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. Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the 2	<u>013 c</u> alen	dar year, or tax year beginning 6/01 , 2013, and endi	ing 5,	/31		, 2014						
В	Check if app	lıcable	С		D Employ	er Ideni	tification Number						
	Address	s change	THE NORTH LOUISIANA JEWISH FEDERATION		72-	0408	964						
	Name o	-	245-A SOUTHFIELD ROAD		E Telepho								
	Instial re	-	SHREVEPORT, LA 71105		318	-868	-1200						
	Termina				J10	- 550							
	\vdash				G Gross r	acc:n+^	\$ 3,026	052					
	\vdash	ed return	F Name and address of principal officer	H(a) Is the	s a group retur			137					
	Applica	tion pending		1 ' '			H	\neg					
			SAME AS C ABOVE	If 'No	ill subordinates ,' attach a list	s include see ins	structions)	∐ NO					
<u></u>	Tax-exem	 	X 501(c)(3) 501(c) () (() 4947(a)(1) or 527	_			_						
J	Website	e: > WW	W.JEWISHNLA.ORG	H(c) Group	p exemption n		<u> </u>						
K	Form of o	rganization	X Corporation Trust Association Other ► L Year of form	ation	M s	State of	legal domicile LA	<u> </u>					
Pa		Summar											
	1 Brie	efly descri	be the organization's mission or most significant activities TO RAIS	E FUND	S IN TH	E_NC	ORTH LOUIS	IANA_					
au	AR	ADEA FOR THE SUPPORT OF NATIONAL AND OVERSEAS TENTSU ACENCIES AND ACTIVITIES OF A											
Ě	CH	ARITAE	LE, CULTURAL, RELIGIOUS AND PHILANTHROPIC NAT	URE, A	ND_TO_	ACT_	<u>AS A JEWI</u> S	<u>SH</u>					
Ē	CH	ARITAE	LE AND WELFARE AGENCY AT THE LOCAL LEVEL.										
Š	2 Che	eck this be	· · · · · · · · · · · · · · · · · · ·	nore than	25% of its	net as	sets						
Ğ	3 Nur		oting members of the governing body (Part VI, line 1a)			3		<u> 16</u>					
တ	4 Nur		dependent voting members of the governing body (Part VI, line 1b)			4		16					
₽	5 Tot		of individuals employed in calendar year 2013 (Part V, line 2a)			5		1					
È.	6 Tot		of volunteers (estimate if necessary)			6		0					
A	7a lot		ed business revenue from Part VIII, column (C), line 12			7 a		0.					
\$	b Net	unrelated	business taxable income from Form 990-T, line 34			7 b		0.					
Reversion and Application of Governance					Prior Year		Current Y						
6	8 Cor		and grants (Part VIII, line 1h)		192,4	194.	1/9	,421.					
溪	9 Pro		vice revenue (Part VIII, line 2g)				211						
S	10 Inv	estment II	ncome (Part VIII, column (A), lines 3, 4, and COENED		239,1	L/3.	311	,313.					
∓E			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		401		400	704					
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		431,6			<u>,734.</u>					
See A			imilar amounts paid (Part IX, column (A), lines 123) 2014		162,	93.	193	,202.					
3			I to or for members (Part IX, column (A), line 4)										
	15 Sal	aries, oth	er compensation, employee benefits (Part) (X) Column (A) lines 5-10)		13,	503.	5	<u>,684.</u>					
Se	16a Pro		fundraising fees (Part IX, column (A), line 11e)										
Expenses	h Tot	al fundrai	sing expenses (Part IX, column (D), line 25) ► 2,274										
ă	17 Oth		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	23,	577	20	,162.					
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		199,			,048.					
		•	•	-									
8		veriue ies	s expenses Subtract line 18 from line 12		231,		† – – – – – – – – – – – – – – – – – – –	<u>,686.</u>					
are or	00 T-1		(Dark V. June 16)	Beginn	ning of Curre								
\$ 8 8	20 Tot		(Part X, line 16)		3,718,		4,1/6	,074.					
Net Assets Fund Balan	21 Tot		es (Part X, line 26)			263.		718.					
			r fund balances Subtract line 21 from line 20		3,712,	<u>338.</u>	4,175	<u>,356.</u>					
			re Block										
Und	er penalties o	of perjury,	ectare that I have examined this return, including accompanying schedules and statements, and are (other than afficer) is based on all information of which preparer has any knowledge	to the best of	my knowledge	and be	lief, it is true, correc	t, and					
-COIII	piete Deciar	ation of prep	arer (other than whice) is passed on an introduction of which preparer has any knowledge	· · · · · · · · · · · · · · · · · · ·	-4/,,	111	<i></i>						
			VIVINOS POLATI		/	U	<u></u>						
Sig	gn	Super	ire of officer		Date								
He	re		urtis Joseph President										
		Type o	r print name and title										
		Print/Type	preparer's name Preparer's signature Date		Check	ıf	If PTIN						
Pa	id	VINCE		8/14	self-employ	/ed	P00907165	i					
	eparer	Firm's nam											
	e Only	Firm's add			Firm's EIN	► 61	-1455545						
_			SHREVEPORT, LA 71101-3126		Phone no	(31		11					
Ma	v the IRS	discuss t	nis return with the preparer shown above? (see instructions)		1	, 5 1	X Yes	No					
				EEA0113L	11/08/13			0 (2013)					
_~	~ rvrr4	PC! MO! V	tenantion wet transe, see the separate management.				. 01111 90	_ (_0,0)					

