
7 8	A mounts from line 4 Gross income from interest,	58,430,463	55,195,584	48,472,169	49,553,438	45,	503,542	257,155,196
·	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,505,431	1,398,289	980,671	827,410	1,	057,288	6,769,089
9	Net income from unrelated business activities, whether or not the business is regularly carried on	216,875						216,875
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	<b>Total support</b> (Add lines 7 through 10)							264,141,160
12	Gross receipts from related activity	ties, etc (See ins	tructions )	<u>'</u>	•	12		19,772,149
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	, thırd, fourth, or f	ifth tax year as a	501(c)(3	) organı	zation, ▶
	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (†))		14		96 242 %
15	Public Support Percentage for 201	•				15		97 227 %
тра	<b>33 1/3% support test—2011.</b> If th and <b>stop here.</b> The organization qu				iine 14 is 33 1/3%	o or more	, cneck	this box <b>►</b> ▼
b	<b>33 1/3% support test—2010.</b> If th	e organization did	not check the box	k on line 13 or 16	a, and line 15 is	33 1/3% (	or more,	
17a	box and stop here. The organization 10%-facts-and-circumstances test				ne 13 16a or 16	h and line	14	▶
.,u	ıs 10% or more, and ıf the organız	ation meets the "	facts and circumst	ances" test, che	ck this box and <b>s</b> t	top here. I	Explain	
	in Part IV how the organization me organization	ets the "facts an	d cırcumstances"	test The organiz	ation qualifies as	a publicly	suppor	ted ▶□
b	10%-facts-and-circumstances test							F 1
	15 is 10% or more, and if the organization							
18	Explain in Part IV how the organiz supported organization <b>Private Foundation</b> If the organization				-			<b>▶</b> □
	ınstructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

## Software ID: Software Version:

**EIN:** 95-1643388

Name: JEWISH FEDERATION COUNCIL OF GREATER LA

#### Form 990, Special Condition Description:

#### **Special Condition Description**

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and		ent Co			rs					
(A) Name and Title	(B) Average hours		that		y)		_	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JONATHAN ANSCHELL DIRECTOR	1 0	Х						0	0	0
SHARON BARADARAN DIRECTOR	1 0	Х						0	0	0
HOWARD BERNSTEIN DIRECTOR	1 0	Х						0	0	0
LES BIDER DIRECTOR/CO-CHAIR FRD	1 0	Х		Х				0	0	0
LYNN BIDER DIRECTOR	1 0	Х						0	0	0
DEREK BROWN DIRECTOR	1 0	х						0	0	0
LYNETTE BROWN DIRECTOR	1 0	Х						0	0	0
MARK CARREL DIRECTOR	1 0	Х						0	0	0
JERRY COHEN DIRECTOR	1 0	Х						0	0	0
ROCHELLE COHEN DIRECTOR/SECRETARY	1 0	Х		х				0	0	0
LARRY COHEN DIRECTOR	1 0	Х						0	0	0
BRAD CONROY DIRECTOR	1 0	Х						0	0	0
JONATHAN COOKLER DIRECTOR/VICE CHAIRMAN	1 0	Х		х				0	0	0
STELLA DEBIBI DIRECTOR	1 0	Х						0	0	0
ELLIOT DORFF DIRECTOR	1 0	Х						0	0	0
JOSH FEFFER DIRECTOR	1 0	Х						0	0	0
EDWARD FEINSTEIN DIRECTOR	1 0	Х						0	0	0
DAVID GILL DIRECTOR	1 0	Х						0	0	0
ABNER GOLDSTINE DIRECTOR	1 0	Х						0	0	0
MARJAN KEYPOUR GREENBLATT DIRECTOR	1 0	Х						0	0	0
DANIEL GRYCZMAN DIRECTOR	1 0	х						0	0	0
ADA HORWICH DIRECTOR	1 0	х						0	0	0
LEON JANKS DIRECTOR	1 0	Х						0	0	0
SHARON JANKS DIRECTOR/CO-CHAIR FRD	1 0	Х		х				0	0	0
DAVID KAUFMAN DIRECTOR	1 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per		tion that a		/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
LAURIE KONHEIM DIRECTOR	1 0	х						0	0	0	
PETER LOWY DIRECTOR	1 0	Х						0	0	0	
FRANK MAAS DIRECTOR	1 0	Х						0	0	0	
VIRGINIA MAAS DIRECTOR	1 0	х						0	0	0	
SUE MELTZER DIRECTOR	1 0	Х						0	0	0	
HEIDI MONKARSH DIRECTOR	1 0	Х						0	0	0	
NISSAN PARDO DIRECTOR	1 0	Х						0	0	0	
JULIE PLATT DIRECTOR	1 0	х						0	0	0	
LARRY POST DIRECTOR	1 0	Х						0	0	0	
ALBERT PRAW DIRECTOR	1 0	х						0	0	0	
EDWARD ROBIN DIRECTOR/VICE CHAIRMAN	1 0	Х		Х				0	0	0	
ALAN ROSEN DIRECTOR	1 0	Х						0	0	0	
SAM ROSENWALD DIRECTOR	1 0	Х						0	0	0	
RICHARD SANDLER DIRECTOR/CHAIRMAN	1 0	Х		х				0	0	0	
JESSE SHARF DIRECTOR	1 0	Х						0	0	0	
BRIAN SHIRKEN DIRECTOR	1 0	Х						0	0	0	
TERRI SMOOKE DIRECTOR/TREASURER	1 0	Х		х				0	0	0	
GLENN SONNENBERG DIRECTOR	1 0	Х						0	0	0	
IRV WEINTRAUB DIRECTOR	1 0	Х						0	0	0	
BRIAN WEISBERG DIRECTOR	1 0	Х						0	0	0	
RICHARD ZIMAN DIRECTOR	1 0	Х						0	0	0	
JAY SANDERSON PRESIDENT/CEO	38 0			×				403,536	0	42,385	
IVAN WOLKIND CFO/COO	38 0			х				260,921	0	14,063	
JOHN FISHEL PRESIDENT EMERITUS	20 0			х				244,304	0	70,583	
ANDREW CUSHNIR EVP CHIEF PROGRAM OFFICER	38 0				х			192,362	0	52,466	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week Individual trustae or director		(check all				<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
			Institutional Trustee	Officei	Key employee	Former t compe		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
NANCY SACKS EVP DEV OFFICER (PART-YEAR)	38 0				Х			167,780	0	13,946
CAROL KORANSKY EVP DIRECTOR VALLEY ALLIANCE	38 0					х		203,651	0	45,369
CYNTHIA AYALA SVP ADMINISTRATION AND HR	38 0					х		166,593	0	31,411
MARLA ABRAHAM SVP ENDOWMENT PLEDGE/PREMIERE	38 0					x		164,812	0	8,276
LORI TESSEL SVP MAJOR GIFTS	38 0					Х		163,758	0	25,015
BERYL GEBER SVP SYNAGOGUE OUTREACH/PSHPS	38 0					х		149,033	0	27,530

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE C** (Form 990 or 990-EZ)

DLN: 93493317015312

OMB No 1545-0047

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts ⊢A and C below Do not complete Part ⊢B

◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If th		t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 zations Complete Part III										
	me of the organization			Employer iden	tification number							
JΕV	VISH FEDERATION COUNCIL OF GREATE	ER LA		95-1643388								
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 527	organization.							
1	Provide a description of the or in opposition to candidates for	ganızatıon's dırect and ındırect po public office in Part IV	litical campaign ac	tivities on behalf of or								
2	Political expenditures			►	\$							
3	Volunteer hours											
Par	Complete if the or	ganization is exempt unde	er section 501(	c)(3).								
1		e tax incurred by the organization			\$							
2	•	e tax incurred by organization mar			\$							
3		section 4955 tax, did it file Form 4			Yes							
4a	Was a correction made?	,	,		☐ Yes ☐ No							
ь	If "Yes," describe in Part IV											
Par	-	ganization is exempt unde	er section 501(	c) except section 501	.(c)(3).							
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$							
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organization:	s for section 527 ▶	\$							
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	¢							
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			⊤ Yes							
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.											
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-							

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$1,500,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,00	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en					
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount				portina				
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)).	

		(a)		(b)
		Yes	No	Amount
-	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		62,692
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			62,692
a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
a T	+ TII-A. Complete if the organization is examply under section $501(c)(4)$ , section	501/6	\ <u> </u>	r section

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

	answered "Yes".	,	
1	Dues, assessments and similar amounts from members	1	

- Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political
- expenses for which the section 527(f) tax was paid).
- a Current year
- **b** Carryover from last year
- **c** Tota
- $\textbf{3} \qquad \text{Aggregate amount reported in section } 6033(e)(1)(A) \text{ notices of nondeductible section } 162(e) \text{ dues}$
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
  - Taxable amount of lobbying and political expenditures (see instructions)

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING EXPENSE ALLOCATIONS	SCHEDULE C, PART II-B, LINE 1F	THE JEWISH PUBLIC AFFAIRS COMMITTEE OF CALIFORNIA (JPAC) IS THE LARGEST SINGLE STATE COALITION OF JEWISH ORGANIZATIONS IN THE NATION JPAC IS COMPRISED OF JEWISH FEDERATIONS, JEWISH COMMUNITY RELATIONS COMMITTEES, AND OTHER CALIFORNIA BASED JEWISH ORGANIZATIONS JPAC TAKES POSITIONS ON LEGISLATION DEALING WITH ISSUES IMPORTANT TO THE JEWISH COMMUNITY, SUCH AS CIVIL RIGHTS, SEPARATION OF CHURCH AND STATE,
		SOCIAL SERVICE DELIVERY, AND PUBLIC EDUCATION JPAC ALSO ADVOCATES ON THE FULL RANGE OF JEWISH COMMUNITY CONCERNS, INCLUDING SUPPORT ON BEHALF OF JEWISH SOCIAL SERVICE PROVIDER AGENCIES THAT SERVE THE POPULATION AT LARGE JPAC SERVES AS A RESOURCE TO LEGISLATORS ON VARIOUS POLICY MATTERS LOBBYING ALLOCATION TO JPAC IS \$62,692 00

