

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



DLN: 93493196003424

Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

A Fo	r the 2	2012 cale		ng 09-01-2012 , 2012, and ending 08-3	31-2013		
		pplicable	C Name of organization BET TZEDEK			D Employer ide	entification number
_	dress ch		Doing Business As			23-730420)5
_	me chai	-					
_	ial retu		Number and street (or P O box if 3250 WILSHIRE BLVD 13TH FL	mail is not delivered to street address) Room/su	ııte	E Telephone nur	mber
_	mınate			L		(323)939-	0506
_	ended I		City or town, state or country, and LOS ANGELES, CA 90010	1 ZIP + 4			
App	dication	n pending	F Name and address of pi	ringinal officer	11/ >	G Gross receipts	
			GIA STOKES		H(a) Is this affiliat	s a group retur :es?	n for
			3250 WILSHIRE BLVD 13 LOS ANGELES, CA 9001				
			200711102220,011 3001				uded?
Та	x-exem	npt status	▽ 501(c)(3) ┌ 501(c)() ◄	(insert no) 4947(a)(1) or 527			
w	ebsite	e: ► WW	W BETTZEDEK ORG		H(c) Grou	o exemption nu	ımber 🟲
S Forr	m of ord	ganızatıon	Corporation Trust Associate	tion Cother •	L Year of for	mation 1974	State of legal domicile CA
	rt I		mary				
Governance	- - -	BET TZE FOR PER	DEK WAS ORGANIZED FOR SONS IN THE GREATER LOS	ion or most significant activities THE PURPOSE OF PROVIDING LEGAL S ANGELES AREA FINANCIALLY UNAE discontinued its operations or disposed	BLE TO AFFOR	D SUCH LEGA	AL ASSISTANCE
	, ,	Number	of voting mambars of the gover	rning body (Part VI, line 1a)		. з	69
ACUMUES &	1			s of the governing body (Part VI, line 1b			69
	1			n calendar year 2012 (Part V, line 2a)		5	83
į	6	Total nur	mber of volunteers (estimate if	necessary)		. 6	1,770
	1			Part VIII, column (C), line 12		. 7a	C
	ы	Net unre	lated business taxable income	from Form 990-T, line 34		. 7b	C
						Year	Current Year
ā	8			line 1h)		6,525,446 776,475	6,356,922 384,397
			ili service reveilue (Fait VIII,				
Yen	10	Invest	ment income (Part VIII, colun	nn (A), lines 3, 4, and 7d)		131.3351	165,124
Reven	10 11			nn (A), lines 3, 4, and 7d)), lines 5, 6d, 8c, 9c, 10c, and 11e)		131,335 32,934	165,124 51,503
Reven		O ther Total r	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), lin		32,934	51,503
Rayen	11 12	Other Totalr 12) .	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), lin		32,934 7,466,190	
Rayen	11 12 13	Other Total r 12) . Grants	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), lin rt IX, column (A), lines 1–3)	e	32,934	51,503
	11 12	Other Total r 12) . Grants Benefit	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), lin	e	32,934 7,466,190 0	51,503 6,957,946 0
	11 12 13 14 15	Other Total r 12) . Grants Benefit Salarie 5-10)	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), linet IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines	e .	32,934 7,466,190 0 0 6,681,782	51,503 6,957,946 0 0 7,046,468
	11 12 13 14 15	Other Total r 12) . Grants Benefit Salarie 5-10) Profes	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), linet IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e)	e .	32,934 7,466,190 0	51,503 6,957,946 0
	11 12 13 14 15 16a b	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) : IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) D), line 25) • 927,713	e	32,934 7,466,190 0 0 6,681,782 30,000	51,503 6,957,946 0 0 7,046,468
	11 12 13 14 15	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Pats paid to or for members (Part es, other compensation, employsional fundraising fees (Part IX andraising expenses (Part IX, column (A) expenses (Part IX, column (A))), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) D), line 25) • 927,713 h, lines 11a-11d, 11f-24e)	e	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460	51,503 6,957,946 0 0 7,046,468 0
	11 12 13 14 15 16a b	Other Total r 12). Grants Benefit Salarie 5-10) Profes Total fut Other	revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Part es, other compensation, employsional fundraising fees (Part IX) andraising expenses (Part IX, column (A) expenses Add lines 13–17 (mexpenses Add lines), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) : IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) D), line 25) • 927,713	e	32,934 7,466,190 0 0 6,681,782 30,000	51,503 6,957,946 0 0 7,046,468
Expenses	11 12 13 14 15 16a b 17	Other Total r 12). Grants Benefit Salarie 5-10) Profes Total fut Other	revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Part es, other compensation, employsional fundraising fees (Part IX) andraising expenses (Part IX, column (A) expenses Add lines 13–17 (mexpenses Add lines), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) :IX, column (A), line 4) yee benefits (Part IX, column (A), lines (X, column (A), line 11e) (D), line 25) -927,713 (), lines 11a-11d, 11f-24e) sust equal Part IX, column (A), line 25)	e Beginning	32,934 7,466,190 0 0,0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547
Expenses	11 12 13 14 15 16a b 17	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e	revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Part es, other compensation, employsional fundraising fees (Part IX) andraising expenses (Part IX, column (A) expenses Add lines 13–17 (mexpenses Add lines), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) ID), line 25) •927,713 h, lines 11a-11d, 11f-24e) sust equal Part IX, column (A), line 25) e 18 from line 12	e Beginning	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601
Expenses	11 12 13 14 15 16a b 17 18 19	Other Total r 12). Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) ID), line 25) •927,713 h, lines 11a-11d, 11f-24e) sust equal Part IX, column (A), line 25) e 18 from line 12	e Beginning	32,934 7,466,190 0 0,0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year
Fund Balances Explenses	11 12 13 14 15 16a b 17 18 19	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) :IX, column (A), line 4) yee benefits (Part IX, column (A), lines (A, column (A), line 11e) (D), line 25) • 927,713), lines 11a-11d, 11f-24e) nust equal Part IX, column (A), line 25) e 18 from line 12	e Beginning	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266	51,503 6,957,946 0 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725
Fund Balances Expenses	11 12 13 14 15 16a b 17 18 19	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1–3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines X, column (A), line 11e) D), line 25) •927,713 h, lines 11a–11d, 11f–24e) ust equal Part IX, column (A), line 25) e 18 from line 12	Beginning	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040	51,503 6,957,946 0 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787
to be described by the first between the first b	11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowled	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as Sign alties of p dge and b as any kr	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) :IX, column (A), line 4) yee benefits (Part IX, column (A), lines K, column (A), line 11e) :D), line 25) 927,713), lines 11a-11d, 11f-24e) iust equal Part IX, column (A), line 25) e 18 from line 12	Beginning Y	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040 s and statement pased on all info	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787
Jnde ny ki orepa	11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as Sign alties of p dge and b as any kr	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1–3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines (A, column (A), line 11e) (D), line 25) •927,713), lines 11a–11d, 11f–24e) nust equal Part IX, column (A), line 25) e 18 from line 12 t line 21 from line 20	Beginning Y	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040 s and statement pased on all info	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787
Land Basences Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven Total a Total I Net as Sign alties of p dge and b as any kr	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1–3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines (A, column (A), line 11e) (D), line 25) •927,713), lines 11a–11d, 11f–24e) nust equal Part IX, column (A), line 25) e 18 from line 12 t line 21 from line 20	Beginning Y	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040 s and statement pased on all info	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787
To have been been been been been been been be	11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Reven Total a Total I Net as Sign alties of p dge and b as any kr #*** Signa GIA S Type	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines K, column (A), line 11e) D), line 25) •927,713 o, lines 11a-11d, 11f-24e) nust equal Part IX, column (A), line 25) e 18 from line 12 et line 21 from line 20 xamined this return, including accompany omplete Declaration of preparer (other toleration).	Beginning Y	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040 s and statement eased on all info	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787 Ints, and to the best of formation of which
Land Barances Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pena nowled arer ha	Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as Sign alties of p dge and b as any kr #**** Signa GIA S Type	revenue (Part VIII, column (A evenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines K, column (A), line 11e) D), line 25) •927,713 o, lines 11a-11d, 11f-24e) nust equal Part IX, column (A), line 25) e 18 from line 12 et line 21 from line 20 xamined this return, including accompany omplete Declaration of preparer (other toleration).	Beginning Your Schedule than officer) is the last control of the l	32,934 7,466,190 0 0 6,681,782 30,000 1,461,460 8,173,242 -707,052 of Current ear 8,448,266 1,251,226 7,197,040 s and statement eased on all info	51,503 6,957,946 0 7,046,468 0 1,667,079 8,713,547 -1,755,601 End of Year 9,643,725 3,839,938 5,803,787 Ints, and to the best of formation of which