	n 990 (2013) THE NORTH LOUISIANA JEWISH FEDERATION	72-04089 <u>6</u>	4 Page 2
r.ai	★Ⅲ系 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO RAISE FUNDS IN THE NORTH LOUISIANA AREA FOR THE SUPPORT OF N	ATIONAL AND	OVERSEAS
	JEWISH AGENCIES AND ACTIVITIES OF A CHARITABLE, CULTURAL, RELIG	IOUS AND PHI	LANTHROPIC
	NATURE, AND TO ACT AS A JEWISH CHARITABLE AND WELFARE AGENCY AT	THE LOCAL L	EVEL.
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
_	If 'Yes,' describe these changes on Schedule O		•••
4	Describe the organization's program service accomplishments for each of its three largest program services.	ervices, as measure	d by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	t of grants and allocat	ions to
	others, the total expenses, and revenue, if any, for each program service reported		
4 a	a (Code:) (Expenses \$125,750. including grants of \$)	(Revenue \$)
	NATIONAL AND OVERSEAS JEWISH SUPPORT PROVIDED BY MONIES SENT TO	THE NATIONA	L_JEWISH
	COMMUNITIES, INC.IN NEW YORK		
			
		 	
41	b (Code) (Expenses \$ 67,452. including grants of \$)	(Revenue \$)
	FINANCIAL SUPPORT PROVIDED TO THE TWO LOCAL JEWISH RELIGIOUS FA	•	אוכ שדדים '
	ADDITIONAL MONIES SENT TO REGIONAL AND OVERSEAS AGENCIES ALONG		
	PROVIDED FOR LOCAL JEWISH ACTIVITIES	WIIII MONIIIM	
	TROVIDED FOR BOCKE OF WISH ACTIVITIES		
40	c (Code) (Expenses \$ including grants of \$)	(Revenue \$	
40	C(Code) (Expenses \$including grants of \$)	(Revenue \$)
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40	c (Code) (Expenses \$ including grants of \$)	(Revenue \$)
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40	c (Code) (Expenses \$including grants of \$;	(Revenue \$	
40	c (Code) (Expenses \$including grants of \$;	(Revenue \$	
40	c (Code) (Expenses \$including grants of \$	(Revenue \$	
		(Revenue \$	
	d Other program services (Describe in Schedule O)		
4.0			

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
í	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b	х	
(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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		X
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	_X	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ı	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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		Х
	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		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	f 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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 25a	24a		х
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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		Х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		X
BAA		Forn	1 990 ((2013)

Form 990 (2013) THE NORTH LOUISIANA JEWISH FEDERATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a C	4		t .
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and i	aportable gaming	4		,
·	(gambling) winnings to prize winners?	eportable gariing	1 c		
2 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	2a 1			ı
	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other than the country of the calendar year, and the calendar year.	er authority over, a inancial account)?	4 a		Х
	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 I	Empagial Associate	-		<u>'</u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	=	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	ici tidilodottori	5 c		"
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		
	If 'Yes,' did the organization include with every solicitation an express statement that such contribute	ions or aifts were			
	not tax deductible?	3	6 b		
	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 payor?	partly for goods and	7 a		<u> </u>
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
	Form 8282?	اد جا	7 c		<u> </u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	honofit contract?	7 e		X
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal being the organization, during the year, pay premiums, directly or indirectly, on a personal being the organization.		7 f		$\frac{\hat{x}}{x}$
	If the organization received a contribution of qualified intellectual property, did the organization file		 / 		<u> </u>
g	as required?	FOIII 8633	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
	Sponsoring organizations maintaining donor advised funds.		<u> </u>		
	Did the organization make any taxable distributions under section 4966?		9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a			, '
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	_		 ,
	Section 501(c)(12) organizations. Enter	l I	1		· '
-	Gross income from members or shareholders	11a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 Ь			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
d	Note. See the instructions for additional information the organization must report on Schedu	le O	138		-
.	Enter the amount of reserves the organization is required to maintain by the states in				1
U	which the organization is licensed to issue qualified health plans	13b			'
	Enter the amount of reserves on hand	13c			L
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14b		
BAA	TEEA0105L 07/02/13		Forn	1 990 -	(2013)