2a

2b 2c

3

4

5

DLN: 93493317015312

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

nternal Revenue Service		► Attach to	► Attach to Form 990. ► See separate instructions.					
	Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA			Emp	oyer ident if icat	ion numb	er	
JEV	VISH FEDERALION CO	JUNCIL OF GREATER LA		95-1	.643388			
Pa	rt I Organi	zations Maintaining Donor	Advised Funds or Other Similar F			Comple	te if the	
		ation answered "Yes" to Form				•		
			(a) Donor advised funds	(	<b>b)</b> Funds and ot	heraccou	ınts	
1	Total number at	•						
2	55 5	ributions to (during year)						
3	55 5 5	ts from (during year)						
4	Aggregate valu	e at end of year						
5			idvisors in writing that the assets held in doi the organization's exclusive legal control?	nor advi:	sed	┌ Yes	┌ No	
6	used only for cl		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a			┌ Yes	┌ No	
Pa	rt III Consei	rvation Easements. Comple	ete if the organization answered "Yes"	to Form	1 990, Part IV,	line 7.		
1	Purpose(s) of c	onservation easements held by th	e organization (check all that apply)					
	·	on of land for public use (e g , recre	<u> </u>			•	a	
	☐ Protection	of natural habitat	Preservation of a	certified	l historic structi	ure		
	Preservati	on of open space						
2		2a-2d if the organization held a q ne last day of the tax year	ualified conservation contribution in the forn	n of a co	nservation			
					Held at the I	nd of the	Year	
а	Total number o	f conservation easements		2a				
b	_	estricted by conservation easeme		2b				
С	Number of cons	servation easements on a certified	historic structure included in (a)	2c				
d	Number of cons	servation easements included in (c	:) acquired after 8/17/06	2d				
3	Number of cons	ervation easements modified, tran	nsferred, released, extinguished, or terminat	ed by th	e organızatıon d	urıng		
	the taxable yea	ar⊫						
4	Number of state	es where property subject to conse	ervation easement is located 🗠					
5		ization have a written policy regard the conservation easements it hol	ding the periodic monitoring, inspection, han lds?	ıdlıng of	violations, and	┌ Yes	┌ No	
6	Staff and volun	teer hours devoted to monitoring, i	inspecting and enforcing conservation easer	nents dı	ırıng the year 🛌			
7			ecting, and enforcing conservation easement					
,	► \$		S,		,			
8		servation easement reported on lin ) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction		┌ Yes	┌ No	
9	balance sheet,		s conservation easements in its revenue and of the footnote to the organization's financia sements					
Par			tions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar A	ssets.		
1a	art, historical t	reasures, or other similar assets h	FAS 116, not to report in its revenue statemed aeld for public exhibition, education or resear a financial statements that describes these i	ch in fui			e,	
b	historical treas		FAS 116, to report in its revenue statement for public exhibition, education, or research ems					
	(i) Revenues ir	ncluded in Form 990, Part VIII, lin	e 1		<b>►</b> \$			
	(ii) Assets incl	uded in Form 990, Part X			<b>►</b> \$			
2		ion received or held works of art, h nts required to be reported under S	nistorical treasures, or other similar assets f FAS 116 relating to these items	or financ	cial gain, provide	e the		

Revenues included in Form 990, Part VIII, line 1

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

Par	Organizations Maintaining Colle	ections of Art, H	ISTO	ric	<u>cai ireasi</u>	ures, or O	tne	<u>r Similar Ass</u>	ets (co	ntinued)
3	Using the organization's accession and other relations (check all that apply)	ecords, check any of	the f	follo	owing that a	re a significa	nt u	se of its collection	on	
а	Public exhibition	d	Γ	_	Loan or exc	change progra	ams			
ь	Scholarly research	e	· [	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ections and explain h	iow tl	hey	further the	organızatıon'	's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								Yes	□ No
Par	Escrow and Custodial Arranger Part IV, line 9, or reported an amo	nents. Complete	ıf th	e c	organizatio			es" to Form 99	0,	•
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermedia	ry fo	rcc	ontributions	or other ass	ets i	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing	g ta	ble	Г		Amo	ount	
c	Beginning balance					F	1c	Alle	<b>74</b> 1110	
d	Additions during the year						1d			
e	Distributions during the year					H	1e			
f	Ending balance					<b>—</b>	1f			
2a	Did the organization include an amount on Forn	n 990 Part X line 2	1 7						Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	Joo, raic A, iiile 2.						,	. 63	, 140
	rt V Endowment Funds. Complete if t	the organization a	nswe	ere	d "Yes" to	Form 990.	Par	t IV, line 10.		
			<b>(b)</b> Pri			wo Years Back		)Three Years Back	<b>(e)</b> Four \	'ears Back
<b>1</b> a	Beginning of year balance	72,141,000		73,:	183,050	62,755,293	3	86,457,008		
b	Contributions	1,559,930			704,612	4,431,692	+	3,757,236		
С	Investment earnings or losses	-626,730		7,	629,912	9,831,768	3	-23,791,413		
d	Grants or scholarships						_			
e	Other expenditures for facilities and programs	5,662,869			260,328	3,728,453		3,552,000		
f	Administrative expenses	147,123			116,246	107,250	-	115,538		
g	End of year balance	67,264,208		72,	141,000	73,183,050	)	62,755,293		
2	Provide the estimated percentage of the year e									
а	Board designated or quasi-endowment 🕨 🏻 8	8 000 %								
b	Permanent endowment F 7 000 %									
c	Term endowment ► 5 000 %									
3a	Are there endowment funds not in the possess	ion of the organizatio	n tha	at a	re held and	admınıstered	for	the		
	organization by  (i) unrelated organizations							3a(i)	Yes Yes	No
	(ii) related organizations			٠.				3a(ii		<del>                                     </del>
b	If "Yes" to 3a(II), are the related organizations							3b	Yes	<u> </u>
4	Describe in Part XIV the intended uses of the d	organization's endow	ment	fui	nds				_	
Par	t <b>VI</b> Land, Buildings, and Equipmen	<b>t.</b> See Form 990, I	Part	Χ,	lıne 10.	1				
	Description of property				Cost or other (investment)	( <b>b)</b> Cost or other		(c) Accumulated depreciation	<b>(d)</b> Bo	ok value
1a	Land					2,707,	097			2,707,097
b	Buildings					42,701,	905	24,869,204	1	7,832,701
c	Leasehold improvements									
d I	Equipment					3,891,	372	3,450,274		441,098
_e	Other					1,518,	834	1,272,867		245,967
Tota	I. Add lines 1a-1e (Column (d) should equal Form	n 990, Part X, column (	(B), II	ne	10(c).) .			►	2	1,226,863

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		of valuation
(including name of security)		Cost or end-or-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) JEWISH COMMUNITY FOUNDATION	30 672 461		
(A) JEWISH COMMONITY FOUNDATION	39,672,461		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	39,672,461		
Part VIII Investments—Program Related. See		13	
			of valuation
(a) Description of investment type	(b) Book value		year market value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
(a) Descrip	tion		<b>(b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
OTHER DEFERRED COMPENSATION	500,000		
DB PENSION PLAN PAYABLE EMPLOYER CO	1,727,626		
DC PENSION PLAN PAYABLE EMPLOYER CO	31,479		
DEFERRED COMPENSATION - 457(B) PLAN	303,911		
OTHER LIABILITIES	1,220,321		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	3,783,337		
	5,, 55,557		

50,351,879
52,810,010
-2,458,131
-2,155,293
-2,155,293
-4,613,424
45,275,114
-2,155,293
47,430,407
2,921,472
50,351,879
' <b>n</b>
49,888,538
697,925
49,190,613
3,619,397
52,810,010

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

Identifier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT	SCHEDULE D, PART V, LINE 4	THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO PROVIDE ONGOING SUPPORT FOR THE ORGANIZATION THROUGH AN ANNUAL DISTRIBUTION THE ANNUAL DISTRIBUTION THE ANNUAL DISTRIBUTION IS BASED ON A SPENDING RATE OF 5% CALCULATED BASED ON THE TWELVE QUARTERS AVERAGE BALANCE AT SEPTEMBER 31 ADDITIONALLY, THE BOARD DESIGNATED ENDOWMENT MAY BE USED TO SUPPORT SIGNIFICANT OPERATING OR PROGRAM INITIATIVES THAT EXCEED THE PROJECTED ANNUAL REVENUE AND EXPENSE BUDGET DISTRIBUTIONS THAT EXCEED THE ANNUAL SPENDING RATE ARE APPROVED BY THE BOARD OTHER ENDOWMENT FUNDS ARE INTENDED TO A) PROVIDE AN ENDOWMENT TO MATCH AREA JEWISH DAY SCHOOLS SCHOLARSHIP DISTRIBUTIONS, B) PROVIDE FUNDS FOR CAPITAL IMPROVEMENTS TO THE FEDERATION'S FACILITIES, AND C) PROVIDE SUPPORT FOR CAMPING PROGRAMS
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE FEDERATION IS EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS, RESPECTIVELY ADDITIONALLY, THE FEDERATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE REPORTING OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2011
EXPLANATION OF OTHER ADJUSTMENTS	SCHEDULE D, PART XII, LINE 4B	THE \$2,799,589 IS COMPRISED OF A RECLASS OF RENTAL EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENT TO EXPENSE REPORTED ON THE 990 OF \$3,475,791, A RECLASS OF CARS EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENT TO EXPENSE REPORTED ON THE 990 OF \$21,723, AND A RECLASS OF FUNDRAISING NET LOSS FROM EXPENSES REPORTED IN THE AUDITED FINANCIAL STATEMENT TO REVENUE REPORTED ON THE 990 OF (\$697,925)
EXPLANATION OF OTHER ADJUSTMENTS	SCHEDULE D, PART XIII, LINE 2D	\$697,925 OF A FUNDRAISING NET LOSS WAS RECLASSED FROM AUDITED FINANCIAL STATEMENT EXPENSES TO CONFORM WITH PROPER 990 PRESENTATION
EXPLANATION OF OTHER ADJUSTMENTS	SCHEDULE D, PART XIII, LINE 4B	THE \$3,497,514 IS COMPRISED OF A RECLASS OF RENTAL EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENTS TO EXPENSE REPORTED ON THE 990 OF \$3,475,791 AND A RECLASS OF CARS EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENTS TO EXPENSE REPORTED ON THE 990 OF \$21,723