Firm's address ► 10960 WILSHIRE BLVD STE 700

LOS ANGELES, CA 900243783

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

Preparer

Use Only

Phone no (310) 477-3924

✓ Yes ☐ No

Par	t III	Statement of Program S Check if Schedule O contains			ı	·
1	Brief	y describe the organization's m	ission			
THE LEGA THIS COU BELI THA	LEGAL AL NEE B REAS NTY, R EVE T T BRIN YERS,	K PROVIDES FREE LEGAL AS SYSTEM UNDERPINNING OL DS OF THE JEWISH POOR AR ON, BET TZEDEK HAS ALWAY EGARDLESS OF THEIR RACIA HAT ALL OF THE GROUPS IN G US TOGETHER IN A COMM STAFF MEMBERS AND VOLUN	R DEMOCRACY AL' E MET, WE RECOGN S PROVIDED ASSI: AL, RELIGIOUS OR I OUR WONDERFULL' ON, JUST CAUSE F	THOUGH BET TZED NIZE THAT IT IS OU STANCE TO ALL ELI ETHNIC BACKGROU Y DIVERSE SOCIET OR THE PEOPLE WH	EK REMAINS INTENT ON ASS R DUTY TO SERVE THE ENTI GIBLE NEEDY RESIDENTS O ND INDEED, AT THE HOUSE Y ARE STRENGTHENED WHE IO ARE BET TZEDEK THE L	SURING THAT THE RE COMMUNITY FOR F LOS ANGELES OF JUSTICE, WE N BRIDGES ARE BUILT .AWYERS AND NON-
2		e organization undertake any s ior Form 990 or 990-EZ? .				. 「Yes 「No
		s," describe these new services				
3	servi	e organization cease conductinges?			onducts, any program	
4	Desci	ribe the organization's program ses Section 501(c)(3) and 50 tal expenses, and revenue, if ar	service accomplishm 1(c)(4) organizations	are required to repo		
4a	HEAL ISSUE SUPP) (Expenses \$ ZEDEK PROVIDES FREE NONCRIMINAL IH MAINTENANCE ISSUES, TENANT-LAI IS THAT THE POOR, ELDERLY AND/OR ORT FROM THE LEGAL COMMUNITY IN ONS WITH PROGRAM EXPENSES OF \$6	LEGAL SERVICES TO LOV NDLORD PROBLEMS, HOM INDIGENT MIGHT ENCOU LOS ANGELES, CA DURIN	VER INCOME NEEDY PERS E-EQUITY FRAUD, ALZHEI NTER IN ADDITION TO TH	MER AND NURSING HOME ISSUES, AN HE PROFESSIONAL LEGAL STAFF, BET	ND VARIOUS OTHER LEGAL TZEDEK RELIES ON PRO BONO
4b	(Code) (Expenses \$;	including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses s		including grants of \$) (Revenue \$)
4d	Othe	r program services (Describe i	n Schedule O)			
	(Exp	enses \$	including grants of	f\$) (Revenue \$)
4 e	Tota	I nrogram service expenses 🕨	6 258 369			