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

Check if Schedule O contains a response or note to any line in this Part VI X

Sec	tion A. Governing Body and Management			111				
	Month a do to ming body and management		Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	Γ	103					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	1						
	authority to an executive committee or similar committee, explain in Schedule O							
	Enter the number of voting members included in line 1a, above, who are independent	1						
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents							
	since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6 Did the organization have members or stockholders?								
	a 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? SEE SCHEDULE O	7 a	Х					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8 a	Х					
	Each committee with authority to act on behalf of the governing body?	8 b		Х				
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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni		, -				
10.	a Did the organization have local chapters, branches, or affiliates?	70-	Yes	No X				
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		 ^				
•	operations are consistent with the organization's exempt purposes?	10 ь						
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O							
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х					
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		х				
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		х				
	Did the organization have a written whistleblower policy?	13		Х				
	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15 a		Х				
t	Other officers of key employees of the organization	15 b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		ı					
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X				
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filled ► NONE			-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vaılabl	e for	public				
	Own website							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O	able to						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization							
ВАА	NORTH LA JEWISH FEDERATION 245-A SOUTHFIELD ROAD SHREVEPORT LA 71105 318-8			2012				
_~~	TEEA0106L 07/02/13	LOU	・フラひ((2013)				

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

1	(C)						a uny content officer, a				
(B) Average hours per	one bo	x, un	not o less p d a di	check	n is bott	n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
2											
0	X						0.	0.	0.		
	x						0.	0.	0.		
0	X						0.	0.	0.		
2											
	X	<u> </u>				<u> </u>	0.	0.	0.		
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7	X						0.	0.	0.		
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	l x		X				0.	0.	0.		
2											
	<u> </u>	<u> </u>	ļ	_		_	0.	0.	0.		
$-\frac{2}{0}$	X						0.	0.	0.		
	Average hours per week (list any hours per week (list any hours for related organizations below dotted line) - 2 - 0 - 0	Average hours per week (list any hours per week (list any hours for related organizations below dotted line) -2	Average hours per week (list any hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) -2	Average hours per week (list any hours for related organizations below dotted line) -2	Average hours per week (list any hours for related organizations below dotted line) 2-0 X2-0 X	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the box in the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person is both an officer and a director/trustee) Promition of the person of the pers	(B) Average hours per week (list any hours for related organizations below dotted line) -2 - 0	Column Position (do not check more than one box, unless person is both an officer and a director/furstee) Reportable compensation from the organization from the organizat		

Page 8

Part VII Section A. Officers, Directors, Trus	(B)	L		(C		Ç3, (anc	Triighest Con	ipensaleu Empi	Oyees	COITE	nueu)
(A) Name and title	Average hours per	box, offic	unles er an	Pos heck ss pe id a d	ition more rson lirect	than is both or/trust	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo con f	(F) stimated unt of ot ipensation rom the ganizatio	her on
	for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner	:		an	d related anization	d
(15) BERTE MUSLOW DIRECTOR	2	Х						0.	0.			0.
(16) HOLLIE NASH DIRECTOR	$-\frac{2}{0}$	х						0.	0.			0.
(17) SUSAN GROSS EXECUTIVE DIRECTOR	- 0-				х			5,280.	0.			0.
(18)								· · · · · · · · · · · · · · · · · · ·				
(19)												
(20)												
(21)											· ·	-
(22)												
(23)												
(24)												
(25)										-	•	
1 b Sub-total	•						•	5,280.	0.			0
c Total from continuation sheets to Part VII, Section	ı A						•	0.	0.			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	those I	sted	abov	/e) v	vho	recei	ved	5,280. more than \$100,00	0. 0 of reportable comp	ensatio	n	0.
from the organization 0											Yes	N ₀
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru <i>ındıvıdu</i>	stee, al	key	em	plo	/ee,	or h	nighest compensati	ted employee	3	res	No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportab than \$1	le co 50,00	mpe	nsa If 'Y	tion ′es′	and com	oth <i>plet</i>	er compensation e Schedule J for	from			
such individualDid any person listed on line 1a receive or accrue	compen	satio	ņ fro	om a	aņy	unre	late	ed organization or	ındıvıdual	4		X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compie	te So	cnea	uie	J 10	r suc	n p	erson		5	L	X
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epen	dent	cor	ntra	ctors	tha	it received more the	han \$100,000 of			
(A) Name and business address							(B) Description of	1		C) ensatio	n	
				_								_
Total number of independent contractors (including but	t not lim	ted to	a the	ا معاد	istor		ve)	who received more	than			
\$100,000 of compensation from the organization			1081			i auu	∀ ⊂)	****** received more	(riai i	Form		

