#### **2009 TAX RETURN**

	Client Copy
Client:	343450
Prepared for:	Jewish World Watch 17514 Ventura Blvd Suite 206 Encino, CA 91316 818 501-1836
Prepared by:	RICHARD MANDELSOHN KIRSCH, KOHN & BRIDGE, LLP 15910 VENTURA BLVD., STE. 1100 ENCINO, CA 91436-2869 (818) 907-6500
Date:	July 27, 2010
Comments:	
Route to:	

FDIL2001L 05/13/09

1	2	<i>1</i> 31	IN	C
•		וכו	w	

# **2009 Federal Book Depreciation Schedule**

Page 1

**Jewish World Watch** 

No. Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	<u>Life</u> <u>Rate</u>	Current Depr.
Form 990/990-PF														
Furniture and Fixtures														
12 Furniture	4/10/08		2,320	)						2,320	348	S/L	5	4
Total Furniture and Fixtures Improvements			2,320	)	0	0	0	C	0	2,320	348			Ž.
16 Leasehold Improvement	8/18/09		1,260	) -						1,260		S/L	5	
Total Improvements			1,260	)	0	0	0	C	0	1,260	0			
Machinery and Equipment														
1 Epson desktop projector	2/27/06		1,869	)						1,869	1,152	S/L	5	
2 Computer	5/30/06		1,678	3						1,678	1,008	S/L	5	
3 Computer	12/11/06		1,101							1,101	660	S/L	5	
4 Computer	4/20/07		1,088	3						1,088	363	S/L	5	
5 Computer	7/06/07		769	)						769	231	S/L	5	
6 Computer	7/06/07		1,369	)						1,369	411	S/L	5	
7 Computer	12/20/07		1,100	)						1,100	220	S/L	5	
8 Computer	12/20/07		760	)						760	152	S/L	5	
9 Computer	12/20/07		310	)						310	62	S/L	5	
10 Computer	3/06/08		1,808	3						1,808	301	S/L	5	
11 Software	3/07/08		3,521							3,521	587	S/L	5	
13 Computer	10/10/08		1,025	Ò						1,025	51	S/L	5	
14 Computer	10/24/08		3,257	7						3,257	109	S/L	5	
15 Server	10/31/08		3,357	1						3,357	112	S/L	5	

12/31/09

# **2009 Federal Book Depreciation Schedule**

Page 2

**Jewish World Watch** 

_No	Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
To	otal Machinery and Equipment			23,012		0	0	0	0	0	23,012	5,419				4,603
To	otal Depreciation			26,592		0	0	0	0	0	26,592	5,767				5,161
Gi	rand Total Depreciation			26,592		0	0	0	0	0	26,592	5,767				5,161

1	2	<i>1</i> 31	ın	•
•		I.5 I	/U	

# 2009 California Book Depreciation Schedule

Page 1

**Jewish World Watch** 

No	Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
orm 199															
Furniture a	nd Fixtures														
12 Furnitu	re	4/10/08		2,320							2,320	348	S/L	5	
Total F	urniture and Fixtures			2,320		0	0	C	) (	0 (	2,320	348			
Improveme	ents														
6 Leaseh	old Improvement	8/18/09		1,260							1,260		S/L	5	
Total Ir	mprovements			1,260		0	0	C	) (	0 (	1,260	0			
Machinery	and Equipment														
1 Epson o	desktop projector	2/27/06		1,869							1,869	1,152	S/L	5	
2 Comput	ter	5/30/06		1,678							1,678	1,008	S/L	5	
3 Comput	ter	12/11/06		1,101							1,101	660	S/L	5	
4 Comput	ter	4/20/07		1,088							1,088	363	S/L	5	
5 Comput	ter	7/06/07		769							769	231	S/L	5	
6 Comput	ter	7/06/07		1,369							1,369	411	S/L	5	
7 Comput	ter	12/20/07		1,100							1,100	220	S/L	5	
8 Comput	ter	12/20/07		760							760	152	S/L	5	
9 Comput	ter	12/20/07		310							310	62	S/L	5	
10 Comput	ter	3/06/08		1,808							1,808	301	S/L	5	
11 Softwar	re	3/07/08		3,521							3,521	587	S/L	5	
13 Comput	ter	10/10/08		1,025							1,025	51	S/L	5	
14 Comput	ter	10/24/08		3,257							3,257	109	S/L	5	
15 Server		10/31/08		3,357							3,357	112	S/L	5	

12/31/09

# 2009 California Book Depreciation Schedule

Page 2

**Jewish World Watch** 

_No	Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
To	otal Machinery and Equipment			23,012		0	0	0	0	0	23,012	5,419				4,603
To	otal Depreciation			26,592		0	0	0	0	0	26,592	5,767				5,161
Gi	rand Total Depreciation			26,592		0	0	0	0	0	26,592	5,767				5,161

## Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	, 2009, and endin	g	,		
В	Check if a	applicable:		C		D Emp	loyer Identif	ication Number	
	Addr	ess change	Please use IRS label	Jewish World Watch		2.0	-34062	211	
		-	or print	17514 Ventura Blvd #206			ohone numbe		
		e change	or type. See	Encino, CA 91316		· ·			
	Initia	ıl return	specific Instruc-	Ziioiiio, oli 31010		81	8 501-	1836	
	Term	nination	tions.						
	Ame	nded return				<b>G</b> Gros	s receipts \$	2,197	,085.
	Appl	ication pending	F Name a	and address of principal officer:		H(a) Is this a group re	turn for affili	ates? Yes	X No
	, ibb.	roation ponding		As C Above		H(b) Are all affiliates	ncluded?	Yes	
_	T	exempt statu			7(-)(1)	If 'No,' attach a I	st. (see instr		ш
<u> </u>					7(a)(1) or 527		_		
<u>J</u>				shWorldWatch.org		H(c) Group exemption	number -		
K		f organization:		ation Trust Association Other►	L Year of Format	ion: 2005 N	State of le	gal domicile: CA	1
Pa	art I	Summa	ary						
	<b>1</b> B	riefly descri	be the org	ganization's mission or most significant a	ctivities: Jewish W	orld Watch	is a h	nands-on	
d)				<u>fight against genocide and</u>					and
ĕ				take action locally to p					
Activities & Governance			<u>.100 CC</u>	-core oceron rocarra co-b	TOURCE DONCETOR	<u></u> y	<u> 100a11</u>	¥	
Vel	2 C	hock this be		if the organization discontinued its opera	tions or disposed of mo	oro than 25% of i	tc accotc		
ဗိ				nbers of the governing body (Part VI, line					21
≪				nt voting members of the governing body					21
<u>ie</u>				eyees (Part V, line 2a)					5
₹				teers (estimate if necessary)					400
ç									
•				ousiness revenue from Part VIII, column					0.
	D IV	iet unrelated	business	s taxable income from Form 990-T, line 3	4	· · · · · · · · · · · · · · · · · · ·	.   7b		<u> </u>
						Prior Yea		Current Y	ear
ø)	<b>8</b> C	ontributions	and gran	nts (Part VIII, line 1h)		. 1,933	,789.	1,978	<u>,799.</u>
Revenue	<b>9</b> P	rogram serv	ice reven	ue (Part VIII, line 2g)					
e Ve	<b>10</b> Ir	nvestment ir	ncome (Pa	art VIII, column (A), lines 3, 4, and 7d)		. 22	705.	7	,858.
ď				III, column (A), lines 5, 6d, 8c, 9c, 10c, a					
				nes 8 through 11 (must equal Part VIII, c			494.	1,986	,657.
				ounts paid (Part IX, column (A), lines 1-3			,630.		,065.
				members (Part IX, column (A), line 4)	•		,	- 000	<del>,</del>
		•					744.	270	252
S	<b>15</b> S			nsation, employee benefits (Part IX, colu	• •		, /44.	319	<u>,353.</u>
Š	<b>16a</b> P	rofessional	fundraisir	ng fees (Part IX, column (A), line 11e)					
Expenses	<b>b</b> ⊤	otal fundrais	sing expe	nses (Part IX, column (D), line 25) ▶	95,089.				
Ш	<b>17</b> C			IX, column (A), lines 11a-11d, 11f-24f)			,604.	536	,072.
		•	•	nes 13-17 (must equal Part IX, column (A				1,601	
				· · · · · · · · · · · · · · · · · · ·					
		evenue less	s expense	s. Subtract line 18 from line 12			,516.		<u>,167.</u>
s or						Beginning of	Year	End of Ye	ear
Net Assets Fund Balanc	<b>20</b> T	otal assets	(Part X, li	ne 16)		1,996	,890.	2,212	,204.
t As	<b>21</b> T	otal liabilitie	s (Part X	, line 26)		. 249	,127.	79	,274.
δĒ	<b>22</b> N	let assets or	fund hal:	ances. Subtract line 21 from line 20		. 1,747	763	2,132	930
Pa	rt II		ure Bloc				, , , , ,	2,102	<i>,,,,,</i>
		true, correct, a	es of perjury, and complete	I declare that I have examined this return, including ac e. Declaration of preparer (other than officer) is based of	companying schedules and stat in all information of which prepa	ements, and to the bearer has any knowledge	st of my knov e.	wiedge and belief,	IT IS
٥.						Ī			
Sig	gn								
He	re	Signature	of officer			Date			
		Type or pr	rint name and	d title.					
					Date	Check if	Pre	parer's identifying	number
Pa	id					self-	► □ (See	ė instructions)	
Pre		Preparer's signature	<b>•</b>			employed	. Ш <sub>ат</sub>	′ 7\	
	rer's	Signatare	-	CON MOUNT PRESENT			N/	A	
Üs		Firm's name (or yours if self-		SCH, KOHN & BRIDGE, LLP					
On		employed),	<b>►</b> 159	10 VENTURA BLVD., STE. 110	00	EIN ►	N/A		
		address, and ZIP + 4	<u>EN</u> C	INO, CA 91436-2869		Phone no.	<b>►</b> (818	) 907-650	)0
Ma	y the IR	S discuss th	nis return	with the preparer shown above? (see ins	tructions)	<del></del>		X Yes	No