DLN: 93493317015312

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

**Employer identification number** 

95-1643388

Par	tI	General Information 'Yes" to Form 990, Pai	n on Activitie rt IV, line 14b.	es Outside th	ne United States. C	omplete if the organiz	ation answered
1		antmakers. Does the o			s to substantiate the	amount of the grants	or
		nce, the grantees' elig					
		ints or assistance?					✓ Yes
	<b>For gra</b> United	<b>ntmakers.</b> Describe in Pa States	rt V the organiza	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activite	es per Region (Use Part \	V ıf addıtıonal s∤	pace is needed )	)		
		(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Mıddle	East and North Africa	1	23		See Part V	3,474,954
<b>~</b> -	Ck + :	1	4	2.2			2 474 054
b	Sub-tot Total fr to Part	om continuation sheets	1	23			3,474,954

c Totals (add lines 3a and 3b)

3,474,954

(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		Mıddle East/North Afrıca	GENERAL	60,000	СНЕСК			
		Mıddle East/North Afrıca	GENERAL	10,000	CHECK			
		Mıddle East/North Afrıca	GENERAL	23,000	CHECK			
		Mıddle East/North Afrıca		35,000	CHECK			
		Mıddle East/North Afrıca	GENERAL	50,000	CHECK			
		Mıddle East/North Afrıca		10,000	СНЕСК			
		East Asia/Pacific	DISASTER	30,000	СНЕСК			

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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		+			+		
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### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	r	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<b>V</b>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	<u> </u>	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<b>₽</b>	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page 5 Part V Supplemental Information Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information. ReturnReference Identifier Explanation SCHEDULE F, PART I, LINE 2 AND ORGANIZATION'S PROGRAM THE JEWISH FEDERATION OF LOS ANGELES' ISRAEL OFFICE SERVICE ACTIVITY PART I, LINE 3, COLUMN E OVERSEES THE JEWISH FEDERATION'S POLICIES, PROGRAMS, ALLOCATIONS, AND INSTITUTIONAL RELATIONSHIPS IN ISRAEL SUPPORT FOR, AND THE RELATIONSHIPS WITH, THE PEOPLE OF ISRAEL ARE KEY ASPECTS OF THE FEDERATION'S MISSION THE ISRAEL OFFICE PROVIDES COORDINATION FOR OVERSEAS VISITS TO ISRAEL BY MISSIONS, INDIVIDUALS, FAMILIES, ELECTED OFFICIALS, INTER-ETHNIC AND INTER-RELIGIOUS LEADERS AND EDUCATORS THE ISRAEL OFFICE REPRESENTS THE FEDERATION WITH THE JEWISH AGENCY FOR ISRAEL, THE JOINT DISTRIBUTION COMMITTEE, THE DEWISH FEDERATION OF NORTH AMERICA, UNITED ISRAEL APPEAL, ISRAEL OFFICES OF OTHER JEWISH FEDERATIONS, ISRAELI GOVERNMENT MINISTRIES, THE UNITED STATES EMBASSY, MUNICIPALITIES IN ISRAEL, ACADEMIC INSTITUTIONS, AND ISRAELI NON-GOVERNMENTAL ORGANIZATIONS EXPENDITURES FOR THE OFFICE IN ISRAEL AMOUNT TO \$294,193 THE EXPENDITURES RELATED TO OUR COMMUNITY MISSIONS TO ISRAEL, INCLUDING OUR CENTENNIAL MISSION IN 2011, AND ALL RELATED COST ARE ALSO ON THIS LINE AND AMOUNT TO

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As Filed Data -

DLN: 93493317015312

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

internal Revenue Service	F Attach to Form 990 of Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
JEWISH FEDERATION C	COUNCIL OF GREATER LA	
		95-1643388
Part I Fundraisii	ng Activities. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 17.

							70 20 .000			
Pa	art I Fundraising Ac	<b>tivities.</b> Complet	e if the c	organiza	tion	answered "Yes"	to Form 990, Part IV,	line 17.		
Ĺ	Indicate whether the orga	nızatıon raısed funds	through a	any of the	follo	wing activities Che	eck all that apply			
а	Mail solicitations			е	<u>                                      </u>	Solicitation of nor	-government grants			
b	✓ Internet and e-mail so	olicitations		f	~	Solicitation of gov	ernment grants			
c	Phone solicitations			g	굣	Special fundraising events				
d	▼ In-person solicitation	S								
2a b	Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at leas	n Form 990, Part VII st paid individuals or	) or entity r entities (	ın conne (fundraıse	ction rs) p	with professional f ursuant to agreeme	fundraising services? ents under which the fun			
(	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	•	) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
ΙE	GEL MARKETING	TELE FUNDRAISING	165	No		307,092	53,714	253,378		

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CA

53,714

307,092

253,378

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form						
		, ,	(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events		
			GIFTS DINNER (event type)	100 YRS DINNER (event type)	14 (total number)	(Add col <b>(a)</b> through col <b>(c)</b> )		
Φ_3	1	Control	3,988,128	, ,, ,	3,086,276	8,995,116		
Revenue	2	Gross receipts  Less Charitable  contributions	3,913,524		2,779,194	8,543,360		
~	3	Gross income (line 1 minus line 2)	74,604	70,070	307,082	451,756		
	4	Cash prizes						
ဟ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	13,306	53,251	27,612	94,169		
	7	Food and beverages	111,832	246,371	454,437	812,640		
Direct	8	Entertainment	20,500	0	5,955	26,455		
Δ	9	Other direct expenses .	8,231	19,352	188,834	216,417		
	10	Direct expense summary Add line	-	• •		(1,149,681)		
	11	Net income summary Combine lii				-697,925		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
s Sec	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u> ថ្	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes			
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<del>.</del>			
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eacl	n of these states?				
10a b		re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	· · Fyes Fno		

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	– No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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

DLN: 93493317015312 OMB No 1545-0047

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**Inspection** 

Schedule I (Form 990) 2011

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
See Addıtıonal Data Table							

Cat No 50055P

Schedule I	(Form 990) 2011
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
DESCRIPTION OF	SCHEDULE I, PART I, LINE 2	THE RESPONSIBILITY FOR MONITORING GRANT AND PROGRAM DISTRIBUTIONS IS DISTRIBUTED TO THE THREE
ORGANIZATION'S		STRATEGIC INITIATIVES ENSURING THE JEWISH FUTURE, CARING FOR JEWS IN NEED AND COMMUNITY
PROCEDURES FOR		ENGAGEMENT EACH STRATEGIC INITIATIVE IS MANAGED BY PROFESSIONAL STAFF AND VOLUNTEERS WHO
MONITORING THE USE		WORK TOGETHER TO IDENTIFY COMMUNITY NEEDS WITHIN THAT STRATEGIC INITIATIVE AREA THE STAFF AND
OF GRANTS		VOLUNTEERS ARE RESPONSIBLE FOR DEVELOPING AN ANNUAL BUDGET AND FOR COMMUNICATING NEW
		PROGRAM NEEDS THAT MAY ARISE DURING THE YEAR TO EXECUTIVE MANAGEMENT, THE STRATEGIC PLANNING
		AND DISTRIBUTION COMMITTEE AND THE BOARD ADDITIONALLY, THEY MAY WORK WITH GRANTORS AND
		CONTRIBUTORS WHO FUND RESTRICTED PROGRAMS ON AN ANNUAL BASIS, PROGRAM MANAGEMENT PROPOSES
		A BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS THROUGHOUT THE YEAR, PROGRAM STAFF
		MONITORS THE DISTRIBUTIONS AGAINST BUDGETED ALLOCATIONS ADDITIONALLY, THE PROGRAM STAFF
		MONITORS THE PROGRAM CONTENT OF RESTRICTED GRANTS THE JEWISH FEDERATION COUNCIL OF GREATER
		LOS ANGELES REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA),
		WHICH IS A 501(C)(3) DOMESTIC US CHARITY IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED
		ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA , AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE
		(JDC) - BOTH 501(C)(3) ORGANIZATIONSEACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULES F

Software ID: Software Version:

**EIN:** 95-1643388

Name: JEWISH FEDERATION COUNCIL OF GREATER LA

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM J HESCHEL DAY SCHOOL17701 DEVONSHIRE ST NORTHRIDGE,CA 91325	95- 2794822	501(C)(3)	31,746				SCHOLARSHIP &
ABRAHAM JOSHUA HESCHEL DAY SCHOOL17701 DEVONSHIRE ST NORTHRIDGE, CA 91325	95- 2794823	501(C)(3)	33,125				STUDENT FINANCIAL