		Check if Schedule O	contains	a respo	onse or note to	any line in this Part V	III		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
₹ 13	1 a	Federated campaigns		1 a					
S. S	b	Membership dues		1 b					
IS, G	C	Fundraising events		1 c					
뎚	C	Related organizations		1 d	_				
S S	E	Government grants (contribution		1 e	_				
UTIC ER	f	All other contributions, gifts, grant amounts not included	grants, and	1f	170 401				•
E L		Noncash contributions included			179,421	<u>L.</u>			
AND	\ \ 	Total. Add lines 1a-1f	in mics ia	'' ¥_		179,421.			
) H		110000000000000000000000000000000000000			Business Code	173,421.			
VEN	2 a	a		[
2	t	,							
꽃	C	:							
8	C	¹							
¥.	•) 							
CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other program servi	ce revenu	ie _		•			
<u>~</u>	_	Total. Add lines 2a-2f	1 1 - 1	d					
	3	Investment income (incother similar amounts)	iluaing aiv	/iaenas	, interest and	78,659.	78,659.		
	4	Income from investmen	nt of tax-e	xempt	bond proceeds.		70,000.		
	5	Royalties				•		-	
			(i) R	eal	(II) Personal				
		Gross rents.							,
	1	Less rental expenses							
	I	Rental income or (loss)							
	Ì	d Net rental income or (lo	(ı) Seci	iritios	(II) Other	>			
į	7 a	a Gross amount from sales of assets other than inventory	2,768		(ii) Guici				
	١.	•	2,700	,613.					i
	ן נ	Less: cost or other basis and sales expenses	2,536	. 219.					
		Gain or (loss)		, 654.					
	c	l Net gaın or (loss)	,			232,654.	232,654.		
Į.u	8 a	Gross income from fun-	draising e	vents					
S		(not including \$	-l l	1-1					1
줥		of contributions reporte	a on line	•					
OTHER REVENU	,	See Part IV, line 18 Less direct expenses		a	<u> </u>				
5		Net income or (loss) from	om fundra	usina ev	'L vents		į		
	, ,,	Gross income from gan See Part IV, line 19	illing activ	a	ı				
		Less direct expenses		b					
		Net income or (loss) from	_	-	ties	•			
	10 a	 Gross sales of inventor and allowances 	y, less re	turns					Ì
		Less cost of goods sol		a b	-				
		Net income or (loss) from		_	`L	-			
	-	Miscellaneous Reven		111101	Business Code		· · · · · · · · · · · · · · · · · · ·		
	11 a	<u> </u>							
	t	,							
		 :							
		d All other revenue		L					
		Total. Add lines 11a-11				100 704	04.7.7.7		
BAA		Total revenue. See inst	ructions			490,734. EEA0109L 07/08/13	311,313.	0.	0 . Form 990 (2013)
	-					0.032 0//00/13			1 01111 220 (2013)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			mplete column (A)	
	Check if Schedule O contains a				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	193,202.	193,202.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5,280.	0.	3,168.	2,112.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			_	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	404.		242.	162.
11	Fees for services (non-employees)				
	Management				
	Legal				
	; Accounting	2 000		2 000	
	Lobbying	2,800.		2,800.	
	, ,				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	17,409.		17,409.	
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
		F17		F17	
	Office expenses	517.		517.	
14	Information technology				
15	Royalties				_
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66.		66.	
23	Insurance	6,833.	,	6,833.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	TELEPHONE	893.		893.	·····
	POSTAGE AND SHIPPING	378.		378.	· _
	OTHER	266.		266.	·
	, OTUER	200.		200.	·
		 			
	All other expenses	220 040	102 202	20 570	2 074
25	Total functional expenses. Add lines 1 through 24e	228,048.	193,202.	32,572.	2,274.
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)				