# Form 990 (2009) Jewish World Watch 20-3406211 Page 3 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	Х	
2		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• 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.			
•	• 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			
	• 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			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• 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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15	Х	
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, Part III.	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.	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	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

# Form 990 (2009) Jewish World Watch 20-3406211 Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		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	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25.	24a		Х
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	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Χ	

BAA Form **990** (2009)

Jewish World Watch 20-3406211 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable ..... 14 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Χ (gambling) winnings to prize winners?..... 1 c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the Χ 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?........ 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Χ this return?..... 3a 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... 4a **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?..... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Χ solicit any contributions that were not tax deductible?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?..... 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Χ provided to the payor?..... **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . . 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Χ e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... **q** For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?..... 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

a Did the organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities....

11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders..... 11 a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....

9 Sponsoring organizations maintaining donor advised funds.

**b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....

11 b

BAA Form 990 (2009) 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.

sec	ction A.	Governing Body and Management				
_					Yes	No
		number of voting members of the governing body	1a 21 1b 21			
		number of voting members that are independent				
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		Χ
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	under the direct supervision on?	3		Х
4		rganization make any significant changes to its organizational documents		4		Χ
		prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		X
6	Does the	organization have members or stockholders?		6		Χ
7	<b>a</b> Does the	organization have members, stockholders, or other persons who may elect one or in body?	more members of the	7a		Х
	•	decisions of the governing body subject to approval by members, stockholders, or o		7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions underlying:	ertaken during the year by			
	<b>a</b> The gove	rning body?		8a	Χ	
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not			l	
	enue Code	,	, ,			
					Yes	No
10	<b>a</b> Does the	organization have local chapters, branches, or affiliates?		10a		Χ
	<b>b</b> If 'Yes,' o	does the organization have written policies and procedures governing the activities on the characteristics of the organization?	of such chapters, affiliates,	10b		
11		organization provided a copy of this Form 990 to all members of its governing body		11	Χ	
		in Schedule O the process, if any, used by the organization to review this Form 990				
		organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>		12a	Х	
	<b>b</b> Are office	ers, directors or trustees, and key employees required to disclose annually interests	that could give rise			
	to conflic	ts?		12b	Χ	
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po	licy? If 'Yes,' describe in	12c	Х	
		organization have a written whistleblower policy?		13	Χ	
14	Does the	organization have a written document retention and destruction policy?		14	Χ	
15	Did the p	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
		nization's CEO, Executive Director, or top management official		15a	Χ	
		icers of key employees of the organizationSee .Schedule .0		15b	Χ	
		o line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	<b>a</b> Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxable	16a		Х
	<b>b</b> If 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization	to evaluate its participation			
<u></u>	status wi	th respect to such arrangements?		16b	ļ	
		the will which a consoft his Fame 000 is a solid by filed by CA				
	Section 6	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	 nd 990-T (501(c)(3)s only) av			ublic
	·	n. Indicate how you make these available. Check all that apply.  website				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. See Schedule O	nents, conflict of interest poli	cy, an	d fina	ncial
20	State the	name, physical address, and telephone number of the person who possesses the b	books and records of the orga	anizati	on:	
	<u>- 171∧1</u>	<u> A SCHWARTZ-GETZUG 17514 VENTURA BLVD., STE 206 ENCIN</u>	NO CW 213TP 8T8 20	<u>т-т8</u>	<u>ა</u> ხ	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours		ition (		k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Janice Kamenir Reznik										
President	25	Χ		Χ				0.	0.	0.
Marcy Rainey										
Treasurer	5	X		Χ				0.	0.	0.
Peter Marcus										_
Vice President	5	X		Χ				0.	0.	0.
Sheryl Layne										
Secretary	5	X		Χ				0.	0.	0.
Rabbi Harold M. Schulweis										
Chairman	5	X						0.	0.	0.
Honey Amado										
Director	1	X						0.	0.	0.
Julie Bram										
Director	1	X						0.	0.	0.
Stuart Gabriel										
Director	1	Χ						0.	0.	0.
Sheila Gordon Wasserman										
Director	1	X						0.	0.	0.
Diane Kabat										
Director	1	X						0.	0.	0.
Pam Kaizer										
Director	1	X						0.	0.	0.
Rabbi Yosef Kanefsky										
Director	1	X						0.	0.	0.
Rabbi Alan Lachtman	1							_	_	_
Director	1	X						0.	0.	0.
Shelby Layne	1							_	_	
Director	1	X						0.	0.	0.
Rabbi Josef Levine-Grater	1 _							_	_	_
Director	1	X						0.	0.	0.
Joy Picus	4 _								_	_
Director	1	X			<u> </u>			0.	0.	0.
Rabbi Joel Rembaum	4 _								_	_
Director	1	X				/10/00		0.	0.	0.

Part VII   Section A. Officers, Directors, Trus		(ey	Em			es,	an			oloyees	
(A)	(B)				c)			(D)	(E)		(F)
Name and Title	Average hours per week			(check Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	stimated unt of other npensation rom the janization id related anizations
Susan Saltz										1	
Director	1	Х						0.	0.		0.
Rabbi Richard Spiegel Director	1	Х						0.	0.		0.
David Straus											
Director	1	Χ	<u> </u>					0.	0.		0.
Harriet Zaretsky Director	1	Х						0.	0.		0.
Tzivia_Schwartz-Getzug Executive Director	45					Х		132,500.	0.		1,767.
								,			
1 b Total			<u></u>				<b>&gt;</b>	132,500.	0.		1,767.
<ul><li>2 Total number of individuals (including but not limite from the organization ► 1</li></ul>	d to tho	se li	stec	d abo	ove)	wh	o re	ceived more than	\$100,000 in report	able cor	npensation
Trom the organization - 1											Yes No
<b>3</b> Did the organization list any <b>former</b> officer, director	or truct	łoo l	kov	000	مام، د		or b	ighast asmassat	ad amplayes		100 110
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndividua	al	кеу 	em,					eu employee 	3	Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	100 9	mpe	nsat	tion	and	oth	er compensation	from		
individual										. 4	Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	satio <i>J for</i>	n fro	om a	any erso	unre	elate	ed organization for	services	. 5	X
Section B. Independent Contractors											1
<ol> <li>Complete this table for your five highest compensate compensation from the organization.</li> </ol>	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of		
(A) Name and business addres	S							(B) Description (	) of Services	(Compe	C) ensation
			—								
2 Total number of independent contractors (including		limi	ted	to th	nose	list	ed a	above) who receiv	ed more than		
\$100,000 in compensation from the organization >	U										

Pa	rt VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contribns included in lns 1a-1f: \$				
ŠÄ	h Total. Add lines 1a-1f	1,978,799.			
ᆖ	Business Code	1,310,133.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue				
4	g Total. Add lines 2a-2f ▶				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	7,858.			7,858.
	(i) Real (ii) Personal  6a Gross Rents  b Less: rental expenses. c Rental income or (loss)  d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis				
	and sales expenses				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$\frac{239,034.}{239,034.}\] of contributions reported on line 1c). See Part IV, line 18				
J	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	-				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
	11 a b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,986,657.	0.	0.	7,858.