Form 990 (· · · · · · · · · · · · · · · · · · ·		
Part IV	Checklist of	Required	Schedules

			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	140
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 for escrow or custodial account liability, 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	Yes	
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 $\sqrt{2}$	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, line 10? 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		No
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	Yes	
е	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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		No
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
25a	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		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

GI I	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 36		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		2-		N
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	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			
		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	
	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			
	file Form 8282?	7 c		N
	11 Tes, indicate the number of Forms 8282 med during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h	I	

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
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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
5		-		
-	Did the organization have members or stockholders?	6		Νo
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		Νo
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
	gamena mammig and are are respectively and address of the contract of the			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
				No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►GIA STOKES 3250 WILSHIRE BLVD 13TH FL LOS ANGELES, CA (323)939-0506

Form	990	(2012)	
------	-----	--------	--

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1											
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	(C) osition (do not check re than one box, unless rson is both an officer nd a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	organizations below	organizations below	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table													
	•	•	•							Form 990 (2012)			

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o n is	one l both	box, an c	heck unless officer stee)	:	Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	/- ((F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												+		
												-		
												+		
1b	Sub-Total													
C	Total from continuation sheet	· · · · · · ·	· · ection /		•							+		
d	Total (add lines 1b and 1c)			•	•	•	•	•		766,833		0		179,201
2	Total number of individuals (in \$100,000 of reportable compo	cluding but not	limited				d abov	e) wl	l ho receive					<u> </u>
													Yes	No
3	Did the organization list any f o on line 1a? <i>If</i> "Yes," complete S									compen • •	sated employee	3		No
4	For any individual listed on lin organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) Name and business	address							Des	(B) cription of services		(C Comper	
												#		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

	Check if Schedule O contains a res	oonse to any question i	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
n <u>1</u> 2	Federated campaigns	1a				
Other Similar Amounts	b Membership dues	1b				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c Fundraising events	1c 2,032,006				
and Other Similar Amounts	d Related organizations					
2.≅ •	e Government grants (contributions)	1e 898,428				
≝i∑ f	F All other contributions, gifts, grants, and	1f 3,426,488	i			
	similar amounts not included above Noncash contributions included in lines					
<u> </u>	1a-1f \$					
and	h Total. Add lines 1a-1f	. · · · ·	6,356,922			
<u>a</u>		Business Code				
글 2: 왕	a COURT AWARDS	541100	224,366	224,366		
æ ₺	ATTORNEY FEES	541100	141,271	141,271		
93. ¢		541100	18,760	18,760		
B						
E 1	• All other program corruge revenue					
Program Service Revenue	, ,					
			384,397			
3	Investment income (including divid and other similar amounts)		137,065			137,065
4	Income from investment of tax-exempt bo	nd proceeds 🕨				
5	, <u> </u>					
6	(ı) Real	(II) Personal				
6	b Less rental					
	expenses Rental income					
	or (loss)					
d	(i) Securities	(II) Other				
7:		(11) 5 3151				
ı	than inventory Less cost or other basis and sales expenses					
	C (1)					
d	Net gain or (loss)		28,059			28,059
	Gross income from fundraising events (not including \$2,032,006 of contributions reported on line 1c See Part IV, line 18					
<u>.</u> .	h lasa da i	a 484,000				
	b Less direct expenses Net income or (loss) from fundraisir	b 484,000	0			
. .	Gross income from gaming activitie See Part IV, line 19					
	b 1 do - 1	a				
'	b Less direct expenses Net income or (loss) from gaming a	bctivities				
10	 Gross sales of inventory, less returns and allowances 					
.	a b					
	Less cost of goods sold bNet income or (loss) from sales of it					
	Miscellaneous Revenue	Business Code				
116	a OTHER INCOME	900099	51,503			51,503
	b					
0	c					
	d All other revenue					
e			51,503			
12	Total revenue. See Instructions .		6,957,946	384,397	0	216,627

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 422,619 136,833 223,990 61,796 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 4,697,187 3,630,711 603,883 462,593 Pension plan accruals and contributions (include section 401(k) 673,279 530,959 71,176 and 403(b) employer contributions) 71,144 888,146 117,742 Other employee benefits 681,618 88,786 10 365,237 272,244 55,584 37,409 11 Fees for services (non-employees) Management 103,990 103,990 Legal Accounting 57,097 42,560 8,689 5,848 Professional fundraising services See Part IV, line 17 Investment management fees 17,114 17,114 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 115,752 103,223 11,209 1,320 Schedule O) Advertising and promotion . . 1,589 12 1,589 13 Office expenses 50,122 37,361 7,628 5,133 14 Information technology . . 15 Royalties . 62,640 411,600 42,158 16 Occupancy 306,802 **17** 85,542 63,763 13,018 8,761 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 16,800 16,725 75 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . . . 143,121 106,681 21,781 14,659 23 36,739 27,385 5,591 3,763 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PUBLIC RELATIONS 71,742 3,101 3,618 65,023 POSTAGE AND DELIVERY 54,449 32,221 6,579 15,649 TELEPHONE 43,204 32,204 6,575 4,425 d TEMPORARY LABOR 33,824 15,802 18,022 424,394 216,587 168,561 e All other expenses 39,246 Total functional expenses. Add lines 1 through 24e 25 8,713,547 6,258,369 1,527,465 927,713 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pal	rt X	Check if Schedule O contains a response to any question in this	s Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		628,824	1	703,798
	2	Savings and temporary cash investments		766,999	2	656,540
	3	Pledges and grants receivable, net		1,118,295	3	996,545
	4	Accounts receivable, net		244,759		113,176
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rectors, trustees, key art II of		5	<u> </u>
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule	contributing employers mployees' beneficiary		6	
82	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		143,240		23,536
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	·		
	Ь	Less accumulated depreciation	10b 838,864	372,609	10c	437,768
	11	Investments—publicly traded securities		5,077,889		5,697,853
	12	Investments—other securities See Part IV, line 11		12	· · ·	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		95,651	15	1,014,509
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		8,448,266		9,643,725
	17	Accounts payable and accrued expenses		829,051	17	1,085,966
	18	Grants payable		·	18	
	19	Deferred revenue			19	470,288
	20	Tax-exempt bond liabilities			20	·
φ.	21	Escrow or custodial account liability Complete Part IV of Sch		95,651	21	1,014,509
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, trustees,			<u> </u>
ap		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third partie	s		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relaand other liabilities not included on lines 17-24) Complete Pa	rt X of Schedule	200 504		4 000 475
		D		326,524		1,269,175
	26	Total liabilities. Add lines 17 through 25		1,251,226	26	3,839,938
ř	27	lines 27 through 29, and lines 33 and 34.		1,866,843	37	353,583
Fund Balances	27 28	Unrestricted net assets		1,421,690		1,437,651
<u> </u>		Temporarily restricted net assets		3,908,507		4,012,553
ĭ	29	Permanently restricted net assets		3,900,507	29	4,012,003
포		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ► and			
Assets or	30	Capital stock or trust principal, or current funds			30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ass	32	Retained earnings, endowment, accumulated income, or other f			32	
Net 1	33	Total net assets or fund balances		7,197,040		5,803,787
Ż	34	Total liabilities and net assets/fund balances		8,448,266	34	9,643,725
	1			5, , 200		70 mm 000 (2012)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,9	57,946
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,7	13,547
3	Revenue less expenses Subtract line 2 from line 1	3		-1,7	755,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		7,1	.97,040
5	Net unrealized gains (losses) on investments	5		3	862,348
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,8	303,787
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	✓ Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:**