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	, 111	173,293.	1	159,784.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		21,460.	3	2,552.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former	officers directors			
		trustees, key employees, and highest compensated e	mployees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)	ersons (as defined under 3)(B), and contributing			
		beneficiary organizations (see instructions) Complete	Part II of Schedule L		6	
A	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	,
Ī	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 5,570			1
	ì	Less accumulated depreciation	10b 5,570	65.	10 c	
	11	Investments – publicly traded securities	3,370		11	
	12	Investments – other securities. See Part IV, line 11		3,517,726.	12	4,004,381.
	13	Investments – program-related. See Part IV, line 11	3/321/120.	13	1,001,001.	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	6,057.	15	9,357.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	3,718,601.	16	4,176,074.
	17	Accounts payable and accrued expenses	·	1	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
A	21	Escrow or custodial account liability Complete Part I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21	
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons		22	
Ļ	23	Secured mortgages and notes payable to unrelated th			23	
Š	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	es to related third parties, plete Part X of Schedule D	6,263.	25	718.
	26	Total liabilities. Add lines 17 through 25		6,263.	26	718.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete			
ASSETS	27	Unrestricted net assets		104,948.	27	141,560.
Ĕ	28	Temporarily restricted net assets		86,350.	28	19,144.
	29	Permanently restricted net assets		3,521,040.	29	4,014,652.
Q R		Organizations that do not follow SFAS 117 (ASC 958), ch	neck here ►			,
F.		and complete lines 30 through 34.				
FUZO	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipn	nent fund		31	
Ļ	32	Retained earnings, endowment, accumulated income	, or other funds		32	
BALANCES	33	Total net assets or fund balances		3,712,338.	33	4,175,356.
Ē	34	Total liabilities and net assets/fund balances		3,718,601.	34	4,176,074.
BA	Α					Form 990 (2013)

Forņ	1990 (2013) THE NORTH LOUISIANA JEWISH FEDERATION	72-0408 <u>964</u>		_ Pa	ge 12		
Par	t XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4.9	90,7	734.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	28,0)48.		
3	Revenue less expenses Subtract line 2 from line 1	3	26	52,6	<u> 86.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,73	12,3	338.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	20	00,3	<u>332.</u>		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,1	75,3	356.		
Par	t XII Financial Statements and Reporting	• •					
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revenue basis, consolidated basis, or both.	riewed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
i	Were the organization's financial statements audited by an independent accountant?		2 b		_ X_		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both Separate basis Both consolidated and separate basis	eparate					
•	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		х		
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b				
BAA			Form	990	(2013)		

TEEA0112L 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

THE	NO	ORTH	LOUI	SIAN	IA J	EWIS	H FE	DER	ATI	ON							72-04	408964	l .		
Part	Ī	Rea	son fo	r Pul	olic (Chari	ty Sta	atus	(All	orgar	nızatıor	ns r	must c	comple	te this	part.)	See ii	nstructi	ions.		
The o	rgai	nızatı	on is no	t a priv	ate fo	oundat	tion be	cause	e it is	(For	lines 1 th	hrou	ıgh 11,	check o	nly one	box)					
1		A chi	ırch, co	nventic	on of	church	nes or a	assoc	ciation	n of ch	urches d	lesc	rıbed in	section	1 <mark>70(</mark> b)	(1)(A)(i)					
2	П	A sch	nool des	cribed	ın se	ction '	170(b)((1)(A)	(ii). (/	Attach	Schedul	e E)								
3	П	A hos	spital or	a coo	perati	ve hos	spital s	ervice	e orga	anızatı	on descr	ribed	d in sec	tion 17)(b)(1)(/	A)(iii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(bX1)(A)(iii) Enter the hospital's																				
	_	name	e, city, a	nd sta	te																
5		An or 170(£	ganızatı X1 XAX	on oper iv). (C	ated f	or the	benefit	of a	colleg	e or un	iversity o	wne	d or ope	erated by	a gove	rnmenta	unit des	scribed in	section		
6				•		~		•			unit des										
7	X	ın se	čtion 17	′0(b)(1)	(A)(v	i). (Co	omplete	e Par	t II.)	·					ental un	it or fron	n the ger	neral publ	ic described	d	
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)																			
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)																				
10			3.							-	test for	•		-			• •				
11		more	nublich	v sunne	orted	organ	ızatıons	s des	cribe	d in se	e benefit ection 50 nplete lir	19(a)	(1) or s	section 5	509(a)(2	of, or ca 2) See s	rry out th section !	ne purpos 509(a)(3)	es of one o . Check the	r e box t	hat
		а	Type I		b	Туре	H	С	Пт	ype III	- Func	tion	ally inte	egrated		d 🗍 🧵	Type III	– Non-fu	unctionally	ıntegr	ated
e		other	necking than fou on 509(a	ındatıor	x, I c n man	ertify i	that the and oth	e orga er tha	aniza an one	tion is e or mo	not cont re public	trolle ly su	ed direc	tly or in d organiz	directly ations d	by one lescribed	or more in section	disquali on 509(a)	fied persor (1) or	ns	
f		If the	•	ation re	ceive	d a wri	tten det	termır	nation	from th	he IRS th	nat is	з а Туре	I, Type	II or Typ	e III sup	porting o	organızatı	on,		
g		Since	e Augus	t 17, 20	006, I	nas the	e orgar	nızatı	on ac	cepted	l any gift	t or	contrib	ution fr	om any	of the fo	ollowing	persons	?		
																				Yes	No
		(i)	A perso below,	on who the go	direc vernir	ctly or ng boo	ındıred İy of th	tly co	ontrol oporte	s, eithe ed orga	er alone anızatıon	or t	ogethe	r with pi	ersons (describe	d in (ii)	and (III)	11 g (i)		
		(ii)	A famil	y mem	iber o	f a pe	rson de	escrit	bed ır	n (ı) ab	ove?								11 g (ii)		
		(iii)	A 35%	contro	lled e	ntity o	of a per	rson (descr	ibed in	ı (ı) or (ıı	ı) at	oove?						11 g (iii)		
h		Prov	de the t	followir	ng info	ormatı	on abo	out the	e sup	ported	organiz	atıo	n(s)							ļI	
		(ı) Na	me of supp organizatio	oorted n		(iı)	EIN		(de	escribed bove or I	organization on lines 1-9 IRC section ructions))	9 I	organiz column (i your go	Is the ration in in in income in inc	the organ	ou notify nization in (i) of your port?	organiz colui organiz	Is the zation in mn (i) ed in the S ?	(vii) Amoun sup	t of mon	etary
												- 1	Yes	No	Yes	No	Yes	No			
												\Box									
(A)																					
(B)														<u> </u>							
(C)				-	\bot									ļ							
(D)																					
																					 ·· ·
(E)					+		 -						<u> </u>			-					
Total																					_