#### Part IX **Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	, ,	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	251,980.	251,980.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	·	·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	434,085.	434,085.		
4		10170001	10170001		
5	Compensation of current officers, directors, trustees, and key employees	134,538.	134,538.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	192,881.	137,379.	28,417.	27,085.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	26,988.	17,785.	7,250.	1,953.
10	Payroll taxes	24,946.	20,717.	2,165.	2,064.
	Fees for services (non-employees)				
	a Management				
	b Legal	05 507		05 507	
	Accounting	25,597.		25,597.	
	d Lobbying				_
	e Prof fundraising svcs. See Part IV, In 17  f Investment management fees				
	g Other				
	Advertising and promotion	4,991.	4,802.	9.	180.
13	- '	1,331.	1,002.	3.	1001
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel.  Payments of travel or entertainment expenses for any federal, state, or local public officials	26,010.	6,617.	5,631.	13,762.
19					
20	Interest				
21					
22	Depreciation, depletion, and amortization	5,161.	4,077.	671.	413.
23	Insurance	3,247.	2,606.	377.	264.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	a Contract Services	193,946.	177,535.	6,700.	9,711.
	Printing and Publications	88,611.	76,133.	836.	11,642.
	<u> Web Maintenance</u>	35,044.	22,622.	4,641.	7,781.
	d_ <u>Rent</u>	30,180.	24,027.	3,809.	2,344.
	Design Fees	21,595.	17,071.	863.	3,661.
	f All other expenses	101,690.	57,811.	29,650.	14,229.
	Total functional expenses. Add lines 1 through 24f	1,601,490.	1,389,785.	116,616.	95,089.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form <b>990</b> (2009)

	X   Balance Sneet				
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1 Cash – non-interest-bearing		122,933.	1	335,538.
	2 Savings and temporary cash investments	1,267,362.	2	1,575,097.	
	<b>3</b> Pledges and grants receivable, net		514,307.	3	277,294.
	4 Accounts receivable, net		·	4	·
	5 Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6 Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6	
S S E T S	7 Notes and loans receivable, net			7	
Ē	8 Inventories for sale or use			8	
S	<b>9</b> Prepaid expenses and deferred charges		70,023.	9	5,909.
	<b>10a</b> Land, buildings, and equipment: cost or other basis.	10a 26,593.			
	Complete Part VI of Schedule D				
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,927.	19,565.	10 c	15,666.
	1 Investments – publicly-traded securities			11	
	2 Investments – other securities. See Part IV, line 11			12	
	13 Investments – program-related. See Part IV, line 11			13	
	4 Intangible assets			14	
	5 Other assets. See Part IV, line 11		2,700.	15	2,700.
	6 Total assets. Add lines 1 through 15 (must equal line 3	34)	1,996,890.	16	2,212,204.
	7 Accounts payable and accrued expenses	12,619.	17	16,774.	
	8 Grants payable		18	62,500.	
	9 Deferred revenue	236,508.	19		
L I	20 Tax-exempt bond liabilities		20		
A B	21 Escrow or custodial account liability. Complete Part IV		21		
	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, key employees, sons. Complete Part II			
1	of Schedule L			22	
E S	23 Secured mortgages and notes payable to unrelated thi	ird parties		23	
	24 Unsecured notes and loans payable to unrelated third	·		24	
	Other liabilities. Complete Part X of Schedule D			25	
_	Total liabilities. Add lines 17 through 25		249,127.	26	79,274.
N E T	Organizations that follow SFAS 117, check here ▶	X and complete lines			
	27 through 29 and lines 33 and 34.				
c	Unrestricted net assets		528,442.	27	713,306.
Ţ	28 Temporarily restricted net assets		1,219,321.	28	1,419,624.
	Permanently restricted net assets			29	
O R	Organizations that do not follow SFAS 117, check her	re ► and complete			
F U N D	lines 30 through 34.				
	Capital stock or trust principal, or current funds		30		
	Paid-in or capital surplus, or land, building, and equipa	ľ		31	
B A				32	
B L A	Retained earnings, endowment, accumulated income,			_	
A L A N C E	Retained earnings, endowment, accumulated income, Total net assets or fund balances		1,747,763. 1,996,890.	33 34	2,132,930. 2,212,204.

Form **990** (2009) BAA

Part XI Financial Statements and Reporting			
		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.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	, 2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit <b>3b</b>		

**BAA** Form **990** (2009)

#### **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) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 20-3406211 Jewish World Watch Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 Χ 8 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 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 carry out the purposes of one or 11 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. Type I Type II Type III - Functionally integrated d С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?.... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col. (i) of (i) Name of Supported Organization (iv) Is the rganization in col.
(i) listed in your (ii) EIN (vi) Is the inization in col (vii) Amount of Support (i) organized in the U.S.? your support? (see instructions)) governing document? Yes Yes No Yes No No Total

Page 2 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.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 372,366 817,068. 2,238,404. 1,933,789. 1,978,799 7,340,426. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf..... 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge..... 372,366 817,068. 2,238,404. 1,933,789. 1.978.799. 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)... 632,531. Public support. Subtract line 5 from line 4 6,707,895. Section B. Total Support Calendar year (or fiscal year (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4...... 372,366 817,068. 238,404 933,789 978,799 340,426. Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 60,878. similar sources . . . . . . 7,070 23,245 22,705 7,858 Net income from unrelated business activities, whether or not the business is regularly 0. carried on..... Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.).... **Total support.** Add lines 7 7,401,304. through 10 ..... Gross receipts from related activities, etc. (see instructions)..... 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . ▶ Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)....... 14 90.6% 15 90.1% 15 Public support percentage from 2008 Schedule A, Part II, line 14...... 16a 33-1/3 support test - 2009. 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. b 33-1/3 support test – 2008. 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. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization......... b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization......

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Jewish World Watch 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.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose..... Gross receipts from activities that are not an unrelated trade or business under section 513 . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge . . . **6 Total.** Add lines 1 through 5... 7a Amounts included on lines 1, 2, 3 received from disqualified persons.. **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b..... Public support (Subtract line 7c from line 6.). Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6...... 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b . . . . . . 11 Net income from unrelated business activities not included inline 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.) **13 Total support.** (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))... 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))... % 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 