> **EIN:** 23-7304205 Name: BET TZEDEK

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
ROBERT M SCHWARTZ ESQ CHAIRPERSON	1 00	x		х				0	0	0
SCOTT PACKMAN ESQ SECRETARY	1 00	х		х				0	0	0
ALLAN SCHWEITZER TREASURER	1 00	х		х				0	0	0
LUIS LAINER ESQ PRESIDENT EMERITUS	1 00	х		х				0	0	0
JAY ABARBANEL DIRECTOR	1 00	х						0	0	0
JEFFREY I ABRAMS ESQ DIRECTOR	1 00	х						0	0	0
JAMES N ADLER ESQ DIRECTOR	1 00	х						0	0	0
G CARLA AXELROD ESQ DIRECTOR	1 00	х						0	0	0
ARTHUR H BILGER DIRECTOR	1 00	х						0	0	0
AVIVA K BOBB ESQ DIRECTOR	1 00	х						0	0	0
EVAN A BRAUDE ESQ DIRECTOR	1 00	х						0	0	0
MERYL K CHAE ESQ DIRECTOR	1 00	х						0	0	0
MAREN CHRISTENSEN ESQ DIRECTOR	1 00	х						0	0	0
NANCY SHER COHEN ESQ DIRECTOR	1 00	х						0	0	0
JILL R COHEN ESQ DIRECTOR	1 00	х						0	0	0
MARK T DROOKS ESQ DIRECTOR	1 00	х						0	0	0
SCOTT A EDELMAN ESQ DIRECTOR	1 00	х						0	0	0
PHILIP M FEDER DIRECTOR	1 00	х						0	0	0
LEWIS G FELDMAN ESQ DIRECTOR	1 00	х						0	0	0
MICHAEL A FIRESTEIN ESQ DIRECTOR	1 00	х						0	0	0
GERALD S FREISLEBEN DIRECTOR	1 00	х						0	0	0
ALAN V FRIEDMAN ESQ DIRECTOR	1 00	х						0	0	0
IRAN FRIEDMAN DIRECTOR	1 00	х						0	0	0
MARK J FRIEDMAN ESQ DIRECTOR	1 00	х						0	0	0
TERRY B FRIEDMAN ESQ DIRECTOR	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 MARC H GAMSIN ESQ Χ 0 0 0 DIRECTOR 1 00 LISA GILFORD ESQ 0 Х 0 **DIRECTOR** 1 00 GEOFFREY M GOLD ESQ 0 0 0 Х DIRECTOR 1 00 GLENN GOTTLIEB ESQ Х 0 0 0 DIRECTOR 1 00 GORDON A GREENBERG ESQ 0 0 0 Х DIRECTOR 1 00 HOWARD GROBSTEIN CPA 0 0 0 Х DIRECTOR 1 00 DANIEL T GRYCZMAN ESQ 0 0 0 Х DIRECTOR 1 00 CAROLE E HANDLER ESQ 0 0 0 DIRECTOR 1 00 REX HEINKE ESQ Χ 0 0 DIRECTOR 1 00 GREGORY D HELMER ESQ ٥ 0 0 X DIRECTOR 1 00 J ERIK ISKEN ESQ Χ 0 0 0 DIRECTOR 1 00 RICHARD B JONES 0 0 DIRECTOR 1 00 STANLEY T KANDAL 0 0 0 Х DIRECTOR 1 00 FRANK M KAPLAN ESQ 0 Х 0 0 DIRECTOR 1 00 RICHARD L KELLNER ESQ Х 0 0 0 DIRECTOR 1.00 JEFFREY H KINRICH CPA 0 0 0 Х DIRECTOR 1 00 DAVID A LASH ESQ 0 0 0 Х DIRECTOR 1 00 STANLEY W LEVY ESQ Χ 0 0 0 DIRECTOR 1 00 STEVEN D LOTWIN ESQ Х 0 0 0 DIRECTOR 1 00 NEAL RMARDER ESQ 0 0 0 Х DIRECTOR 1 00 KEVIN S MARKS ESQ Х O 0 0 DIRECTOR 1 00 FRANK E MELTON ESQ 0 0 0 DIRECTOR 1 00 LINDA MICHAELSON ESQ 0 0 0 Х DIRECTOR 1 00 KENNETH S MILLMAN 0 0 Х 0 DIRECTOR 1 00 MARK A MILSTEIN ESQ 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or director Institutional hours organizations Ē for employee related organızatıons trustae below Trustee dotted line) 1 00 BARTON P PACHINO ESQ Χ 0 0 0 DIRECTOR 1 00 DAVID J PASTERNAK ESQ 0 Х 0 **DIRECTOR** 1 00 JEFFREY E RESNICK 0 0 0 Х DIRECTOR 1 00 GARY D ROBERTS ESQ Х 0 0 0 DIRECTOR 1 00 PETER K ROSEN ESQ 0 0 0 Х DIRECTOR 1 00 ERIN C ROTGIN ESQ 0 0 0 Х DIRECTOR 1 00 DAVID J SCHINDLER ESQ 0 0 0 Х DIRECTOR 1 00 BRETTE S SIMON ESQ 0 0 0 DIRECTOR 1 00 JEFFREY A SKLAR ESQ Χ 0 0 DIRECTOR 1 00 GLENN A SONNENBERG ESQ ٥ 0 0 X DIRECTOR 1 00 AARON SPIWAK ESQ Χ 0 0 0 DIRECTOR 1 00 DAVID M STERN ESQ 0 0 DIRECTOR 1 00 BRIAN A SUN ESQ 0 0 0 Х DIRECTOR 1 00 JONATHAN A VICTOR 0 Х 0 0 DIRECTOR 1 00 MICHAEL WACHTELL Х 0 0 0 DIRECTOR 1.00 LEAH E WEIL ESQ 0 0 0 Х DIRECTOR 1 00 EDWARD J WEISS ESQ 0 0 0 Х DIRECTOR 1 00 BRUCE A WESSEL ESQ Χ 0 0 0 **DIRECTOR** 1 00 MICHAEL A WORONOFF ESQ 0 0 DIRECTOR 48 00 FERNANDO SALGUERO 0 Χ 139,435 53,996 VP OF FINANCE 48 00 SANDOR E SAMUELS Х 168,279 0 33,042 PRESIDENT/CEO 48 00 FLISSA BARRETT Х 105,782 0 16,248 VP AND GENERAL COUNSEL 48 00 DAVID BUBIS Χ 142,428 0 23,591 VP DEVELOPMENT 48 00 **GUS MAY** 102,350 Х 0 32,246 DIRECTING ATTORNEY 48 00 ILEANA PRADO 108,559 0 20,078 VP OPERATION/HR