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	282,007.	229,101.	226,224.	198,757.	179,421.	1,115,510.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	282,007.	229,101.	226,224.	198,757.	179,421.	1,115,510. 173,976.	
6	Public support. Subtract line 5 from line 4						941,534.	
Sec	tion B. Total Support		*					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	282,007.	229,101.	226,224.	198,757.	179,421.	1,115,510.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,282.	64,055.	73,705.	93,304.	78,659.	379,005.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.	
11	Total support. Add lines 7 through 10						1,494,515.	
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🔲	
	tion C. Computation of Pu							
	Public support percentage for 20			e 11, column (f)).		14	63.00%	
	Public support percentage from	,	,			15	63.84 %	
	16a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	r e. Explain in Part	t IV how	
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstances test The organiza	test, check this tion qualifies as	box and stop he i a publicly support	r e. Explain in Par led organization	t IV how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	tion A. Public Support							
	lar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')							
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's							
3	tax-exempt purpose Gross receipts from activities					<u> </u>		
J	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							
c	organization without charge Total. Add lines 1 through 5							
	Amounts included on lines 1,					<u> </u>	-	
	2, and 3 received from							
L	disqualified persons Amounts included on lines 2							
D	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					<u> </u>		
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				,			
Calend	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	; (f) Total
-	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received							
	on securities loans, rents,							
	royalties and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses						ŀ	
	acquired after June 30, 1975	1						
_	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on					ļ		
12	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 50)1(c)(3)	▶ □
<u>C</u>	organization, check this box and	• • • • • • • • • • • • • • • • • • • •) or contogo					
<u>3ec</u>	tion C. Computation of Pu Public support percentage for 20	013 (line 8, colum	n (f) divided by li	ne 13. column (f)	<u> </u>	- 	15	
	Public support percentage from			110 10, 001011111 (1)	*	-	16	
	tion D. Computation of Inv			P				
	Investment income percentage f				umn (f))		17	%
18	Investment income percentage f	•		=		-	18	8
	33-1/3% support tests — 2013. If	f the organization	did not check the	e box on line 14.	and line 15 is moi	ــ re than 33-1/3	3%, and line	
	is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organiz	zation	▶ 📙
b	33-1/3% support tests - 2012. If line 18 is not more than 33-1/3%	f the organization	did not check a t	oox on line 14 or	line 19a, and line	16 is more th	nan 33-1/3%	o, and ► □
20	Private foundation. If the organi							" ▶
								<u> </u>

Schedule A	(Form 990 or 990-EZ) 2013	THE NORTH	I LOUISIANA	JEWISH	FEDERATION	72-0408964	Page 4
Part IV	Supplemental Informa or 17b; and Part III, lin (See instructions).	tion. Provide e 12. Also co	the explanati mplete this pa	ons requir art for any	ed by Part II, I additional info	ine 10; Part II, line 17a rmation.	
						·	
							. – – – -
			· -			·	
			. – – – – -				
			·				
			· -				
							- -
							- -