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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 99	0-EZ) 2009	Jewish	World	Watch			20-340621	1 Page <b>4</b>
Part IV	Supplementa Part II, line 1	<b>al Informat</b> i 7a or 17b;	i <b>on.</b> Comp and Part	olete this III, line	s part to 12. Prov	provide vide any	the explanation other additional	20-340621 ons required by Part al information. See	II, line 10; instructions.
					- — — — -				
. – – – – -						. – – – –		<b></b>	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number			
Jewish World Watch		20-3406211			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	d as a private foundation			
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as	a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>Go</b>					
<b>Note:</b> Only a section 501(c)(7), (8), or (10) org.	anization can check boxes for both the General Rule a	and a Special Rule. See instructions.			
General Rule —					
	Z, or 990-PF that received, during the year, \$5,000 or	more (in money or property) from any one			
contributor. (Complete Parts I and II.)	, , , , ,				
Special Rules —					
509(a)(1)/170(b)(1)(A)(vi) and received from any	form 990 or 990-EZ, that met the 33-1/3% support test one contributor, during the year, a contribution of the great or (ii) Form 990-EZ, line 1. Complete Parts I and II.	st of the regulations under sections ter of (1) \$5,000 or (2) 2% of the			
aggregate contributions of more than \$1,00	ation filing Form 990 or 990-EZ, that received from an 0 for use <i>exclusively</i> for religious, charitable, scientifi	ny one contributor, during the year, oc, literary, or educational purposes, or the			
prevention of cruelty to children or animals	. Complete Parts I, İI, and III.	, , ,			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of \$	5,000 or more during the year	<b>&gt;</b> \$			
990-PF) but it <b>must</b> answer 'No' on Part IV, lin	the General Rule and/or the Special Rules does not e 2 of their Form 990, or check the box on line H of it g requirements of Schedule B (Form 990, 990-EZ, or	s Form 990-EZ, or on line 2 of its Form			
BAA For Privacy Act and Paperwork Reducti for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions S	chedule B (Form 990, 990-EZ, or 990-PF) (2009)			

of Part I

Jewish World Watch

Page 1 of 1
Employer identification number

$\sim$	$\sim$	-3	1	$\sim$	$\sim$	$\sim$	1	1	
/			ш		n	_	- 1	- 1	

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Gary Saltz Foundation 600 Madison Ave, 11th Fl New York, NY 10022	\$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Harriet Zaretsky/ Steve Henry  801 Latimer Road  Santa Monica, CA 90402	\$ <u>115,000.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Monica and Philip Rosenthal  2800 28th St. Ste 105  Santa Monica, CA 90405	\$178,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	- \$ - (c)	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		-   \$  -	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 	- -\$	Person Payroll Noncash  (Complete Part II if there is a popeash contribution)

of 1 of Part II

Name of organization

Jewish World Watch

Employer identification number 20-3406211

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		1	
		\$\$	1

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Jewish World Watch

Employer identification number

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.	<b>ns to secti</b> omplete cols	on 501(c)(7), (8), or (10) (a) through (e) and the following line entry.)	
	For organizations completing Part III, enter contributions of <b>\$1,000</b> or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once –	naritable, etc, see instructi	ons.)▶\$ N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

ZUU9

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

Je	wish World Watch			20-3406211
Pai	t I Organizations Maintaining Donor	Advised Funds or Othe	er Similar Funds or Acc	
ı aı	the organization answered 'Yes' to	Form 990. Part IV. line	e 6.	complete ii
		(a) Donor advised		Funds and other accounts
1	Total number at end of year	(4) 201101 00111000	(4)	
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 donor funds are the organization's property, subject to	o the organization's exclusive	e legal control?	
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring the	he benefit of the donor or do	nor advisor or for any other	
Pai	t II Conservation Easements Complete	te if the organization ar	swered 'Yes' to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all the	nat apply).	
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historic	cally important land area
	Protection of natural habitat		Preservation of certified h	istoric structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation	on contribution in the form of	a conservation easement on the
				Held at the End of the Year
á	a Total number of conservation easements		2a	
ŀ	Total acreage restricted by conservation easem	nents	2b	
(	Number of conservation easements on a certification	ed historic structure included	(-)	
(	${f 1}$ Number of conservation easements included in	(c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, to year ►	ransferred, released, extingu	ished, or terminated by the o	rganization during the tax
4	Number of states where property subject to cor	nservation easement is locate	ed ►	
5				Nations
J	Does the organization have a written policy reg and enforcement of the conservation easement	t it holds?	inspection, nanding of vio	Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing	conservation easements	
7	during the year ► Amount of expenses incurred in monitoring, ins	specting and enforcing cons	orvation pasaments	
′	during the year	specting, and emorcing consi	\$ _	
8	Does each conservation easement reported on	line 2(d) above satisfy the re	equirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its the organization's financial	revenue and expense statemen statements that describes the	it, and balance sheet, and e organization's accounting for
Pai	t III Organizations Maintaining Collec	tions of Art, Historical	Treasures, or Other Sir	milar Assets
	Complete if the organization answ	vered 'Yes' to Form 990	, Part IV, line 8.	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi- the text of the footnote to its financial statemer	c exhibition, education, or re-	search in furtherance of publi	ance sheet works of art, historical ic service, provide, in Part XIV,
ı	If the organization elected, as permitted under			sheet works of art historical
٠	treasures, or other similar assets held for publicamounts relating to these items:	c exhibition, education, or re	search in furtherance of publi	ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,			
	(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 1	t, historical treasures, or othe 16 relating to these items:	er similar assets for financial	gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1		▶\$
ŀ	Assets included in Form 990, Part X			►\$

Part III Organizations Maintai	ining Collect	tions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisiti items (check all that apply):	on accession a	nd other records, che	ck any of the following t	hat are a significant us	e of its colle	ection
<b>a</b> Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIV.						
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re ather than to be	eceive donations of ar e maintained as part	t, historical treasures, or of the organization's coll	other similar ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	l Arrangeme unt on Form	nts Complete if o	rganization answere 21.	ed 'Yes' to Form 99	90, Part I	V, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian.	or other intermediary	for contributions or other	er assets not	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement					163	Пио
. ,					Amount	
<b>c</b> Beginning balance				. 1c		
<b>d</b> Additions during the year				. 1 d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2a Did the organization include an a	mount on Form	990, Part X, line 21?	) 		Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if org	anization answer	ed 'Yes' to Form 990	<u>0, Part IV, line 10.</u>		
	(a) Current ye	ar <b>(b)</b> Prior yea	r (c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net Investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
<b>f</b> Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the year er	nd balance held as:				
a Board designated or quasi-endow	vment ►	%				
<b>b</b> Permanent endowment ▶	%					
c Term endowment ►	%					
<b>3a</b> Are there endowment funds not i organization by:	n the possession	on of the organization	that are held and admir	nistered for the	Ye	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(ii), are the related of					3b	
4 Describe in Part XIV the intended	-	•				
Part VI Investments-Land, B				line 10.		
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	<b>(d)</b> Book	√ Value
<b>1 a</b> Land		,	, , ,			
<b>b</b> Buildings						
c Leasehold improvements	_		1,260.	94.		1,166.
<b>d</b> Equipment	-		23,013.	10,021.		12,992.
<b>e</b> Other			2,320.	812.		1,508.
Total. Add lines 1a through 1e (Column		al Form 990. Part X. o				15,666.
BAA	. , , , , , , , , , , , , , , , , , , ,	, , , , ,			lule <b>D</b> (Form	

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See For	rm 990, Part X, lin	e 12. N/A	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	200 D 1 1 1	10)	
Part VIII Investments—Program Related (See F		•	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
		Cost of end-of-year mar	Ket value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X, li	ne 15) N/A		
<b>(a)</b> Des	cription		(b) Book value
Table (Oalone (b) most and Famo 2000 Bart V and (D) line	- 15)		
Total. (Column (b) must equal Form 990, Part X, col.(B), lin  Part X Other Liabilities (See Form 990, Part X		<u> </u>	
	·		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pai	rt XI	Reconciliation of Change in Net Assets from Form 990 to Financial State	ments	
1	Total	revenue (Form 990, Part VIII,column (A), line 12).		1,986,657.
2	Total	expenses (Form 990, Part IX, column (A), line 25).		1,601,490.
3	Exces	ss or (deficit) for the year. Subtract line 2 from line 1		385,167.
4	Net u	ınrealized gains (losses) on investments		
5	Dona	ted services and use of facilities		
6	Inves	stment expenses		
7	Prior	period adjustments		
8	Other	r (Describe in Part XIV)		
9	Total	adjustments (net). Add lines 4 through 8		
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9		385,167.
Pai	rt XII	Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return	
1	Total	revenue, gains, and other support per audited financial statements		1,986,657.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
á	<b>a</b> Net u	ınrealized gains on investments		
		ted services and use of facilities		
		veries of prior year grants		
(	<b>d</b> Other	r (Describe in Part XIV)		
•	e Add I	lines <b>2a</b> through <b>2d</b>	2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>		1,986,657.
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:		
		stments expenses not included on Form 990, Part VIII, line 7b		
ŀ	<b>o</b> Other	r (Describe in Part XIV)		
(	c Add I	lines <b>4a</b> and <b>4b</b>	4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,986,657.
Pai	rt XIII	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1	Total	expenses and losses per audited financial statements		1,601,490.
2		unts included on line 1 but not on Form 990, Part IX, line 25:		
á	<b>a</b> Dona	ted services and use of facilities		
ŀ	<b>P</b> rior	year adjustments		
(	C Other	r losses		
(	<b>d</b> Other	r (Describe in Part XIV)		
•	e Add I	lines <b>2a</b> through <b>2d</b>	2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>		1,601,490.
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1:		
á	a Inves	stments expenses not included on Form 990, Part VIII, line 7b		
ŀ	<b>o</b> Other	r (Describe in Part XIV)		
(	c Add I	lines <b>4a</b> and <b>4b</b>	4c	
		expenses. Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18.)		1,601,490.
Pai	rt XIV	Supplemental Information		
line	iplete t 4; Part matior	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compa.	d 4; Part IV, lines 1b	and 2b; Part V, vide any additional