(a) Name and address	<b>(b)</b> EIN	(c) IRC Code	(d) A mount of	(a) A mount of	(f) Mathad of	(g) Description	(b) Burnoso of grant
of organization or government	( <i>D)</i> EIN	section if applicable	cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	of non-cash assistance	(h) Purpose of grant or assistance
					other)		
ADAT ARI EL12020 BURBANK BLVD VALLEY VILLAGE,	23- 7366318	1 501((*)(3)	84,764				SCHOLARSHIP &
CA 91607							
AMERICAN JEWISH UNIVERSITY15600 MULHOLLAND DR BEL AIR, CA 90077	95- 1684064	I 501(C)(3)	90,520				GENERAL SUPPORT &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE711 THIRD AVE NEW YORK, NY 10017	13- 1656634	501(C)(3)	1,126,445				GENERAL SUPPORT &
AVIVA FAMILY & CHILDREN'S SERVICES7120 FRANKLIN AVE LOS ANGELES, CA	95- 1693616	501(C)(3)	15,000				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIS CHANA CHABAD HIGH SCHOOL9017 W PICO BLVD LOS ANGELES, CA 90035	20- 4396621	501(C)(3)	9,500				STUDENT FINANCIAL
BAIS CHANA HIGH SCHOOL 9017 WPICO BLVD LOS ANGELES, CA 90035	20- 4396621	501(C)(3)	9,228				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIS CHAYA MUSHKA SCHOOL FOR GIRLS9051 W PICO BLVD LOS ANGELES,CA 90035	95- 4339460	501(C)(3)	23,054				STUDENT FINANCIAL
BAIS YAAKOV SCHOOL FOR GIRLS7353 BEVERLY BLVD LOS ANGELES, CA 90036	95- 3127279	501(C)(3)	56,588				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBYO ANTELOPE VALLEY5870 W OLYMPIC BLVD LOS ANGELES,CA 90036	31- 1794932	501(C)(3)	28,500				YOUTH PROGRAMS
BEIT T'SHUVAH 8831 VENICE BLVD LOS ANGELES, CA 90034	77- 0152646	501(C)(3)	100,000				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BET TZEDEK LEGAL SERVICES 145 S FAIRFAX LOS ANGELES,CA 90036	23- 7304205	1 501(0)(3)	180,000				LOCAL AGENCY SUPPORT
BETH SHIR SHALOM1827 CALIFORNIA AVE SANTA MONICA, CA 90403	95- 1551433	1 501(C)(3)	11,453				FIN AID & EDUCATION

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		,,			appraisal, other)	assistance	
BIKUR CHOLIM 8489 W3RD ST LOS ANGELES,CA 90048	95- 4521980	501(C)(3)	16,500				EMERGENCY CASH
BIRKAT YITZCHOK INC 6022 W PICO BLVD LOS ANGELES, CA 90035	38- 3738151	501(C)(3)	8,964				STUDENT FINANCIAL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
BIRTHRIGHT ISRAEL FOUNDATION33 EAST 33RD ST NEW YORK, NY 10016	13- 4092050	1 5017637	1,545,462				GENERAL SUPPORT
BNOS DEVORAH HIGH SCHOOL461 N LA BREA AVE LOS ANGELES,CA	20- 8992789	501(C)(3)	17,640				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAWERMAN ELEMENTARY SCHOOL11661 W OLYMPIC BLVD LOS ANGELES,CA 90064	95- 1691339	501(C)(3)	74,588				SCHOLARSHIP &
BREED STREET SHUL PROJECT INC 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95- 4828764	501(C)(3)	44,250				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUREAU OF JEWISH EDUCATION6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95- 4280178	501(C)(3)	1,167,200				LOCAL AGENCY SUPPORT
CAL STATE UNIVERSITY NORTHRIDGE HILLEL17729 PLUMMER ST NORTHRIDGE, CA 91325	95- 1831070	501(C)(3)	35,728				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP AKIBA5249 SOUTH SEPULVEDA CULVER CITY, CA 90230	95- 1932032	1 5017631	20,500				CAMP GRANTS
CAMP ALONIM 1101 PEPPERTREE LN BRANDEIS, CA 93064	95- 1684064	501(C)(3)	146,900				CAMP GRANTS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP GAN ISRAEL RUNNING SPRINGS 741 GAYLEY AVE Ste 2416 LOS ANGELES, CA 90024	95- 4029756	501(C)(3)	44,800				CAMP GRANTS
CAMP JCA SHALOM 34342 MULHOLLAND HWY MALIBU,CA 90265	84- 1652923	501(C)(3)	192,000				CAMP GRANTS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MAX STRAUSS6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95- 6127224	501(C)(3)	7,500				GENERAL SUPPORT
CAMP MOUNTAIN CHAI4950 MURPHY CANYON RD SAN DIEGO, CA	91- 2150831	501(C)(3)	11,000				CAMP GRANTS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP NEWMAN235 MONTGOMERY ST SAN FRANCISCO, CA 94104	94- 1480908	501(C)(3)	18,500				CAMP GRANTS
CAMP RAMAH IN CALIFORNIA INC 17525 VENTURA BLVD ENCINO.CA 90077	95- 1843131	501(C)(3)	212,320				CAMP GRANTS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD AT USC 2713 SEVERANCE ST LOS ANGELES,CA 90007	61- 1442258	501(C)(3)	18,000				GENERAL SUPPORT
CHABAD OF AGOURA HILLS 30345 CANWOOD ST AGOURA HILLS, CA 91301	77- 0304127	501(C)(3)	12,500				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
CHABAD OF CONEJO 30 345 CANWOOD ST AGOURA HILLS, CA 91301	77- 0304127	501(C)(3)	17,730				GENERAL SUPP/CAMP &
CHABAD OF NORTH HOLLYWOOD3079 CHANDLER BLVD SHERMAN OAKS, CA 91401	20- 3872517	501(C)(3)	50,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF SOUTH BAY24414 NARBONNE AVE LOMITA, CA 90717	95- 3271971	501(C)(3)	45,000				GENERAL SUPPORT
CHAI LIFELINE 9701 WEST PICO BLVD LOS ANGELES,CA 90035	11- 2940331	501(C)(3)	20,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEDER MENACHEM MENDEL1606 S LA CIENEGA LOS ANGELES,CA 90035	95- 4434095	I 501(C)(3)	35,523				STUDENT FINANCIAL
CONEJO JEWISH DAY SCHOOL 29900 LADYFACE CT AGOURA HILLS, CA 91301	95- 4823692	501(C)(3)	19,204				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION BETH SHALOM21430 CENTRE POINTE SANTA CLARITA,CA 91350	95- 3127094	501(C)(3)	5,085				STUDENT FINANCIAL
CONGREGATION NER TAMID5721 CRESTRIDGE RANCHO PALO VERDE,CA 90275	95- 2546462	501(C)(3)	34,533				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION TIKVAT JACOB1829 N SEPULVEDA MANHATTAN BEACH, CA 90266	95- 4316548	501(C)(3)	16,000				FIN AID & EDUCATION
EMEK HEBREW ACADEMY15365 MAGNOLIA BLVD SHERMAN OAKS,CA 91403	95- 6006492	501(C)(3)	61,493				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETTA ISRAEL CENTER12722 RIVERSIDE DR N HOLLYWOOD,CA 91607	95- 4308644	501(C)(3)	50,000				GENERAL SUPPORT
FOUNDATION FOR JEWISH CULTURE PO BOX 489 NEW YORK, NY 10011	13- 1927751	501(C)(3)	108,411				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAYS HOSPITAL1891 EFFIE ST LOS ANGELES,CA 90026	95- 1691011	501(C)(3)	30,000				LOCAL AGENCY SUPPORT
HABONIM DROR CAMP GILBOA 8339 W 3RD ST LOS ANGELES,CA 90048	95- 1929706	501(C)(3)	27,000				YOUTH PROGRAMS &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARKHAM HILLEL HEBREW ACADEMY 9120 W OLYMPIC BLVD BEVERLY HILLS, CA 90212	95- 1662972	501(C)(3)	82,948				SCHOLARSHIP &
HEBREW UNION COLLEGE3077 UNIVERSITY AVE LOS ANGELES, CA 90007	31- 0537067	501(C)(3)	30,250				SUPPORT FOR INTERNS/

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HESCHEL WEST 27400 W CANWOOD ST AGOURA HILLS, CA 91301	95- 4661185	501(C)(3)	37,009		othery		STUDENT FINANCIAL
HILLEL AT UCLA 574 HILGARD AVE LOS ANGELES,CA 90024	95- 1831070	501(C)(3)	20,000				GENERAL SUPP & CAMP