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

THE	E NORTH LOUISIANA JEWISH FEDER	RATION	72-0408964
Par	t Organizations Maintaining Done	or Advised Funds or Other Similar I	unds or Accounts.
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, III	пе 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the		n donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing that grant it of the donor or donor advisor, or for any of	funds can be used only ther purpose conferring Yes No
Par		nuared 'Vee' to Form 000 Port IV IV	
	Purpose(s) of conservation easements held be	swered 'Yes' to Form 990, Part IV, III	ile /.
1	Preservation of land for public use (e.g.,		on of an historically important land area
	Protection of natural habitat	· ы	on of a certified historic structure
	Preservation of open space	Freservation	on a certified historic structure
2		hold a gualified concentation contribution in the	form of a conconvation assemble to the
2	Complete lines 2a through 2d if the organization last day of the tax year	rield a qualified conservation contribution in the	form of a conservation easement on the
	•		Held at the End of the Tax Year
ā	Total number of conservation easements		2 a
ŀ	Total acreage restricted by conservation ease	ements	2 b
(Number of conservation easements on a cert	ified historic structure included in (a)	2 c
(Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a hi	storic 2 d
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy roand enforcement of the conservation easeme		handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easeme	nts during the year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservation easements d	uring the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its revenue and ex to the organization's financial statements th	pense statement, and balance sheet, and at describes the organization's accounting for
Par	t III Organizations Maintaining Colle	ections of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV, III	or Other Similar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	er SFAS 116 (ASC 958), not to report in its related for public exhibition, education, or research	evenue statement and balance sheet works of
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in its rever for public exhibition, education, or research in fu	nue statement and balance sheet works of art, irtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	l, line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for f 116 (ASC 958) relating to these items	nancial gain, provide the following
ā	Revenues included in Form 990, Part VIII, lin	e 1	► \$
t	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2013 THE M					72-0408		
Part III Organizations Mainta	ining Collection	s of Art, Histo	orica	Treasures, or C	Other Similar Ass	ets (continued)	
3 Using the organization's acquisition items (check all that apply)	, accession, and other	er records, check a	iny of t	the following that are	a significant use of its c	ollection	
a Public exhibition		d Loan	or exc	change programs			
b Scholarly research		e Other					
c Preservation for future gener	ations		-	<u> </u>			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or receiv nan to be maintaine	e donations of aid as part of the o	rt, hist organiz	orical treasures, or ozation's collection?	other similar assets	Yes No	
Part IV Escrow and Custodia line 9, or reported an	Arrangements	. Complete if	the o	rganization ansv		m 990, Part IV,	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or o	other intermediary	for c	ontributions or other	assets not included	Yes No	
b If 'Yes,' explain the arrangement	in Part XIII and coi	mplete the follow	ıng tat	ole			
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2 a Did the organization include an a	mount on Form 990), Part X, line 21	7			Yes No	
b If 'Yes,' explain the arrangement	ın Part XIII Check	here if the expla	ntion l	nas been provided ir	n Part XIII		
Part V Endowment Funds. C	omplete if the o	<u>rganization ar</u>	<u>ıswe</u>	red 'Yes' to Forn	<u>1 990, Part IV, line</u>	e 10.	
	(a) Current year	(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four years back	
1 a Beginning of year balance	3,527,285	. 3,054,3	352.	3,042,415.	2,647,448.	26,132.	
b Contributions	33,666	. 27,4	111.	22,974.	23,050.	285,035.	
c Net investment earnings, gains, and losses	510,988	. 485,5	539.	24,684.	415,823.		
d Grants or scholarships						14,093.	
 Other expenditures for facilities and programs 	56,587	. 40,0	017.	35,721.	43,906.		
f Administrative expenses						2,647,448.	
g End of year balance	4,015,352			3,054,352.		2,647,448.	
2 Provide the estimated percentage	e of the current yea	r end balance (lii	ne 1g,	column (a)) held as	1		
a Board designated or quasi-endowm	ent ►	%					
b Permanent endowment ▶	%						
c Temporarily restricted endowmer	nt ►	%					
The percentages in lines 2a, 2b,	and 2c should equa	II 100%					
3 a Are there endowment funds not in to organization by	he possession of the	organization that	are hel	ld and administered fo	or the	Yes No	
(i) unrelated organizations						3a(i) X	
(ii) related organizations						3a(ii) X	
b If 'Yes' to 3a(ii), are the related of	organizatione lietod	as required on S	chadu	le P?		3b	
4 Describe in Part XIII the intended	-				VTTT	30	
T		Zation's endowin	ent iu	nds SEE PART	VIII		
Part VI Land, Buildings, and Complete if the organi		d 'Yes' to Form	n 990	0, Part IV, line 1	1a. See Form 990	, Part X, line 10.	
Description of property	(a) Co	st or other basis investment)		Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land							
b Buildings			l				
c Leasehold improvements							
d Equipment		3,467.	<u> </u>		3,467.	0.	
e Other		2,103.			2,103.	0.	
Total. Add lines 1a through 1e (Colum	nn (d) must eaual F		colum	nn (B), line 10(c))	≥,105.	0.	
BAA		, ,			Schedu	ele D (Form 990) 2013	