Schedule <b>D</b> (Form 990) 2009 Jewish	World Watch		20-3406211	Page 5
Schedule <b>D</b> (Form 990) 2009 Jewish  Part XIV Supplemental Informa	tion (continued)			
		 - – – – – – – –		
		 		. — — — —
		 		. — — — —
		 		. — — — —
		 - – – – – – – –		
		 		. — — — —
		 		. — — — —
	= = <b></b>	 =		
		 		. – – – –

#### Schedule F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Jewish World Watch

Employer identification number

20-3406211

	to Form 990, Part IV, line 14b.									
1	1 For grantmakers. 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? Yes No									
2	2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.									
3	Activities per Region. (Use	Schedule F-1 (Fo	orm 990) if additio	nal space is needed.)						
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region				
	3									
	-									
Tota	ıls	0	0			0.				

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

Schedule F (Form 990) (2009)

Par	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 \strackledge Use Schedule F-1 (Form 990) if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			Sub -Saharan	Solar	434,085.	Cash				
			Africa	Cooker						
				Project						
				_						
2	Enter total number of recipient organizar grantee or counsel has provided a se	tions listed above that a ction 501(c)(3) equiva	are recognized as chalency letter	narities by the fore	gn country, recogniz	ed as tax-exempt b	y the IRS, or for wh	ich the	0	
	Enter total number of other organizat								1	
BAA								Schedule <b>F</b>	F (Form 990) 2009	

TEEA3502L 07/06/09

Schedule I (1 Shiri 330) 2003 BCWIBII	WOLLA WALCII				20	J-100Z11	1 6		
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990,									
Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.									
(a) Type of grant or assistance	(h) Region	(c) Number	(d) Amount of	(e) Manner	(f) Amount of	(g) Description of	(h) Metho		

Description of ash assistance (h) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(f) Amount of non-cash assistance	(e) Manner of cash disbursement	<b>(d)</b> Amount of cash grant	<b>(c)</b> Number of recipients	(b) Region	(a) Type of grant or assistance
_ _ _							

Schedule I	· (Form 990) 2009 Jewish world watch	20-3406211	Page 4
Part IV	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional infor	mation.	
			. – – – – –
			. – – – – –

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

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.

► Attach to Form990 or Form 990-EZ. ► See separate instructions. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number 20-3406211 Jewish World Watch **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ........... X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control or entity (fundraiser) from activity of contributions? col.(i) organization Yes No 0. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pai	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization and orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5,000.
R			(a) Event #1  "Global Soul"  (event type)	(b) Event #2	(c) Other Events  (total number)	(d) Total Events (Add col. (a) through col. (c))
R E V E N U E	1	Gross receipts	449,462.			449,462.
Ě	2	Less: Charitable contributions	239,034.			239,034.
	3	Gross income (line 1 minus line 2)	210,428.			210,428.
	4	Cash prizes				
D	5	Noncash prizes				
D R E C T	6	Rent/facility costs	58,566.			58,566.
	7	Food and beverages				
X P E	8	Entertainment				
E X P E N S E S	9	Other direct expenses	151,862.			151,862.
5	10	Direct expense summary. Add lines 4- tl	• • • • • • • • • • • • • • • • • • • •			
Pai	11 † III		ation answered 'Ye			
		\$15,000 on Form 990-EZ, line 6a				· 
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1	Gross revenue				
E D X I P	2	Cash prizes				
D X P E N S T E S	3	Non-cash prizes				
S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7		
	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain:				
		e any of the organization's gaming license es,' explain:	es revoked, suspended	or terminated during the	e tax year?	10a
11	 Doe	s the organization operate gaming activities				 11
12	ls th	ne organization operate gaming activition of the organization a grantor, beneficiary or training the organization of the organization of the organization of the organization of the organization operate gaming activities of the organization of	ustee of a trust or a me	ember of a partnership	or other entity formed t	0

Sche	dule <b>G</b> (Form 990 or 990-EZ) 2009 <b>Jewish World Watch</b>		20-34062	11	Р	age
a b	Indicate the percentage of gaming activity operated in:  The organization's facility.  An outside facility.  Enter the name and address of the person who prepares the organization's gaming/special ever	13b	%		YES	NO
15 a	Name: ►  Address: ►  Does the organization have a contact with a third party from whom the organization receives gar					
t	If 'Yes,' enter the amount of gaming revenue received by the organization \$	a	nd the amount			
16	Gaming manager information  Name: ►  Gaming manager compensation ► \$  Description of services provided: ►					
	Director/officer Employee Independent contractor					

**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Schedule **G** (Form 990 or 990-EZ) 2009

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Employer identification number Name of the organization 20-3406211 Jewish World Watch Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 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. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of valuation (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash grant (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, if applicable or assistance or government non-cash assistance assistance other) International Medical Corps Maternity 1919 Santa Monica Blvd., Ste. 40 centers & Santa Monica, CA 90404 95-3949645 110,000. 0. health posts International Rescue Committee PO Box 96651 Educ. supplies Washington, DC 20090 13-5660870 124,020 0. & youth centers Jewish Federation Council of Gre Hot meals, 6505 Wilshire Blvd. health prog for Los Angeles, CA 90048 95-1643388 16,960 0 Darfur 2 Enter total number of section 501(c)(3) and government organizations ...... 3 Enter total number of other organizations

	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	rt I line 2 and any other	er additional information

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-3406211

Department of the Treasury Internal Revenue Service

Jewish World Watch

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

Attach to Form 990.

Form 990. Part III. Line 1 - Organization Mission Jewish World Watch is a hands-on leader in the fight against genocide and mass <u>atrocities, engaging individuals and communities to take action locally to produce</u> powerful results globally. We meet with survivors and partners in conflict regions to develop high-impact projects that dramatically change lives. We educate our communities with facts and first-hand accounts, inspiring them to support tangible projects and advocate for policy initiatives. Our coalition continually works with other organizations to demand responsibility from world leaders and ultimately, to <u>share our vision of a world without genocide.</u> As of December 31, 2009 JWW had a membership of 64 synagogues, all located in \_\_\_\_\_ California. JWW focuses on the genocide in Darfur, Sudan and the ongoing conflict in the Democratic Republic of Congo. However, JWW considers other global human rights <u>crises on a quarterly basis to determine whether its focus on its current priority </u> areas remains appropriate. Co-Founded by Rabbi Harold M. Schulweis and Janice Kamenir-Reznik, JWW is led by <u>Co-Founder and President, Kamenir-Reznik and the JWW Board of Directors in </u> partnership with Tzivia Schwartz Getzug, Executive Director, and staff members Naama <u>Haviv, Assistant Director and Ari Averbach, Synagogue Resource Director. JWW also</u> utilizes several consultants and interns. In the short time since JWW's inception, the organization has made great strides towards achieving its mission goals which are: <u>Education: JWW has built a strong reputation as a leader within the Southern</u> California community in raising awareness about Darfur and Congo and calling