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196003424

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

BET TZEDEK

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

									23-7304			
Par				blic Charity Sta					<u> </u>	instructions	5.	
The o	rganı:			te foundation becaus								
1			•	ion of churches, or a				ection 170	(b)(1)(A)(i).	ı		
2				d in section 170(b)(1								
3				perative hospital se	=							
4	Γ			h organization opera [:] ity, and state	ted in conjun	ction with a	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the	
5	Г	Anorg	anization op	erated for the benefi	t of a college	or univers	ity owned or o	perated by	a governme	ntal unit des	cribed in	
	·			(A)(iv). (Complete P			·		_			
6	\sqcap	A fede	ral, state, or	local government o	r government	tal unit des	cribed in sect	ion 170(b)	(1)(A)(v).			
7				at normally receives						from the gen	ieral public	
8	_	describ	oed in sectio	on 170(b)(1)(A)(vi).	(Complete F	art II)		-		J	·	
9	<u>'</u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross										
_		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
				oss investment inco								
				ganızatıon after June								
10	Г									_		
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
	,	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h										
	_											
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
			nan roundat 1 509(a)(2)		ner than one	or more pu	blicly support	ted organiz	ations descri	bed in sectio	on 509(a)(1) or	
f				received a written de	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III support	ing organization,	
		check	this box								T T	
g				2006, has the organ	ızatıon accep	oted any gif	t or contribut	ion from an	y of the			
			ng persons? erson who d	rectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (i	1)	Yes No	
				governing body of th	•		_	persons a			g(i)	
				er of a person descr		_					y(ii)	
			•	lled entity of a perso	• •		above?				(iii)	
h				ng information about								
					• •	J	. ,					
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of	
	uppoi			organization	organizat		the organ		organiza		monetary	
or	ganiz	ation		(described on lines 1- 9 above	col (i) lis		ın col (i) suppo		col (i) or in the l		support	
				or IRC section	your gove docume	_	Suppo	וני	III tile t	J 5 '		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	1	
					- 		+	†	+	+	1	
							1	1			1	
Total									+		+	