 Part VII Investments — Other Securities. Complete if the organization answered 	'Yes' to Form 990	Part IV line 11h See Form 9	90 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives		()	
(2) Closely-held equity interests			<u>.</u>
(3) Other		******	
(A)			
<u>``</u> (B)			
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			·
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	4,004,381.		
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A		
Complete if the organization answered	l 'Yes' to Form 990	, Part IV, line 11d. See Form 9	90, Part X, line 15
(a) De:	scription		(b) Book value
(1)			
(2)			ļ
(3)	 		
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	B), line 15)		•
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes		-	
	70		
(2) DEFERRED REVENUE	70		
(3) PAYROLL TAXES PAYABLE		8.	
(3) PAYROLL TAXES PAYABLE (4)			
(3) PAYROLL TAXES PAYABLE (4) (5)			
(3) PAYROLL TAXES PAYABLE (4) (5) (6)			
(3) PAYROLL TAXES PAYABLE (4) (5)			
(3) PAYROLL TAXES PAYABLE (4) (5) (6) (7)			
(3) PAYROLL TAXES PAYABLE (4) (5) (6) (7) (8)			
(3) PAYROLL TAXES PAYABLE (4) (5) (6) (7) (8) (9)	1	8.	
(3) PAYROLL TAXES PAYABLE (4) (5) (6) (7) (8) (9)	1 71	.8.	

Schedule D (Form 990) 2013 THE NORTH LOUISIANA JEWISH FEDERATION	72-04 <u>08964</u> Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With	
Complete if the organization answered 'Yes' to Form 990, Part IV, lii	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants d Other (Describe in Part XIII)	
	2 e
e Add lines 2a through 2d 3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	3
a Investment expenses not included on Form 990, Part VIII, line 7b.	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With	
Complete if the organization answered 'Yes' to Form 990, Part IV, II	
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b.	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part XIII Supplemental Information.	1 10 5 17
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	part to provide any additional information
TO_SUPPORT_AND_ENHANCE_THE_ACTIVITIES_OF_THE_LOCAL_JEWISI	H_COMMUNITY
BAA	Schedule D (Form 990) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2013

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 72-0408964 % ⊠

☐ Yes

Part I General Information on Grants and Assistance THE NORTH LOUISIANA JEWISH FEDERATION

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) B'NAI ZION CONGREGATION S45 SOUTHFIELD ROAD SHREVEPORT, LA 71105	72-6000172		21,000.	0.0			SUPPORT JUDIASM
(2) CONGREGATION AGUDATH ACHIM 9401 VILLAGE GREEN SHREVEPORT, LA 71115	72-0453612		.000	0.			SUPPORT JUDIASM
(3) MASORII FUND FOR CONSERVATIVE 475 RIVERSIDE DRIVE, SUITE 83 NEW YORK, NY 10115	13-3137586		9,000.	0.0			SUPPORT JUDIASM
(4) UNITED JEWISH COMMUNITIES, IN 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240		110,000.	0			SUPPORT JUDIASM
(<u>5)</u>						:	
(6)							
<u>©</u>							
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table 	3) and government or ions listed in the line		listed in the line 1 table			A A	4
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	s for Form 990.		TEEA3901L	07/12/13	Schedul	Schedule I (Form 990) (2013)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 72-0408964 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant THE NORTH LOUISIANA JEWISH FEDERATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part IV Part III ന വ 9

BAA

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number						
THE NORTH LOUISIANA JEWISH FEDERATION	72-0408964						
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY							
BOARD MEMEBERS ARE ELECTED AT THE ANNUAL MEETING WHICH IS OPEN	TO ALL MEMBERS OF THE						
JEWISH_COMMUNITY.							
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS							
A DRAFT COPY OF THE RETURN WAS MADE AVAILABLE TO THE BOARD MEMBERS DURING A FULL							
BOARD MEETING. AT THIS TIME BOARD MEMBERS WERE INSTRUCTED THEY COULD REVIEW THE							
FORM 990 AND WITHIN 7 DAYS SUBMIT COMMENTS OR QUESTIONS BEFORE THE FINAL RETURN WAS							
FILED.							
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE						
NO DOCUMENTS AVAILABLE TO THE PUBLIC.							

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

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THE NORTH LOUISIANA JEWISH FEDERATION

72-0408964

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

TOTAL \$ 200,332. \$ 200,332.