Name of the organization	Employer identification number
Jewish World Watch	20-3406211
Form 990, Part III, Line 1 - Organization Mission (continued)	. – – – – – – – – – – – – – – – – – – –
communities to action.	
Advocacy: JWW volunteers, along with the anti-genocide activist	volunteer community
nationwide, rally constituents to make it clear to US legislate	ors and international
officials that bringing peace to Sudan, ending the genocide in	Darfur and ending the
crisis in Congo are issues that cannot be ignored. Legislative	priorities are
established by volunteer committees who work collaboratively at	the national level,
as JWW is a member of the Save Darfur Coalition and works close	ely with other
anti-genocide organizations such as the Enough Project and Geno	cide Intervention
Network. Working with national organizations, JWW volunteer eff	orts support policies
that help build a peace process in Sudan, protect Darfuri civil	ians by funding and
deploying peacekeepers, and punish perpetrators of genocide by	<pre>implementing</pre>
sanctions and providing support to International Criminal Court	investigations. JWW
also works to end the use of minerals sourced from illegal mine	es in Congo and to
support legislation to improve the lives of the victims of war	in Congo.
Relief and Development: Since its inception, JWW has led the o	community in raising
over \$5 million specifically for providing relief and developme	ent aid for survivors
of genocide and mass atrocities. These funds have been allocat	ed to the building of
3 medical clinics in Darfur and the Central African Republic, w	- – – – – – – – – – – – – – – – – – – –
irrigation projects, the rehabilitation of nine youth centers i	
Camp, psychosocial counseling for Darfuri refugees, vocational	training for
Congolese survivors of sexual violence, the establishment of ea	
first-ever Burn Center and many other projects. Once the JWW E	- – – – – – – – – – – – – – – – – – – –
allocate funds for a relief project, the funds are held in rese	
benchmarks are met and reports are received; often the funds are	

Name of the organization  Jewish World Watch	Employer identification number 20-3406211						
Form 990, Part III, Line 1 - Organization Mission (continued)							
incremental amounts until proof of project completion is received by JWW.							
Form 990, Part III, Line 4a - Program Service Accomplishments							
Global Impact: JWW develops high-impact projects not only to i	ncrease safety and						
immediately improve lives but also to empower survivors to bui	ld a new future for						
themselves - a future that our activist communities are passio	nate about supporting.						
Since its founding, JWW has raised over \$5 million specificall	y for providing relief						
and development opportunities for survivors of genocide and ma	ss atrocities. The						
overwhelming majority of JWW's restricted funds are for the So	lar Cooker Project and						
cannot be used for any other purpose.							
JWW projects address three main issues:							
Women in Crisis: JWW helps women survivors rebuild their lives	through a holistic						
approach that provides relief, restores dignity, builds skills,	and provides for						
economic development and empowerment.Current projects include:							
Solar Cooker Project (SCP): Women refugees from Darfur are par	ticularly vulnerable						
while performing the critical task of collecting firewood for	cooking. The vision of						
the JWW Solar Cooker Project is to a) diminish the vulnerabili	ty of women to sexual						
violence and provide them with greater personal security; b) C	reate an						
environmentally sustainable solution by using the renewable en	ergy of the sun to						
drastically reduce the reliance on firewood; and c) contribute	to a global						
partnership for development by training and employing refugees	in the assembly and						
repair of solar cookers, which provides them with decent work.							
HEALing Arts Program: By teaching Congolese survivors of sexua	l violence vocational						
skills such as sewing and tailoring, this program offers them	both a chance to pay						

Employer identification number

Jewish World Watch		20-3406211
Form 990, Part III, Line 4a - Progra	nm Service Accomplishments (continued)	
for their medical treatment	and a way to restart their lives wh	nen they are well
enough to return home. Safe	e Motherhood Program: Congolese womer	n participating in this
program join in Maternity (	Collectives and together run a small	business - in this
case, cultivating fields ar	nd selling the produce at market. The	e profits from their
business go to train tradit	tional birth attendants and pay for $\epsilon$	each woman's pre-natal
and maternity care as well.	. The women also train in sustainable	e agriculture methods,
small business management a	and family planning, giving them true	e leadership roles in
their communities!		
Children in Crisis: JWW pro	pjects support the health and well-be	eing of Darfuri and
Congolese children, providi	ing them with supplies that meet the	r basic needs and
programs that provide for t	their future growth. Current projects	s include:
Dillon Henry Youth Centers:	: JWW has restored three youth center	cs in the Oure Cassoni
refugee camp. Sister School	ls: JWW is funding the construction,	equipping and staffing
of four secondary schools i	in the Djabal and Goz Amer camps in e	eastern Chad. Each
school_will_serve_approxima	ately 2000students.	
Darfuri Children in Israel:	: JWW has supported the health and we	ell-being of 81 Darfuri
refugee children at the Bia	alik Rogosin School in Tel Aviv. JWW	funds psychosocial
counseling and remedial edu	icational resources to the children s	so that they can
matriculate at the same page	ce as their peers.	
Health and Safety: JWW work	ks to maintain the health of refugees	through projects that
both provide much-needed me	edical aid and supplies and further o	develop the capacity of
the refugees themselves to	maintain their own health and sanita	ation. Current projects
include:		

Name of the organization  Jewish World Watch	Employer identification number 20-3406211
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)	
Medical Clinics: JWW has built three medical clinics - two in D	arfur and the Dillon
Henry Health Clinic in the Central African Republic to serve th	e Darfuri and local
populations.	
Health Posts: JWW is funding the rehabilitation and staffing o	f four health posts in
the Central African Republic.	
Bukavu Burn Center: JWW has partnered with Moriah Africa and th	e Bukavu Provincial
General Reference Hospital to fund eastern Congo's first-ever B	urn Center. Congolese
surgeons have been trained in plastic surgery and skin grafting	techniques in Israel.
Israeli doctors have returned to Congo to help train even more	Congolese surgeons and
install Congo's first skin-grafting equipment at the Bukavu Pro	vincial General
Reference Hospital.	
Form 990, Part III, Line 4b - Program Service Accomplishments	
Local Action: JWW magnifies the power of activists to make an i	mmediate impact in
the lives of genocide survivors and build the foundation for a	world without
genocide.We have proven that together we - each of us in our co	mmunity who stands
up, takes notice and refuses to remain silent - can create monu	mental and permanent
change. JWW has built a strong reputation as a leader within th	e Southern California
community and beyond in raising awareness about crises in Sudan	and Congo and
calling communities to action.	
JWW reaches out to schools, businesses, religious institutions	and community
organizations of every kind for involvement and action on Darfu	r, Sudan and Congo.
We have held dozens of community-wide events, hundreds of speak	ing engagements and
dozens of school-wide actions, educating thousands of people of	all ages. JWW
educates the community about both the history of genocide, the	special
responsibility our community holds in combating genocide, and a	bout the current

Name of the organization  Jewish World Watch	Employer identification number 20-3406211
Form 990, Part III, Line 4b - Program Service Accomplishments (continued)	
situations in Sudan and Congo. We provide opportunities for our	r communities to get
involved in tangible local activities that make an immediate in	npact on the lives of
genocide survivors - and empower them to build a better future	·
JWW has an extensive Speakers Bureau trained to deliver multime	edia presentations to
all ages. Our community events, including city-wide programs, l	nave_attracted
thousands. We have promoted educational programs in summer camp	os and schools,
reaching over 30,000 young people. JWW's innovative program "AG	CT," its Activist
Certification and Training program, offers students in-depth to	raining in the
essential skills of activism and has trained hundreds of high	school and middle
school students in these skills.	
JWW has also been at the forefront of divestment campaigns, lea	ading the City of Los
Angeles, the State of California, other local governments, and	other entities and
individuals to divest from companies doing business in Sudan.	JWW worked with the
Sudan Divestment Task Force to enact UC divestment legislation	and legislation
requiring divestment by the state retirement funds, CalPERS and	d CalSTRS.
JWW volunteers played a significant role in the City of Los And	geles, and Los Angeles
County divestment campaigns as well, and continue to work on fu	urther divestment
efforts at the local, city, and federal levels. JWW further lea	d the successful
California effort to ban state contracts with worst-offending	companies doing
business in Sudan.	
JWW has held vigils and other public rallies to help to place	Darfur and Congo in
the media and offer concrete opportunities for engagement for a	activists. JWW has