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

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

Se	ction A. Public Support							
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,722,154	6,395,180	6,968,066	6,495,446	6,35	6,922	31,937,768
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	529,610	1,581,439	1,028,244	776,475	38	4,397	4,300,165
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	6,251,764	7,976,619	7,996,310	7,271,921	6,74	1,319	36,237,933
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	192,726	315,858	266,895	482,449	68	0,160	1,938,088
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	897,055	114,750	545,055	1,013,738	450	0,315	3,020,913
С	Add lines 7a and 7b	1,089,781	430,608	811,950	1,496,187	1,13	0,475	4,959,001
8	Public support (Subtract line 7c from line 6)							31,278,932
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>.</u>	(f) Total
9	A mounts from line 6	6,251,764	7,976,619	7,996,310	7,271,921	6,74	1,319	36,237,933
L0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	136,211	121,578	107,521	116,994	137	7,065	619,369
b	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				116,994			
c	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	136,211	121,578	107,521	116,994 116,994		7,065	619,369
c 11	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
c	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 Net income from unrelated business activities not included in line 10b, whether or not the					13:		
c 11	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 Net income from unrelated 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,	136,211	121,578	107,521	116,994	5:	7,065	619,369
c 11 12	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 Net income from unrelated 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)	30,826 6,418,801	56,827 8,155,024	31,239 8,135,070	116,994 32,934 7,421,849	5:	7,065	619,369 203,329 37,060,631
c 111 12 13	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here	30,826 6,418,801 for the organization	121,578 56,827 8,155,024 on's first, second,	31,239 8,135,070 third, fourth, or f	116,994 32,934 7,421,849	5:	7,065	619,369 203,329 37,060,631 zation,
c 111 12 13 14	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Puble Public support percentage for 2012	30,826 6,418,801 for the organization ic Support Per (line 8, column (56,827 8,155,024 on's first, second, ercentage f) divided by line	31,239 8,135,070 third, fourth, or f	116,994 32,934 7,421,849	5:	7,065	619,369 203,329 37,060,631 zation,
c 111 12 13 14 Se 15	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here	30,826 6,418,801 for the organization ic Support Per (line 8, column (56,827 8,155,024 on's first, second, ercentage f) divided by line	31,239 8,135,070 third, fourth, or f	116,994 32,934 7,421,849	55: 6,929 501(c)(3)	7,065	619,369 203,329 37,060,631 zation,
c 111 12 13 14 Se 15 16	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201	30,826 6,418,801 for the organization ic Support Per (line 8, column (1) 1 Schedule A, Parestment Incompany	56,827 8,155,024 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	31,239 8,135,070 third, fourth, or f	116,994 32,934 7,421,849 ifth tax year as a	55 6,929 501(c)(3)	7,065	619,369 203,329 37,060,631 zation, 84 400 % 85 570 %
c 111 12 13 14 Se 15 16 Se 17	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is fineteck this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201 ection D. Computation of Investment income percentage for 2012	30,826 6,418,801 for the organization ic Support Per (line 8, column (1 Schedule A, Par estment Incomposition (2012 (line 10 c, column (2012 (line 10 c, column (2013 (line 10 c, column (2014 (line 10 c, column (2014 (line 10 c, column (2015 (56,827 8,155,024 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	31,239 8,135,070 third, fourth, or f 13, column (f)) Je by line 13, column	116,994 32,934 7,421,849 ifth tax year as a	5: 6,929 501(c)(3)	7,065	203,329 37,060,631 zation, 84 400 % 85 570 % 1 670 %
c 111 12 13 14 Se 15 16 Se 17 18	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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201	30,826 6,418,801 for the organization ic Support Per (line 8, column (1) 1 Schedule A, Par estment Incompanion (2012 (line 10 c, companion (2011)) 2011 Schedule A	56,827 8,155,024 on's first, second, ercentage f) divided by line art III, line 15 me Percentage olumn (f) divided by A, Part III, line 1	31,239 8,135,070 third, fourth, or f 13, column (f)) Je by line 13, column	116,994 32,934 7,421,849 ifth tax year as a	133 55 6,929 501(c)(3) 15 16 17 18	7,065 1,503 9,887 organı	203,329 37,060,631 zation, 84 400 % 85 570 % 1 670 % 1 910 %

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME 2008 OTHER INCOME 30826 2009 OTHER INCOME 56827 2010 OTHER INCOME 31239 2011 OTHER INCOME 32934 2012 OTHER INCOME 51503

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493196003424

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Inspection

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 I-A and C below Do not complete Part I-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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** BET TZEDEK 23-7304205 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 □ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	<u></u>
	filed Form 5768 (election under section 501(h)).	

		(a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No		Amour	ıt
1	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)?	Yes				
C	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		T	2	25,436
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i				2	25,436
2a	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					
С	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?					
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					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	<u> </u>	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		1			

Part IV Supplemental Information

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Taxable amount of lobbying and political expenditures (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	LOBBYING ACTIVITIES INCLUDE PREPARATION OF LETTERS TO CALIFORNIA LEGISLATORS, DISCUSSION OF VARIOUS ISSUES WITH LEGISLATIVE STAFF, COMMUNICATION WITH OTHER PUBLIC INTEREST ORGANIZATIONS, AND ATTENDANCE TO MEETINGS WITH LEGISLATIVE/OTHER STAFF

4

DLN: 93493196003424

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Internal Revenue Service		► Attach to For	► Attach to Form 990. ► See separate instructions.				
	me of the organ	ization		Employer identification number			
DE	I IZEDEK			23-7304205			
Pa				unds or Accounts. Complete if the			
	organi	zation answered "Yes" to Form 990		T (25)			
	Tatal mumahan a		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number a	at end of year tributions to (during year)		+			
2 3	33 3	nts from (during year)					
3 4		ue at end of year					
5	funds are the o	zation inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes ☐ No			
6	used only for c	zation inform all grantees, donors, and de charitable purposes and not for the benef ermissible private benefit?					
Pa	rt III Conse	ervation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV, line 7.			
1		conservation easements held by the org on of land for public use (e g , recreation		n historically important land area			
	☐ Protection	of natural habitat	Preservation of a	certified historic structure			
	┌ Preservati	on of open space					
2		s 2a through 2d if the organization held a the last day of the tax year	qualified conservation contribution in	the form of a conservation			
				Held at the End of the Year			
а	Total number	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
C	Number of con	iservation easements on a certified histo	oric structure included in (a)	2c			
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d			
3		servation easements modified, transferr 	ed, released, extinguished, or terminate	ed by the organization during			
4	Number of sta	tes where property subject to conservat	ion easement is located 🗠				
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, han	dling of violations, and Yes No			
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments during the year			
7	•	penses incurred in monitoring, inspecting	, and enforcing conservation easement	s during the year			
8	Does each cor	 nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)			
9	In Part XIII, d balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia				
Pai	rt IIII Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures,	or Other Similar Assets.			
1a	If the organiza works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or research in furtherance of public			
b	If the organiza works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance sheet			
	(i) Revenues	included in Form 990, Part VIII, line 1		► \$			
	(ii) Assets inc	luded in Form 990, Part X		-			
2	If the organiza	ition received or held works of art, histor unts required to be reported under SFAS		or financial gain, provide the			
а	Revenues incl	uded in Form 990, Part VIII, line 1		► \$			
b		ed in Form 990, Part X		· <u></u>			
_	ASSELS IIICIUU	eu III I OIIII 330, Fail A		F P			