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IL CARE5900 CANOGA AVE WOODLAND HILLS,CA 91367	22- 3951652	501(C)(3)	10,000				EVENT SPONSORSHIP
ISRAEL AMERICA ACADEMIC EXCHANGE9100 WILSHIRE BLVD BEVERLY HILLS, CA 90212	26- 3402247	501(C)(3)	6,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISRAELI SCOUTS OF LOS ANGELES 22622 VANOWEN ST WEST HILLS, CA 91307	95- 4789996	501(C)(3)	14,000				GENERAL SUPPORT
JAMASHREINU369 N FAIRFAX 7th Floor LOS ANGELES,CA	95- 4178454	501(C)(3)	14,100				YOUTH PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCONNECT INC 1801 AVENUE OF THE STARS LA,CA 90067	20- 2765454	501(C)(3)	10,000				EVENT SPONSORSHIP
JDUB RECORDS 1845 GLENDON AVE LOS ANGELES,CA 90025	27- 0095012	501(C)(3)	41,130				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH BIG BROTHERS BIG SISTERS6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95- 1691009	501(C)(3)	331,819				LOCAL AGENCY SUPPORT
JEWISH COMMUNITY AND RECREATION CENTER22622 VANOWEN ST WEST HILLS, CA 91307	02- 0589575	501(C)(3)	1,891,624				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF LOS ANGELES3580 WILSHIRE BLVD LOS ANGELES,CA 90010	95- 1691013	501(C)(3)	3,738,251				LOCAL AGENCY SUPPORT
JEWISH FREE LOAN6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95- 1691014	501(C)(3)	174,050				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH GRAD STUDENT INITIATIVE1445 S BEVERLY DR LOS ANGELES, CA 90035	80- 0716359	501(C)(3)	10,000				GENERAL SUPPORT
JEWISH HISTORICAL SOCIETY6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95- 3941708	501(C)(3)	15,974				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH STUDENT UNION9831 W PICO BLVD LOS ANGELES,CA 90035	61- 1420053	501(C)(3)	50,000				LOCAL AGENCY SUPPORT
JEWISH VOCATIONAL SERVICE6505 WILSHIRE BLVD LOS ANGELES,CA 90048	95- 1691012	501(C)(3)	646,805				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KADIMA ACADEMY7011 SHOUP AVE WEST HILLS,CA 91307	95- 3190850	501(C)(3)	53,934				SCHOLARSHIP &
KADIMA HEBREW ACADEMY7011 SHOUP AVE WEST HILLS, CA 91307	95- 3190850	501(C)(3)	16,600				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEHILLAT ISRAEL 16019 SUNSET PACIFIC PALISADES, CA 90272	95- 2056645	501(C)(3)	23,065				EMERGENCY CASH GRANT
LEO BAECK TEMPLE1300 N SEPULVEDA LOS ANGELES,CA 90049	95- 1916026	501(C)(3)	30,440				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMMUDLA 1880 CENTURY PARK LOS ANGELES, CA 90067	26- 0170470	501(C)(3)	13,400				GENERAL SUPPORT
LOS ANGELES HEBREW HIGH SCHOOL5900 SEPULVEDA BLVD VAN NUYS, CA 91411	95- 1644595	501(C)(3)	54,600				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES HILLEL COUNCIL 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95- 1831070	501(C)(3)	917,312				LOCAL AGENCY SUPPORT
LOS ANGELES MUSEUM OF THE HOLOCAUST6435 WILSHIRE BLVD LOS ANGELES, CA	46- 0503824	1 5017631	45,000				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES ORT TECHNICAL INSTITUTE69-30 AUSTIN ST FOREST HILLS,NY 11375	13- 3281910	1 5017637	21,000				GENERAL SUPPORT
MAIMONIDES ACADEMY310 N HUNTLEY LOS ANGELES,CA 90048	95- 3214146	501(C)(3)	69,854				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATI ISRAELI CULTURAL CENTER AT JCC MILKEN22622 VANOWEN ST WEST HILLS, CA 91307	27- 5571355	501(C)(3)	15,000				GENERAL SUPPORT
MESIVTA BIRKAS YITZCHAK6022 W PICO BLVD LOS ANGELES,CA	38- 3738151	501(C)(3)	9,000				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESIVTA OF GREATER LOS ANGELES25115 MUREAU RD HIDDEN HILLS,CA 91302	95- 4621495	501(C)(3)	20,342				STUDENT FINANCIAL
MILKEN COMMUNITY HIGH SCHOOL15800 ZELDINS WAY LOS ANGELES, CA 90049	95- 4381008	501(C)(3)	19,000				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILKEN COMMUNITY MIDDLE SCHOOL 15800 ZELDINS WAY LOS ANGELES, CA 90049	95- 4381008	501(C)(3)	163,502				STUDENT FINANCIAL
MOISHE FOUNDATION1330 BROADWAY OAKLAND,CA 94612	26- 2599786	501(C)(3)	109,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVING TRADITIONS115 WEST AVE JENKINTOWN,PA 19046	34- 2015014	501(C)(3)	10,000				GENERAL SUPPORT
NATIONAL RAMAH COMMISSION3080 BROADWAY NEW YORK, NY 10027	20- 0292206	501(C)(3)	7,000				YOUTH PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCSJ2020 K STREET NW WASHINGTON, DC 20006	13- 2700517	501(C)(3)	10,000				GENERAL SUPPORT
NCSY11 BROADWAY NEW YORK, NY 100041303	13- 5623717	501(C)(3)	13,500				YOUTH PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
NEW COMMUNITY JEWISH HIGH SCHOOL7353 VALLEY CIRCLE WEST HILLS, CA 91304	95- 4805188	501(C)(3)	249,153				SCHOLARSHIP &
OHR HAEMET INSTITUTE1030 S ROBERTSON LOS ANGELES, CA 90035	95- 4491007	501(C)(3)	15,967				STUDENT FINANCIAL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV,	of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
OR HACHAIM ACADEMY6021 LAUREL CANYON N HOLLYWOOD,CA 91606	31- 1777687	501(C)(3)	5,750				STUDENT FINANCIAL
PIERCE & VALLEY COLLEGE HILLEL 22622 VANOWEN ST WEST HILLS, CA 91307	95- 1831070	501(C)(3)	6,500				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESSMAN ACADEMY1055 S LA CIENEGA LOS ANGELES,CA 90048	95- 1656370	501(C)(3)	34,308				SCHOLARSHIP &
PRESSMAN ACADEMY OF TEMPLE BETH AM 1055 S LA CIENEGA LOS ANGELES, CA 90035	95- 1656370	501(C)(3)	63,325				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT CHICKEN SOUPPO BOX 480241 LOS ANGELES, CA 90048	95- 4232540	501(C)(3)	15,000				GENERAL SUPPORT
SAN FERNANDO VALLEY HEBREW HIGH SCHOOL 12517 CHANDLER VALLEY VILLAGE, CA 91607	95- 3165544	501(C)(3)	26,524				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHALHEVET HIGH SCHOOL910 S FAIRFAX AVE LOS ANGELES, CA 90036	95- 4330860	501(C)(3)	65,712				STUDENT FINANCIAL
SHALOM HARTMAN INSTITUTEONE PENNSYLVANIA PLAZA NEW YORK, NY	13- 3014387	501(C)(3)	30,000				RABBINIC LEADERSHIP

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHALOM INSTITUTE34342 MULHOLLAND HWY MALIBU,CA 90265	84- 1652923	1 501(0)(3)	149,000				LOCAL AGENCY SUPPORT
SHOMREI TORAH SYNAGOGUE7353 VALLEY CIRCLE WEST HILLS, CA 91304	95- 2153156	501(C)(3)	18,915				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERLAKE JCC 1110 BATES AVE LOS ANGELES,CA 90029	32- 0003071	501(C)(3)	7,500				EDUCATION GRANT
SINAI AKIBA ACADEMY10400 WILSHIRE BLVD LOS ANGELES,CA 90024	95- 2103898	501(C)(3)	79,972				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINAI TEMPLE 10400 WILSHIRE BLVD LOS ANGELES,CA 90024	95- 2103898	501(C)(3)	14,515				FIN AID & EDUCATION
SLAVIN CHILDRENS' LIBRARY6505 WILSHIRE BLVD LOS ANGELES,CA	95- 4280178	I 501(C)(3)	47,916				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOVA16439 VANOWEN ST VAN NUYS, CA 91406	95- 1691013	501(C)(3)	20,000				GENERAL SUPPORT
STEPHEN S WISE TEMPLE15500 STEPHEN S WISE LOS ANGELES, CA 90077	95- 6087552	501(C)(3)	90,684				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE ADAT ELOHIM2420 EAST HILLCREST THOUSAND OAKS, CA 91362	95- 2596965	501(C)(3)	14,569				FIN AID & EDUCATION
TEMPLE AHAVAT SHALOM18200 RINALDI PL NORTHRIDGE,CA 91326	95- 6122711	501(C)(3)	14,048				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE AKIBA 5249 SEPULVEDA BLVD CULVER CITY,CA 90230	95- 1932032	501(C)(3)	12,648				FIN AID & EDUCATION
TEMPLE ALIYAH 6025 VALLEY CIRCLE WOODLAND HILLS, CA 91367	95- 2236425	501(C)(3)	26,010				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH HILLEL12326 RIVERSIDE DR VALLEY VILLAGE, CA 91607	95- 1765175	501(C)(3)	30,259				SCHOLARSHIP &
TEMPLE EMANUEL 8844 BURTON WAY BEVERLY HILLS, CA 90211	95- 4377186	501(C)(3)	43,784				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE ETZ CHAIM1080 E JANSS RD THOUSAND OAKS, CA 91360	95- 6134243	501(C)(3)	10,050				STUDENT FINANCIAL
TEMPLE ISAIAH 10345 WEST PICO BLVD LOS ANGELES,CA 90064	95- 1691319	501(C)(3)	32,528				FIN AID & EDUCATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE ISRAEL OF HOLLYWOOD 7300 HOLLYWOOD BLVD LOS ANGELES,CA 90046	95- 1664124	501(C)(3)	36,875				FIN AID & EDUCATION
TEMPLE ISRAEL OF HOLLYWOOD DAY SCHOOL7300 HOLLYWOOD BLVD LOS ANGELES, CA 90046	95- 1664124	501(C)(3)	38,522				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE JUDEA 5429 LINDLEY AVE TARZANA, CA 91356	95- 6052095	501(C)(3)	72,128				SCHOLARSHIP &
TEMPLE KOL TIKVAH20400 VENTURA BLVD WOODLAND HILLS,CA 91364	77- 0005548	501(C)(3)	6,000				EMERGENCY CASH GRANT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE MENORAH 1101 CAMINO REAL REDONDO BEACH, CA 90277	95- 6006575	501(C)(3)	28,088				FIN AID & EDUCATION
TEMPLE RAMAT ZION17655 DEVONSHIRE ST NORTHRIDGE, CA 91325	95- 6006496	501(C)(3)	8,948				FIN AID PROGRAMS &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRIENDSHIP CIRCLE9581 WEST PICO BLVD LOS ANGELES,CA 90035	20- 3270890	501(C)(3)	25,500				EDUCATION & CAMP
THE FRIENDSHIP CIRCLE - AGOURA HILLS30345 CANWOOD ST AGOURA HILLS,CA 91301	42- 1607378	501(C)(3)	15,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY NEW YORK, NY 100041010	13- 1624240	501(C)(3)	8,380,981				GENERAL SUPPORT &
TOMCHEI SHABBOS PO BOX 481270 LOS ANGELES, CA 90048	75- 3002144	501(C)(3)	97,000				GENERAL SUPPORT &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TORAT HAYIM 1210 S LA CIENEGA LOS ANGELES,CA 90035	95- 4711877	1 501(C)(3)	14,089				STUDENT FINANCIAL
UNIVERSITY SYNAGOGUE 11960 SUNSET BLVD LOS ANGELES,CA	95- 1929625	1 501(0)(3)	13,920				FIN AID & EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
USY ISRAEL PROGRAM820 SECOND AVE NEW YORK, NY 10017	13- 1659707	1 501(0)(3)	5,500				YOUTH PROGRAMS
UTAH STREET ELEMENTARY255 GABRIEL GARCIA MARQUEZ ST LA.CA 90033	95- 6001908	I 501(C)(3)		23,000	FMV	воокѕ	BOOK GRANTS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY BETH SHALOM15739 VENTURA BLVD ENCINO,CA 91436	95- 1890769	501(C)(3)	46,137				SCHOLARSHIP &
VALLEY BETH SHALOM DAY SCHOOL15739 VENTURA BLVD ENCINO, CA 91436	95- 1890769	501(C)(3)	40,960				SCHOLARSHIP &