Name of the organization  Jewish World Watch	Employer identification number 20-3406211						
Form 990, Part III, Line 4b - Program Service Accomplishments (continued)	·						
joined national rallies in DC and San Francisco, as well as initiating local							
protests in Southern California, including recent vigils in front of the Chinese							
Consulate and the highly successful annual Walk to End Genocide	e. 						
Other JWW local activism includes:							
30-Second Actions: A collection of quick-click electronic posts	cards, letters, or						
phone call scripts, these low-resistance campaigns allow JWW co	onstituents to take						
immediate action on an issue.							
Letters to the Editor: Letters to the Editor and other opinion	pieces ensure that						
the issue of Darfur remains forefront in the media. JWW has sub-	omitted and published						
Letters to the Editor of several major newspapers and journals,	, and has encouraged						
its constituents to write letters as well.							
Meetings with International Officials: Several international plants	layers have						
significant influence in finding a resolution to the crisis in	Darfur. Engaging with						
these stakeholders is essential for keeping Darfur on an intern	national agenda.						
Through its Caravan for Peace program, JWW organized a caravan	of survivors of past						
genocides to meet with Consuls General across Los Angeles. JWW	has consulted with						
Chinese officials regarding China's significant relationship w	ith Sudan. JWW has						
also participated in a series of meetings with the permanent me	embers of the UN						
Security Council and other key actors within the UN, including	UN High Commissioner						
for Refugees Antonio Guiterres.							
Form 990, Part VI, Line 11 - Form 990 Review Process							
The Treasurer and President will review the Form 990 before pre-	esenting it to the						
entire Board of Directors for their review and approval.							

Employer identification number

_Jewish World Watch	20-3406211									
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	onflicts									
The Policy is circulated to all board members and requires a s	signature of approval.									
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees										
The process for determining compensation of the Executive Dire	ector and key employees									
includes a review, discussion and approval by the Board of Di	rectors who do not have									
a conflict of interest with respect to the compensation arrang	gement. The process is									
wholly independent of the person being compensated. The Board	of Directors makes									
compensation decisions by looking at comparability data, the s	skills and expertise of									
the executive and the performance in meeting goals and expects	ations.									
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available										
Jewish World Watch makes its governing documents, conflict of	interest policy and									
financial statements available to the public upon request.										

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Jewish World Watch	20-3406211
	· = = = = = <b>= = =</b>
<b>_</b>	<b>_</b>

## **California Exempt Organization 2009** Annual Information Return

FORM

Calendar ye	ear 2009 o	r fiscal year begi	nning month	day	year	, and endin	g month	da	iy year
A First Retu	ırn Filed?	Yes	<b>B</b> Type of organization	Exempt	under Section	23701 <b>D</b> (	insert letter)	C	CORP #
		<b>X</b> No		IRC Sec	tion 4947(a)(1)	trust		2	2797942
Corporation/Org	ganization Nar	me						F	EIN
JEWISH	WORLD	WATCH						2	20-3406211
Address									
	ENTURA	BLVD #206							
City								St	tate ZIP Code
ENCINO,									
			<b></b>	X No			ox. See General Inst ed		
,		'affiliate in a group e	xemption? Yes	X No	H Ad	counting method us	ed 1 Cash		
a Is this a group filing for affiliates? See General Instruction L									rganization during the year
		mber of affiliates		21 110	(1	) participated in any	nolitical campaign	or (2) a	attempted to influence
c Are all	affiliates incl	uded?	X Yes	No	R8	LTC Section 23704.5	ot measure, or (3) n	ıa bv bı	ublic charities)? If 'Yes.'
		. See instructions.)		ш	со	mplete and attach f	orm FTB 3509, Polit	ical or	Legislative Activities by
<b>d</b> Is this a	a separate ret	turn filed by an orgar	nization covered		Se	ction 23701d Organ	izations		• Yes X No
by a gro	oup ruling?		Yes	X No	<b>J</b> Di	d the organization h	ave any changes in	its acti	vities, governing instrument,
		ption Number			ar Fr	anchise Tax Board?	on, or bylaws that ha If 'Yes,' complete a	ave not n expla	been reported to the ination and attach copies
		linates attached?	Yes	X No					
E Final retu		□			K Is	the organization exe	empt under R&TC S	ection 2	23701g? • Yes X No
<del></del> -	Dissolved	• Surrende			If	'Yes.' enter amount	of aross receipts fr	om	• 🗀 🗀
	-	rganized (attach expla	·		no	nmember sources		\$	
		ter date	ollowing federal forms or scl		L Is	the organization un	der audit by the IRS year?	or has	the Yes X No
1 •			3 ● (Schedule H) 9			· ·	imited Liability Con		<del>-</del>
L.			on 23701d and is exclusively			=	le Form 100 or Forr		
education	al, or charital	ble, and is supported	primarily (50% or more) by	y public	re	oort taxable income	?		Yes X No
Part I			t required to file this						T
			ots from other sources					1	218,286.
Dessints			essments from member					2	
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received					3	1,978,799.		
Revenues			for filing requirement		-			_	0.405.005
			mpleted. If the result				ruction C •	4	2,197,085.
		-				5			
			and sales expenses of 5 and line 6					7	
			Subtract line 7 from li					8	2,197,085.
			disbursements. From					9	1,811,918.
Expenses			ver expenses and dist					10	385,167.
			. See General Instruc					11	333,107.
F.11		-						12	
Filing Fee		, ,	st. See General Instru					13	
	<b>14</b> Use	tax. See Genera	I Instruction K				•	14	
			e 11, line 13, and line					15	
			? from the result					15	knowledge and belief, it is true,
Sign	correct, and	complete. Declaration	of preparer (other than taxpa	yer) is based or	n all information	of which preparer h	as any knowledge.		whowleage and belief, it is true,
Here	Signatura >			Title			Date	ŀ	Telephone
	Signature of officer	>							
	Preparer's signature	<b>&gt;</b>				Date	Check if self-	- 1	Preparer's SSN/PTIN
Paid Preparer's	signature		U POUN C DOTI		<u> </u>		employed		P00006547 FEIN
Use Only	Firm's name (or yours, if	15010	H, KOHN & BRII VENTURA BLVD						95-3404284
	self-employe and address	-u)	O, CA 91436-28		1100				Telephone
		THOTH	o, on one of					1	(818) 907-6500
	Mav the I	FTB discuss this	return with the prepa	rer shown a	bove? See	instructions		-	· 🖃
	,								[]