Part	111 Organizations Maintaining Co	llections of Ar	t, His	<u>stori</u>	<u>cal Tı</u>	<u> easui</u>	res, or O	<u>the</u>	<u>r Similar As</u>	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	Г	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_	_
	assets to be sold to raise funds rather than t									┌ Yes	☐ No
Par	Part IV, line 9, or reported an an						answere	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?		-			itions o	r other ass	ets r	not	┌ Yes	√ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing t	able		Г				
_							-	_	A	mount	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iir	ne 217	>						✓ Yes	Г No —
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		Swer Prior y					<u>t IV, line 10.</u> Three years back		years back
1a	Beginning of year balance	5,520,069	(0)		399,678	D (C)IW	5,024,494		4,873,514		5,313,879
b	Contributions	71,500			21,271		84,854	_	99,387		29,933
c	Net investment earnings, gains, and losses	,			·		<u> </u>		<u> </u>		
d	Grants or scholarships	559,534			431,886		532,350		271,249		-292,604
e	Other expenditures for facilities and programs	239,910			316,772		225,748		204,304		163,749
f	Administrative expenses	17,114			15,994		16,272		15,352		13,945
g	End of year balance	5,894,079		5,	520,069		5,399,678		5,024,494		4,873,514
2	Provide the estimated percentage of the cur	rent year end balan	ice (lir	ne 1g	, colum	ın (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	31 920 %									
ь	Permanent endowment ► 68 080 %										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that	are hel	d and a	dministered	for	the		
	organization by								-	Ye	
	(i) unrelated organizations		•					•	<u> </u>	(i) (ii)	No No
b	(ii) related organizations							٠		(") Bb	1 110
4	Describe in Part XIII the intended uses of the							•			
Par	t VI Land, Buildings, and Equipme					10.					
	Description of property				a) Cost o sıs (ınve		(b) Cost or o basis (oth		(c) Accumulate depreciation		Book value
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment						447	,393	315,	423	131,970
	Other							,239	523,	441	305,798
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).)			🛌		437,768

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 1	.2.	
(a) Description of security or category	(b) Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
(-,	<u> </u>		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-or	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	ine 15.		
(a) Descr	ription		(b) Book value
(1) FUNDS HELD FOR OTHERS			1,014,509
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	(5.)		1,014,509
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
	(2, 200	-	
Federal income taxes		-	
CAPITAL LEASE OBLIGATIONS	75,875		
DEFERRED LEASE OBLIGATIONS	540,921		
LINE OF CREDIT	652,379		
		1	
		-	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,269,175		

	ule D (Form 990) 2012			_			Page 4
Pari 1		evenue per Audited Financier support per audited financial state				er R	22,890,009
2	· - ·	it not on Form 990, Part VIII, line 1					22,030,009
а		tments		2a	362,348		
b		acılıtıes		2b	15,569,715		
c		s		2c			
d e	Other (Describe in Part XIII) Add lines 2a through 2d .			2d		2e	15,932,063
3				•		3	6,957,946
4		0, Part VIII, line 12, but not on line					
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7	'b .	4a			
b	·			4b			
C -				• •		4c	0
5 Part		d 4c. (This must equal Form 990, Pa xpenses per Audited Finan e				5 s per	6,957,946 Return
1		r audited financial statements .				1	24,283,262
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а		acılıtıes		2a		-	
b				2b		-	
c d				2c		1	
e	Add lines 2a through 2d			. 20		2e	15,569,715
3	•					3	8,713,547
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1	:				
а	·	uded on Form 990, Part VIII, line 7	b	4a			
b	Other (Describe in Part XIII)			4b		1	
с -	Add lines 4a and 4b					4c	0
5 Part	Total expenses Add lines 3 a XIII Supplemental In	nd 4c. (This must equal Form 990, P formation	art I, lir	ne 18		5	8,713,547
		scriptions required for Part II, lines	3, 5, an	nd 9 , P	art III, lines 1a and 4 , P	art IV	, lines 1b and 2b,
Part		, lines 2d and 4b, and Part XII, line					
1111011	Identifier	Return Reference			Explanat	ion	
	racinei	PART IV, LINE 2B	THE	CLIE	NTS TRUST ACCOUNTS		A PART OF THE
			INC	LUDES	ATION'S NORMAL OPE FUNDS THAT ARE HEL	D IN	A TRUST ON BEHALF
					TS FOR THE PURPOSES CUSTODIAL ACCOUN		
			INC	LUDES	FUNDS HELD FOR OTH	IER A	GENCIES, WHICH
					ITS FUNDS RECEIVED A ATION THAT ARE PAYA		
					S ON APRIL 1, 2013, TH O A SETTLEMENT UNDE		
					CALIFORNIA DEPART		
					ΓΤΟRNEY GENERAL ("Ο Ο AS LEAD AGENCY AC		
			sou	JTHER	N CALIFORNIA CONSU	MER	JUSTICE COALITION
					ALITION") THE PURPO ND DEVELOP INNOVA		
			sus	TAIN	ABLE APPROACHES FOR	RASS	SISTING CALIFORNIA
			\$1,2	200,00	0 WAS GRANTED ON B	EHAL	FOFVARIOUS
					IENTS WHO ARE MEME ,000 WAS GRANTED DI		
			ORG	SANIZ	ATION AS OF AUGUST	31,2	2013,THE
					ATION EARNED REVEN G IN \$470,288 OF DEF		
					TO THIS SETTLEMENT IS DUE TO OTHER MEN		
			AND	WILL	BE REMITTED UPON R	ECEIF	PT OF SUPPORTING
					ITATION FOR MILESTO D IN "FUNDS HELD FOR		
					EMENT OF FINANCIAL		
	RIPTION OF INTENDED USE DOWNENT FUNDS	PART V, LINE 4			NIZATION HAS ADOP' G POLICIES FOR ENDO'		
0. 2			ATT	EMPT	TO PROVIDE A PREDIC	СТАВІ	LE STREAM OF
					TO PROGRAMS SUPPO EKING TO MAINTAIN T		
					NDOWMENT ASSETS EI THOSE ASSETS OF DO		
			ТНА	THE	ORGANIZATION MUST	ГНОЬ	_D IN PERPETUITY OR
					NOR-SPECIFIED PERIC FED FUNDS UNDER TH:		
			ву т	HE BO	ARD OF TRUSTEES, TH	IE EN	DOWMENT ASSETS
					STED IN A MANNER TH TOTAL RETURNS (NET		
					F THE ENDOWMENT SP G FOR REAL GROWTH O		· · · · · - , · · · ·
			WHI	LE AS	SUMING A MODERATE		
DESC	RIPTION OF UNCERTAIN	PART X, LINE 2	RISH IN A		DANCE WITH FINANCI	ΔΙΔα	CCOUNTING
	OSITIONS UNDER FIN 48	ART X, EINE 2	STA	NDAR	DS BOARD ("FASB") AC	COUI	NTING STANDARDS
					TION ("ASC") TOPIC N E TAXES" ("ASC 740")		
			INT	ERPRE	TATION NO ("FIN") 48	, "AC	COUNTING FOR
					INTY IN INCOME TAXE STATEMENT 109"), THE		
					ZES THE IMPACT OF TA L STATEMENTS IF THA		
			LIKE	ELY TH	IAN NOT TO BE SUSTA	NED	ON AUDIT, BASED
					ECHNICAL MERITS OF ANIZATION HAS NOT R		
			UNC	ERTA	IN TAX POSITIONS DU	RING	G THE YEAR ENDED
					11, 2013, THE ORGANIZ ION OF UNCERTAIN TA		
			иот	NOT	ANY MATTERS THAT	WOUL	_D REQUIRE
					TION IN THE FINANCIA AY HAVE AN EFFECT OI		