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OUTREACH SYNAGOGUE21818 CRAGGYVIEWST CHATSWORTH,CA 91311	20- 4256980	501(C)(3)	7,000				EDUCATION GRANT
VALLEY TORAH HIGH SCHOOL 12517 CHANDLER VALLEY VILLAGE, CA 91607	95- 3165544	501(C)(3)	25,300				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY JEWISH FAMILY SERVICE 857 EAST MAIN ST VENTURA, CA 93001	77- 0149387	501(C)(3)	8,000				GENERAL SUPPORT &
VISTA DEL MAR CHILD & FAMILY SERVICE3200 MOTOR AVE LOS ANGELES, CA 90034	95- 1647832	501(C)(3)	48,778				LOCAL AGENCY SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE JEWISH COMMUNITY CENTER5870 WEST OLYMPIC LOS ANGELES, CA 90036	95- 1691010	501(C)(3)	290,980				LOCAL AGENCY SUPPORT
WILSHIRE BOULEVARD TEMPLE3663 WILSHIRE BLVD LOS ANGELES,CA 90010	95- 1691339	501(C)(3)	175,438				STUDENT FIN AID

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAVNEH HEBREW ACADEMY5353 W 3RD ST LOS ANGELES,CA 90020	95- 2117190	501(C)(3)	34,738				STUDENT FINANCIAL
YESHIVA AHARON YAAKOV 241 S DETROIT ST LOS ANGELES, CA 90036	95- 3405695	501(C)(3)	29,173				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA GEDOLAH OF LOS ANGELES5444 OLYMPIC BLVD LOS ANGELES,CA 90036	95- 3298317	501(C)(3)	9,500				STUDENT FINANCIAL
YESHIVA OHR ELCHONON CHABAD7215 WARING AVE LOS ANGELES, CA	95- 4384473	501(C)(3)	33,833				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA RAV ISACSOHN540 N LA BREA AVE LOS ANGELES,CA 90036	95- 1962397	501(C)(3)	90,602				STUDENT FINANCIAL
YESHIVAH GEDOLAH OF LOS ANGELES5444 OLYMPIC BLVD LOS ANGELES, CA 90036	95- 3298317	501(C)(3)	9,430				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVAT OR HACHAIM6021 LAUREL CANYON N HOLLYWOOD,CA 91606	31- 1777687	501(C)(3)	5,760				STUDENT FINANCIAL
YULA GIRLS SCHOOL1819 SOUTH ROBERTSON LOS ANGELES, CA	20- 3081128	501(C)(3)	92,223				STUDENT FINANCIAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZIMMER CHILDREN'S MUSEUM6505 WILSHIRE BLVD LOS ANGELES,CA 90048	20- 1470992	501(C)(3)	343,240				LOCAL AGENCY SUPPORT

DLN: 93493317015312

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

•	•		
Name of the organization		Employer ident if	ication number
JEWISH FEDERATION COUNCIL OF GREATER LA			
		05-1643388	

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D			2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha					
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	a Receive a severance payment or change-of-control payment?					Νo
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
C	c Participate in, or receive payment from, an equity-based compensation arrangement?					No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	0.1. = 247 ( ) / 20	-				
5	Only 501(c)(3) and 501(c)(4) organizations only must					
5	For persons listed in form 990, Part VII, Section A, lii compensation contingent on the revenues of	пе та,	did the organization pay or accide any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lii compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in Fin Part III			8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F)</b> Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) JAY SANDERSON	(I) (II)	360,000 0	25,000 0	18,536 0	12,250 0	30,135 0	445,921 0	0	
(2) IVAN WOLKIND	(I) (II)	253,421 0	0 0	7,500 0	2,769 0	11,294 0	274,984 0	0	
(3) JOHN FISHEL	(I) (II)	220,965 0	0 0	23,339 0	44,585 0	25,998 0	314,887 0	0	
(4) ANDREW CUSHNIR	(ı) (ıı)	184,373 0	0 0	7,989 0	36,075 0	16,391 0	244,828 0	0	
(5) NANCY SACKS	(ı) (ıı)	158,155 0	0 0	9,625 0	0 0	13,946 0	181,726 0	0	
(6) CAROL KORANSKY	(I) (II)	199,305 0	0	4,346 0	37,267 0	8,102 0	249,020	0	
(7) CYNTHIA AYALA	(I) (II)	158,427 0	0 0	8,166 0	29,600 0	1,811 0	198,004 0	0	
(8) MARLA ABRAHAM	(ı) (ıı)	163,813 0	0 0	999 0	8,191 0	85 0	173,088 0	0	
(9) LORI TESSEL	(I) (II)	163,128 0	0 0	630 0	8,685 0	16,330 0	188,773 0	0	
(10) BERYL GEBER	(I) (II)	138,683 0	0 0	10,350 0	25,918 0	1,612 0	176,563 0	0	

Schedule J (Form 990) 2011 Page **3** 

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION	· · · · · · · · · · · · · · · · · · ·	CERTAIN EXECUTIVES ARE PROVIDED WITH AUTO ALLOWANCES AS PART OF THEIR COMPENSATION AGREEMENTS THE ALLOWANCES ARE INCLUDED IN TAXABLE COMPENSATION
	,	THE CEO'S EMPLOYMENT AGREEMENT PROVIDES FOR A DISCRETIONARY BONUS EACH YEAR AS MAY BE DETERMINED BY THE BOARD OF DIRECTORS IN ITS SOLE DISCRETION

Schedule J (Form 990) 2011

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DLN: 93493317015312

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

# **Transactions with Interested Persons**

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

Open to Public Inspection

Internal Revenue Service

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA

**Employer identification number** 

Part I Excess Benefit Tra						organı		only).			
Complete if the organiza  (a) Name of disc				m 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 4  (b) Description of transaction						(c) Corrected?	
•	•	'		(b) Bescription			20011		Yes		
2 Enter the amount of tax impos		_	_				_	r			
section 4958			ve reimbureed by th					· \$ —— · \$			
•		•		le organization :	· ·	· ·	· · · ·	<sup>→</sup> —			
Part II Loans to and/or Complete if the organ				) Part IV Juna 26	or Form		Z Dart V	lina 20	2		
Complete if the organ		oan to	d res diritini 990	, Fait IV, line 20,	01 1 0111	1990-6	(f)		<u> </u>		
(a) Name of interested person and	1 ' '	m the	(c)O riginal	(d)Palance due	(e) : defau		Appro		(g)Written agreement?		
purpose	organı	zatıon?	principal amount	(d)Balance due	uciau		by board or a committee?		agreem	agreement'	
	То	From			Yes	No	Yes	No	Yes	No	
(1) JACK KLEIN DEED OF TRUST		X	150,000	184,783		No	Yes		Yes		
(2) BOARD MEMBER			,								
REPAYMENT OF BONDS	X		3,500,000	3,312,734		No	Yes		Yes		
			_								
Total			· · · · · · · · · · · · · · · · · · ·	3,497,517							
Part III Grants or Assista Complete if the org					. line 2	7.					
(a) Name of interested per			<b>b)</b> Relationship betwe	een interested pers			nount of a	rant or to	pe of assi	stance	
- (a) Name of interested per			and the or	ganızatıon		(-)/\	.cuiic oi g		, pc 01 u351	- Cance	
					-+						
							_			_	
		1			- 1						

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization' revenues?	
	organization			Yes	No
(1) JONAH SANDERSON	SON OF OFFICER	21,063	COMPENSATION		No

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		IN 2011, THE FEDERATION RECEIVED A LOAN OF \$3,500,000 FROM ONE OF ITS BOARD MEMBERS IN ACCORDANCE WITH A CONFIDENTIALITY CLAUSE IN THE AGREEMENT, THE BOARD MEMBER'S NAME IS NOT DISCLOSED, HOWEVER, THE TERMS OF THE LOAN AGREEMENT WERE MORE FAVORABLE TO THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493317015312

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA

**Employer identification number** 

Pa	rt I Types of Property							
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d contribution	etermı	_	
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
,	goods							
6	Cars and other vehicles	Х	31	62,400	COST / SELLING P	RICE		
7	Boats and planes			·				
8	Intellectual property							
	Securities—Publicly traded .	Х	146	2,041,676	COST / SELLING P	RICE		
	Securities—Closely held stock .			, ,	·			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	STATE OF ISRAEL							
	Other►( <u>BONDS</u> )	X	20	212,000	COST / SELLING P	RICE		
26	O ther ►()							
	O ther ►()							
28	O ther ► ()				<u></u>			
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
ARRANGEMENT WITH CARS	32A	THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES USES THE FOR-PROFIT ORGANIZATION, CARS, AS A THIRD PARTY TO ASSIST WITH VEHICLE DONATIONS THE DONOR NOTIFIES THE FEDERATION THAT THEY PLAN TO DONATE A VEHICLE, AND ARRANGEMENTS ARE THEN MADE BETWEEN THE DONOR AND CARS FOR THE PICK UP OF THE VEHICLE CARS WILL TOW THE VEHICLE AND MAKE ALL ARRANGEMENTS NECESSARY FOR THE SALE OF THE VEHICLE ONCE THE VEHICLE HAS BEEN SOLD, CARS WILL PREPARE A LETTER TO THE DONOR THANKING THEM FOR THEIR DONATION TO THE FEDERATION, AND WILL DISCLOSE IN THE LETTER IF THE CAR WAS SOLD FOR LESS THAN OR MORE THAN \$500 CARS IS AWARDED 30% OF THE GROSS SALES PRICE LESS EXPENSES