STATUS THE ORGANIZATION'S INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION FOR ALL TAX YEARS

ENDED ON OR AFTER AUGUST 31, 2009 WITH REGARDS TO ALL TAX POSITIONS AND THE RESULTS REPORTED

DLN: 93493196003424

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

	ne of the organization TZEDEK							Employer iden	tification number
	TZEDEK							23-7304205	
Pā	art I Fundraising Act	i vities. Complete	e if the o	rganızat	ion a	nswered "Yes" t	o Forn	n 990, Part IV	, lıne 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the	follow	ing activities Che	ck all t	hat apply	
а	✓ Mail solicitations			е	굣	Solicitation of non	-goveri	nment grants	
b	Internet and email soli	cıtatıons		f		Solicitation of gov		_	
C	Phone solicitations			g	<u> </u>	Special fundraisin	g event	s	
d	In-person solicitations	;							
2a	Did the organization have a or key employees listed in								Γ _{Yes} Γ Ν
b	If "Yes," list the ten highes to be compensated at least			undraisei	rs) pu	rsuant to agreeme	ents und	der which the fur	idraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No	-				
					1				
					-				
					+				
Tot	al			.					
3	List all states in which the licensing	organization is regis	tered or li	censed to	o soli	cit funds or has be	en noti	fied it is exempt	from registration or
СА									

Sche	edule	e G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
			(a) Event #1 FUNDRAISING DINNER	(b) Event #2 JUSTICE BALL (event type)	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))
ds			(event type)			
E E	1	Gross receipts	2,163,525	322,961	29,520	2,516,006
Revenue	2	Less Contributions	1,887,840	127,637	16,529	2,032,006
	3	Gross income (line 1 minus line 2)	275,685	195,324	12,991	484,000
	4	Cash prizes				
မှာ	5	Noncash prizes	1,979			1,979
Expenses	6	Rent/facility costs		83,311		83,311
ă	7	Food and beverages .	161,336	21,472	2,499	185,307
Direct	8	Entertainment		18,153		18,153
₫	9	Other direct expenses .	112,370	72,388	10,492	195,250
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(484,000
	11	Net income summary Combine li	_			
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
	<u> </u>	\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) Other gailing	col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
ped.	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
ā	5	Other direct expenses				
	6	Volunteerlabor	☐ Yes	☐ Yes	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)		
9 a		ter the state(s) in which the organiza the organization licensed to operate				. 「Yes 「No
b		'No," explain				
10a	We	re any of the organization's gaming l				
b	If"	'Yes," explain				

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable o	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name 🟲			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address ▶			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 🖇		
Par	columns (III) and (v), a	mation. Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

DLN: 93493196003424

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization BET TZEDEK

Employer identification number

23-7304205

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	problem of the content of the conten			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_		
	unectors, trustees, and the CLO/Executive Director, regarding the items checked in line 1a	2		-
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	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	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		<u> </u>

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	FW-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)FERNANDO SALGUERO VP OF FINANCE	(i) (ii)	139,435 0	0	0	33,311 0	20,685	193,431 0	0
(2)SANDOR E SAMUELS PRESIDENT/CEO	(i) (ii)	168,279 0	0	0	9,318 0	23,724	201,321 0	0
(3)DAVID BUBIS VP DEVELOPMENT	(i) (ii)	142,428 0	0	0	7,506 0	16,085 0	166,019 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196003424

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.

2012
Open to Public

Inspection

Name of the organization BET TZEDEK	Employer identification number
	23-7304205

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMMITTEE AND SENIOR MANAGEMENT MONITOR THE CONFLICT OF INTEREST POLICY AND DISCLOSURES ON AN ONGOING BASIS
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO BY USING COMP ARABLE DATA, SALARY SURVEYS, OTHER 990'S, ETC THE ORGANIZATION ALSO HAS A COMPENSATION CO MMITTEE THAT DETERMINES THE OFFICERS' COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 18	FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW GUIDESTAR ORG OR UPON WRITTEN REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	BET TZEDEK MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENT S, AND INFORMATIONAL RETURNS AVAILABLE UPON WRITTEN REQUEST