Schedule M (Form 990) 2011

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DLN: 93493317015312

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identifi	cation number
	95-1643388	

Identifier	Return Reference	Explanation
BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	BASED ON JEWISH VALUES, THE JEWISH FEDERATION OF GREATER LOS ANGELES CONVENES AND LEADS THE COMMUNITY AND LEVERAGES ITS RESOURCES TO ASSURE THE CONTINUITY OF THE JEWISH PEOPLE, SUPPORT A SECURE STATE OF ISRAEL, CARE FOR JEWS IN NEED HERE AND ABROAD, AND MOBILIZE ON ISSUES OF CONCERN TO THE LOCAL COMMUNITY, ALL WITH OUR LOCAL, NATIONAL, AND INTERNATIONAL PARTNERS

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A- 4C	PROGRAM SERVICE ACTIVITY #1 - ENSURING THE JEWISH FUTURE THE FEDERATION CREATES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO PARTICIPATE AND CELEBRATE IN JEWISH LIFE AND CONNECT WITH THE COMMUNITY AND ISRAEL. TO DO SO, WE WORK TO ENSURE THE QUALITY AND REDUCE THE COST OF JEWISH EDUCATIONAL EXPERIENCES, TRAIN LEADERS WHO WILL TEACH JEWISH VALUES TO NEW GENERATIONS, ENGAGE LOCAL SYNAGOGUES, THE LIFEBLOOD OF THE JEWISH COMMUNITY, AND SEND THOUSANDS ON EDUCATIONAL MISSIONS TO ISRAEL, ENSURING THAT STRONG CONNECTIONS WILL PERSIST AS THE HUB OF THE COMMUNITY, THE FEDERATION IS UNIQUELY POSITIONED TO CONNECT JEWS TO ONE ANOTHER AND MAKE JEWISH LIFE ACCESSIBLE AND AFFORDABLE BY LEVERAGING THE STRENGTH OF OUR MEMBERS AND WORKING CLOSELY WITH OUR NETWORK OF TRUSTED PARTINERS PROGRAM SERVICE ACTIVITY #2 - CARING FOR JEWS IN NEED THE FEDERATION LEVERAGES THE STRENGTH OF ITS COMMUNITY TO PROVIDE AID FOR JEWS IN NEED THE WELL-BEING OF JEWISH SENIORS IS ALSO A CORE PRIORITY, ESPECIALLY WHEN A SENIOR IS A HOLOCAUST SURVIVOR OUR WORK ALSO INCLUDES SEEING TO DAILY NECESSITIES OF THOSE IN NEED, CONNECTING PEOPLE TO THE SKILLS AND SERVICES NECESSARY TO BE SELF-SUFFICIENT, AND ENSURING CHILDREN WITH SPECIAL NEEDS AND OTHER AT-RISK CASES HAVE THEIR NEEDS MET AND CAN PARTICIPATE IN JEWISH LIFE THE FEDERATION IS A BLE TO CARE FOR OUR WIN COMMUNITY BY WORKING WITH PARTINERS IN LOS ANGELES, ISRAEL, AND OVER 55 COUNTRIES AROUND THE WORLD PROGRAM SERVICE ACTIVITY #3 - COMMUNITY ENGAGEMENT FOR THE PAST 100 YEARS, THE JEWISH FEDERATION HAS ENGAGED IN OUR CITY, PROMOTING AN INCLUSIVE COMMUNITY THAT REFLECTS THE BEST OF AMERICAN AND JEWISH VALUES THE PURSUIT OF A JUST SOCIETY, ENSURING A STRONG JEWISH FUTURE AND PROMOTING A SAFE AND VIBRANT ISRAEL ARE THE EDULRING CORNERSTONES OF OUR WORK WE ENGAGE THE COMMUNITY BY PROVIDING ROBUST SERVICE AND VOLUNTEER OPPORTUNITIES, COMBATING ILLITERACY, FIGHTING HUNGER, SHAPING POLICY AND ADVOCATING FOR ISRAEL. TOGETHER AS A COMMUNITY, AND WITH DIVERSE PARTNERS ACROSS LOS ANGELES, WE CAN SHAPE THE FUTURE OF OUR

ldentifier	Return Reference	Explanation
	SECTION A, LINE 2	LEON JANKS AND SHARON JANKS HAVE A FAMILY RELATIONSHIP, FRANK MAAS AND VIRGINA MAAS HAVE A FAMILY RELATIONSHIP, AND DEREK BROWN AND LYNETTE BROWN HAVE A FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
DESCRIPTION OF MEMBERS AND STOCKHOLDERS	VI, SECTION A,	MEMBERS ARE DEFINED AS CONTRIBUTORS WHO HAVE PAID NOT LESS THAN \$100 TO THE ANNUAL COMMUNITY-WIDE FUND RAISING CAMPAIGN WITHIN THE TWELVE MONTHS PRECEDING THE DATE OF A MEMBERS MEETING MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS

ldentifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOV BODY	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE FEDERATION CONVENE AT LEAST BIENNIALLY (BIENNIAL MEETING) AND OTHERWISE AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS OR CHAIR ONE HUNDRED MEMBERS CONSTITUTES A QUORUM AT A MEETING OF THE MEMBERS MEMBERS ARE NOT ENTITLED TO VOTE OR ACT BY PROXY ONLY MATTERS OF WHICH NOTICE WAS GIVEN MAY BE ACTED UPON AT A MEMBERS MEETING THE AGENDA OF THE BIENNIAL MEETING SHALL INCLUDE THE ELECTION OF DIRECTORS PURSUANT TO THE BY LAWS MEMBERS SHALL ELECT DIRECTORS FOR A TWO-YEAR TERM AT THE BIENNIAL MEETING PRIOR TO THE BIENNIAL MEETING THE NOMINATIONS COMMITTEE COORDINATES THE SELECTION OF PROPOSED DIRECTORS IN ACCORDANCE WITH THE PROCEDURES ENUMERATED IN THE BY LAWS VACANCIES CREATED BY RESIGNATION, DEATH, INCAPACITY OR OTHER DEPARTURE OF A DIRECTOR MAY BE FILLED BY THE CHAIR'S APPOINTMENT, FOR THE UNEXPIRED PORTION OF THE TERM, SUBJECT TO APPROVAL BY VOTE OF THE BOARD AT THE NEXT BOARD MEETING A REPLACEMENT DIRECTOR MAY SERVE ON THE BOARD BY THE CHAIR'S APPOINTMENT ON AN INTERIM BASIS UNTIL SUCH NEXT BOARD MEETING

Identifier	Return Reference	Explanation							
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE FEDERATIONS FINANCE STAFF A PUBLIC ACCOUNTING FIRM IS RETAINED TO PROVIDE TAX SERVICES FOR THE FEDERATION WHEN THE FORM 990 IS COMPLETE, BUT BEFORE IT IS FILED, THE AUDIT COMMITTEE MEETS WITH THE CFO AND VP OF FINANCE AND REPRESENTATIVES FROM THE PUBLIC ACCOUNTING FIRM TO PERFORM A THOROUGH REVIEW OF THE FORM 990 THE BOARD HAS EMPOWERED THE AUDIT COMMITTEE TO PERFORM THIS REVIEW OF THE FORM 990 PRIOR TO FILING PRIOR TO FILING THE MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW							

Identifier Return Reference	Explanation
CONFLICT OF PART VI, INTEREST SECTION B, LINE 12C	THE JEWISH FEDERATION HAS A WRITTEN CONFLICT OF INTEREST POLICY BOARD MEMBERS, COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES AND SELECTED STAFF ARE SUBJECT TO COMPLIANCE WITH THE POLICY THE POLICY IS POSTED ON THE ORGANIZATION'S INTRANET ADDITIONALLY, THE POLICY IS CIRCULATED ON AN ANNUAL BASIS TO AFFECTED PERSONS ALONG WITH A QUESTIONNAIRE TO FURTHER IDENTIFY RELATIONSHIPS THAT REQUIRE DISCLOSURE ON THE FORM 990. THE POLICY DEFINES PROCEDURES FOR THE CONFLICTED PERSON AND/OR OTHERS TO ENSURE THAT BUSINESS TRANSACTIONS ARE IN THE BEST INTEREST OF THE ORGANIZATION, BUSINESS AND FAMILY RELATIONSHIPS ARE FULLY DISCLOSED, AND DISCIPLINARY MEASURES ARE ENFORCED WHEN A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED BY THE CONFLICTED PARTY OR THE JEWISH FEDERATION, THE NATURE OF THE INTEREST OR INVOLVEMENT IS IMMEDIATELY COMMUNICATED TO THE PRESIDENT, BOARD CHAIR, AND THE RESPECTIVE COMMITTEE CONSIDERING THE TRANSACTION IF THE PARTICULAR TRANSACTION REQUIRES A VOTE, THE CONFLICTED PARTY SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER PERSONS PREPARING AND SIGNING THE FORM 990 ARE FAMILIAR WITH BOARD MEMBERS, COMMITTEE MEMBERS, FINANCIAL TRANSACTIONS (INCLUDING CONTRACTUAL ARRANGEMENTS) AND THE RULES AND POLICIES RELATED TO CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A AND 15B	THE BY LAWS PROVIDE FOR AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE WHICH REVIEWS AND APPROVES THE COMPENSATION, INCLUDING BENEFITS, OF THE PRESIDENT, CHIEF OPERATING AND FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT OF FINANCIAL RESOURCE DEVELOPMENT, AND OTHER SELECTED EMPLOYEES WHO COMPRISE THE FIVE HIGHEST PAID EMPLOYEES OF THE FEDERATION THE REVIEW AND APPROVAL PROCESS INCLUDES ENGAGING AN OUTSIDE CONSULTANT WHO USES SALARY SURVEYS AND STUDIES OF NON-PROFIT ORGANIZATIONS TO PROPOSE A COMPENSATION PACKAGE THE REVIEW AND APPROVAL OCCUR UPON HIRING OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOY MENT AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED AFTER THE EXECUTIVE COMPENSATION COMMITTEE HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS ARE REPORTED TO THE BOARD IN 2011, THE COMMITTEE ENGAGED AN OUTSIDE CONSULTANT WHO USED SALARY SURVEYS AND STUDIES OF PAYMENTS TO FINANCIAL PROFESSIONALS EMPLOYED BY NON-PROFIT ORGANIZATIONS TO PROPOSE A PACKAGE FOR A NEW EXECUTIVE VICE PRESIDENT OF FINANCIAL RESOURCE DEVELOPMENT. THE COMPENSATION AND APPOINTMENT OF THE EXECUTIVE VICE PRESIDENT OF FINANCIAL RESOURCE AND DEVELOPMENT WAS APPROVED BY THE COMMITTEE AND REPORTED TO THE BOARD IN 2011. THE COMPENSATION OF THE CURRENT CHIEF EXECUTIVE OFFICER WAS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE IN 2009.

ldentifier	Return Reference	Explanation
INSPECTION OF		THE JEWISH FEDERATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION THE JEWISH FEDERATION MAKES ITS CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION, AND COPIES WILL BE PROVIDED ON REQUEST IF THEY CANNOT BE ACCESSED FROM THE PUBLIC WEBSITE

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	'	THE \$(2,154,800) IS COMPRISED OF TWO CHANGES 1) NET UNREALIZED LOSSES IN THE AMOUNT OF (2,155,293), AND 2) ROUNDING IN THE AMOUNT OF \$493

SCHEDULE R
(Form 990)

Related Organization of the complete if the complete if

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

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Schedule R (Form 990) 2011

DLN: 93493317015312

Open to Public Inspection

Department of the Treat
Internal Revenue Service

Name of the EWISH FEDER	e organization ATION COUNCIL OF GREATER LA					Employer ide	entification number		
						95-164338	8		
Part I	<b>Identification of Disregarded Entities</b> (Comple	te ıf the organızatıo	n answered "Yes'	" on Form 990, Pa	art IV	, lıne 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity Legal domicile (state or foreign country)		(d) Total income End-o		(e) -year assets	<b>(f)</b> Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete i e tax year.)	f the organization	n answered "Yes"	on Fo	orm 990, Pa	art IV, line 34 becaus	e it had	one
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) Ic charity status ction 501(c)(3))		(g) Section 512(b)(13) controlled organization	
								Yes	No
See Additional	Data Table				_				

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Part	V	Transactions with Related Organizations (Complete if the organization answered Tes	on Form 990, Par	11V, IIIIe 34, 33, 3	5A, 01 36.)		
N	lote.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Dur	ıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?		1	
a R	Receip	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes	
<b>b</b> 0	Gift, gi	rant, or capital contribution to related organization(s)			1b	1	No
<b>c</b> G	Gift, gi	rant, or capital contribution from related organization(s)			<b>1</b> c	Yes	
d L	oans	or loan guarantees to or for related organization(s)			1d		No
e L	.oans	or loan guarantees by related organization(s)			1e	1	No
f S	Sale of	f assets to related organization(s)			1f	+-	No
g P	urcha	ase of assets from related organization(s)			1g	1	No
h E	xcha	nge of assets with related organization(s)			1h	1	No
i L	ease	of facilities, equipment, or other assets to related organization(s)			1i		No
j L	ease	of facilities, equipment, or other assets from related organization(s)			<u>1j</u>	+	No
k P	erfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
I P	erforr	nance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	harın	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n Yes	
n S	harın	g of paid employees with related organization(s)			1n		No
o R	Reimb	ursement paid to related organization(s) for expenses			10	,	No
p R	Reimb	ursement paid by related organization(s) for expenses			1p	Yes	
q	Other	transfer of cash or property to related organization(s)			<b>1</b> q	+	No
r O	ther	transfer of cash or property from related organization(s)			1r		No
<b>2</b> If	f the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relati	onships and transact	ion thresholds		
		(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount
	Addıtıo	nal Data Table					
(2)							
(3)							
(4)							
(E)							
(5)							
(6)							

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) organizations?		<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

# Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: **Software Version:** 

**EIN:** 95-1643388

Name: JEWISH FEDERATION COUNCIL OF GREATER LA

Form 990, Schedule R, Part II - Ide	ntification of	Related Tax	-Exempt Org	anizations	T	T
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section 512 (b)(13) controlled organization
ABRASBA FOUNDATION						
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 05-0545566 BERKE FAMILY FOUNDATION	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 33-0782972	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes
BILL & BONNY LEVINE FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4199489	GENERAL SUPT	СА	501(C) (3)	11,1	JCF	Yes
FLORENCE & BERNARD B ROTH FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes
95-4322959 JACK E & RACHEL GINDI FDN 6505 WILSHIRE BLVD SUITE 1200	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
LOS ANGELES, CA 90048 95-4068700 JEWISH COMMUNITY FDN CHARITABLE FUND			(3)			
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3507310 JEWISH COMMUNITY FDN CHARITABLE	GENERAL SUPT	CA	501(C) (3)	PF	JCF	Yes
FUND II  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4695562	GENERAL SUPT	СА	501(C) (3)	PF	JCF	Yes
JEWISH COMMUNITY FDN OF GREATER LA						
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-6111928	GENERAL SUPT	CA	501(C) (3)	7	JFC	Yes
KASL FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4105774	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes
KURTZMAN FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4684563	GENERAL SUPT	СА	501(C) (3)	11,1	JCF	Yes
LEE & HERMAN OSTROW FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	СА	501(C) (3)	11, I	JCF	Yes
01-0734263 RICHARD & ROBERTA MARANTZ FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes
95-4088934 LEONARD & ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
LOS ANGELES, CA 90048 95-4582899 NEWTON D & ROCHELLE F BECKER FDN						
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4095134 NIZNICK FAMILY FOUNDATION	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4830603	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes
OSIAS G & DOROTHY S GOREN FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
95-4092926 RICHARD & LOIS GUNTHER FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
LOS ANGELES, CA 90048 95-4690753 RUTH & SONNY SINGER FOUNDATION	GENERAL		501(C)	11, I	JCF	N. s
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4364781 SABAN CHARITABLE SUPPORT FUND	SUPT	CA	(3)	11,1		Yes
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0517051	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes
SINDER FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4092908	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes

Form 990, Schedule R, Part II - Ide	ntification of I	Related Tax-	Exempt Orga	anizations	T	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section (b)(13 control organiza	3) lled
STEVEN & LOTTIE WALKER FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4095677 THE BREEN FAMILY FOUNDATION	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 42-1727040	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
THE EDNA & MICKEY WEISS FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4455777 THE EDWARD RAPHAEL FOUNDATION	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes	
6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0493061	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
THE EMQUIES FAMILY SUPPORT FOUNDATION  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 26-1573706	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes	
THE HELENE & LOUIS GALEN FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 02-0778652	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
THE IVAN AND VILAM HILAJ FAMILY FDN	GENERAL SUPT	CA	501(C) (3)	11,III-FI	JCF	Yes	
THE JOYCE & LAWRENCE POWELL FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4826900	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes	
THE JUDY & BERNARD BRISKIN FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
80-0143565 THE LEVEY CHERRY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 03-0576686	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
THE LOUIS & JUDITH MILLER FAMILY FDN	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
THE LOUISE & HERB HORVITZ CHARITABLE FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4664621	GENERAL SUPT	СА	501(C) (3)	11,1	JCF	Yes	
THE MARK SCHULMAN & ESTHER SCHULMAN FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4250205	GENERAL SUPT	CA	501(C) (3)	11,I	JCF	Yes	
THE MELISSA MARANTZ NEALY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 35-2303167	GENERAL SUPT	CA	501(C) (3)	11,I	JCF	Yes	
THE PALERMO-RAVICH FOUNDATION  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4717551	GENERAL SUPT	СА	501(C) (3)	11, I	JCF	Yes	
THE PEPP FAMILY SUPPORT FOUNDATION  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 56-2669586	GENERAL SUPT	CA	501(C) (3)	11,I	JCF	Yes	
THE SALTER FAMILY CHARITABLE FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3924344	GENERAL SUPT	СА	501(C) (3)	11, I	JCF	Yes	
THE SEYMOUR & ELAINE MASOR FOUNDATION  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
95-4621783 THE SHIRLEY & BURT HARRIS FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	СА	501(C) (3)	11, I	JCF	Yes	
95-4246144 THE TOM & SONDRA RYKOFF FAMILY FDN  6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4651913	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes	

# Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section (b)(13 control organiza	3) led
	GENERAL SUPT	CA	501(C) (3)	11,1	JCF	Yes	
I I 6505 WILSHIDE BLVD SHITE 1200	GENERAL SUPT	CA	501(C) (3)	11, I	JCF	Yes	
LESSOS WILSHIRE BLVD SIITE 1200	GENERAL SUPT	СА	501(C) (3)	11, I	JCF	Yes	
LEGGOS WILSHIRE BLVD SILLE 1200	GENERAL SUPT	СА	501(C) (3)	11,I	JCF	Yes	

# Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	JEWISH COMMUNITY FOUNDATION OF GREATER LA	A(IV)	341,599	FMV
(2)	FLORENCE & BERNARD B ROTH FAMILY FOUNDATION	С	65,000	FMV
(3)	JEWISH COMMUNITY FOUNDATION OF GREATER LA	С	4,196,000	FMV
(4)	RICHARD & LOIS GUNTHER FAMILY FDN	С	60,000	FMV
(5)	NIZNICK FAMILY FOUNDATION	С	125,000	FMV
(6)	THE ZIERING FAMILY FOUNDATION	С	150,000	FMV
(7)	NEWTON D & ROCHELLE F BECKER FDN	С	100,000	FMV
(8)	JEWISH COMMUNITY FOUNDATION OF GREATER LA	Р	307,038	FMV