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

1			1	Gross sales or receipts from all	husiness ac	tivities See	instru	rtions		• 1		
3   Dividentils   4   4			_								_	7 858
A   Cross rends											_	7,000.
Sources   Sour	Doce	into	_								_	
Carcas amount received from sale of assets (See Instructions)   6   6   7   210,428.			-								_	
7 Other income. Attach schedule   SEE STATEMENT 1   7   210,428.	Othe	r									_	
8   Total gross sales or receipts from other sources. Add line 1 through line 7.   Entire here and on Site  , Part  , line	Sour	ces									_	212 122
Enter here and on Side 1, Part I, Line 1.  9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.  10 Disbursements to or for members.  11 Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2			-						ATEMENT 1	• _ 7		210,428.
9 Contributions, grits, grants, and smilled amounts paid. Attach schedule   9   9   686, 065.			8					-				
10											_	
11   Compensation of officers, directors, and trustees. Attach schedule. SEE. STATEMENT 2   12   192,881.   13   11   134,5384.   13   11   134,5384.   13   11   134,5384.   13   11   134,5384.   14   15   15   15   15   15   15   15			9									686,065.
Expenses   12   192,881			10									
13			11	Compensation of officers, director	ors, and trus	stees. Attach	sche	duleSEEST	ATEMENT 2	• 11		134,538.
Disbursements   14 Taxes	Ехре	enses	12	Other salaries and wages						• 12		192,881.
14   Taxes		IIICO-	13	Interest						• 13	;	
15   Rents			14	Taxes						• 14		24,946.
17   Chter. Attach schedule.   SEE. STATEMENT. 3   17   768, 327.			15	Rents						• 15	,	
17   Chter. Attach schedule.   SEE. STATEMENT. 3   17   768, 327.			16	Depreciation and depletion (See	Instructions	5)				• 16	,	5,161.
18   Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part 1, line 9   18   1,811,918.			17									
Schedule   Balance Sheets			18	Total expenses and disbursements. Add I	ine 9 through li	ine 17. Enter her	re and c	n Side 1. Part I. line	9	18	;	
Assets   (a)   (b)   (c)   (d)   (d)   1,390,295.   1,910,635.   1,910,635.   277,294.   (d)   1,390,295.   1,910,635.   (d)   1,910,635.   (d)   1,910,635.   (d)   (	Sch	edule									axab	
1 Cash.												
2 Net accounts receivable.	1	Cash							ì		•	
Investments in other bonds. Attach sch.	2	Net acc	ounts	receivable							•	
5 Federal and state government obligations         ●           6 Investments in other bonds. Attach sch.         ●           1 Investments in stock. Attach schedule.         ●           3 Mortgage loans (number of loans )         ●           9 Other investments. Attach schedule.         ●           10a Depreciable assets.         25,333.         26,593.           b Less accumulated depreciation.         5,768.         19,565.         10,927.         15,666.           11 Land.         ●         8,609.         2,212,204.           12 Other assets. Attach schedule.         STM. 4         72,723.         ●         8,609.           13 Total assets.         1,996,890.         2,212,204.         Liabilities and net worth         12,619.         ●         16,774.           15 Contributions, gifts, or grants payable.         12,619.         ●         16,774.         16,774.           16 Bonds and notes payable. Attach schedule.         ●         0         236,508.         ●           18 Other liabilities. Attach schedule.         236,508.         ●         0         2,132,930.           20 Paid-in or capital surplus. Attach reconciliation.         ●         0         2,212,204.           21 Total liabilities and net worth         1,996,890.         2,212,204.	3	Net not	es rece	eivable. Attach schedule							•	
6 Investments in other bonds. Attach schedule.	4	Invento	ries								•	
7   Investments in stock Attach schedule.	5	Federal	and st	tate government obligations							•	
8	6	Investm	nents in	n other bonds. Attach sch							•	
9 Other investments. Attach schedule   25,333.   26,593.     b Less accumulated depreciation.   5,768.   19,565.   10,927.   15,666.     1 Land.	7	Investm	nents in	n stock. Attach schedule							•	
10 a Depreciable assets   25,333.   26,593.	8	Mortga	ge Ioan	s (number of loans)							•	
b Less accumulated depreciation. 5,768. 19,565. 10,927. 15,666.  11 Land.	9	Other in	nvestm	ents. Attach schedule							•	
11   Land	10 a	Depreci	able a	ssets		25,333.			26,	593.		
11   Land	b	Less ac	cumula	ated depreciation		5,768.		19,565.	10,	927.		15,666.
13 Total assets	11	Land									•	
13 Total assets	12	Other a	ssets.	Attach schedule				72,723.			•	8,609.
Liabilities and net worth  14 Accounts payable.	13	Total as	ssets									
14 Accounts payable 12,619. • 16,774.  15 Contributions, gifts, or grants payable 62,500.  16 Bonds and notes payable. Attach schedule • 62,500.  17 Mortgages payable. • 62,500.  18 Other liabilities. Attach schedule 236,508.  19 Capital stock or principle fund 1,747,763. • 2,132,930.  20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 1,996,890. 2,212,204.  Schedule M-1 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books	Liabi	ilities a	nd n	et worth								
15 Contributions, gifts, or grants payable.  16 Bonds and notes payable. Attach schedule.  17 Mortgages payable.  18 Other liabilities. Attach schedule.  19 Capital stock or principle fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth.  23 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  6 Total.  10 Net income per return.								12,619.			•	16,774.
16 Bonds and notes payable. Attach schedule											•	
17 Mortgages payable.  18 Other liabilities. Attach schedule.  19 Capital stock or principle fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth.  23 Schedule M-1  25 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books.  2 Federal income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  6 Total.  10 Net income per return.											•	
18 Other liabilities. Attach schedule. 236,508.  19 Capital stock or principle fund 1,747,763. 2,132,930.  20 Paid-in or capital surplus. Attach reconciliation. 2  11 Retained earnings or income fund 2  21 Total liabilities and net worth. 1,996,890. 2,212,204.  Schedule M-1 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books												
19 Capital stock or principle fund								236-508			Ť	
20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth.  Schedule M-1  Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books.  2 Federal income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  6 Total.  10 Net income per return.												2 132 930
21 Retained earnings or income fund. 22 Total liabilities and net worth.  Checkelle M-1  Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books  Secence of capital losses over capital gains  Income not recorded on books this year.  Attach schedule.  Expenses recorded on books this year not deducted in this return. Attach schedule.  Total.  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  Income recorded on books this year not included in this return.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  Income recorded on books this year not included in this return.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  Income recorded on books this year not included in this return.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return not charged against book income this year.  Attach schedule.  Deductions in this return.								1,717,703.			_	2/132/330.
Total liabilities and net worth.  Schedule M-1  Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  Net income per books  Federal income tax  Excess of capital losses over capital gains  Income not recorded on books this year.  Attach schedule  Expenses recorded on books this year not deducted in this return. Attach schedule  Total.  Net income per books  Attach schedule  Total.  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  Income recorded on books this year not included in this return.  Attach schedule.  Attach schedule.  Total.  Net income per return.											-	
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books								1,996,890.				2,212,204.
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000  1 Net income per books	Sch				•	h income pe						·
1 Net income per books				Do not complete this schedu	le if the am	ount on Sch	edule	L, line 13, colum	n (d), is less th	an \$25,	000	
Pederal income tax	1	Net inc	ome pe									
4 Income not recorded on books this year. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  6 Total.  8 Deductions in this return not charged against book income this year.  Attach schedule.  9 Total. Add line 7 and line 8.  10 Net income per return.	2								=			
Attach schedule	3	Excess	of capi	ital losses over capital gains	)			Attach schedule			•	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	4	Income	not re	corded on books this year.			8		-			
in this return. Attach schedule							_					
6 Total. 10 Net income per return.	5										•	
	_		return.	Attach schedule			_					
Add line   through line 5	6		4			205 165		•				205 465
		Add lin	e i thr	ougri line 5		383,16/.	.	Subtract line 9 fron	1 IINE 6		<u> </u>	385,167.

Side 2 Form 199 C1 2009 059 3652094 CACA1112L 11/20/09

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### California Copy

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

Name of the organization		Employer identification number			
Jewish World Watch		20-3406211			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	d as a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as	a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>G</b>	eneral Rule or a Special Rule.				
	anization can check boxes for both the General Rule a	and a Special Rule. See instructions.			
General Rule —					
	Z, or 990-PF that received, during the year, \$5,000 or	more (in money or property) from any one			
contributor. (Complete Parts I and II.)					
Special Rules —					
509(a)(1)/170(b)(1)(A)(vi) and received from an	Form 990 or 990-EZ, that met the 33-1/3% support tes y one contributor, during the year, a contribution of the great or (ii) Form 990-EZ, line 1. Complete Parts I and II.	t of the regulations under sections er of (1) \$5,000 or (2) 2% of the			
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 prevention of cruelty to children or animals	zation filing Form 990 or 990-EZ, that received from an 00 for use <i>exclusively</i> for religious, charitable, scientifications of the parts I. I. and III.	ny one contributor, during the year, c, literary, or educational purposes, or the			
		ay and contributor during the year			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of \$	5,000 or more during the year	<b>&gt;</b> \$			
990-PF) but it <b>must</b> answer 'No' on Part IV, Iir	y the General Rule and/or the Special Rules does not ne 2 of their Form 990, or check the box on line H of it ng requirements of Schedule B (Form 990, 990-EZ, or	s Form 990-EZ, or on line 2 of its Form			
BAA For Privacy Act and Paperwork Reduct for Form 990, 990EZ, or 990-PF.	ion Act Notice, see the Instructions S	chedule B (Form 990, 990-EZ, or 990-PF) (2009			

Page 1

of Part I

Jewish World Watch

of 1 Employer identification number

20-3406211

Part I	Contributors	(see	instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Gary Saltz Foundation  600 Madison Ave, 11th Fl  New York, NY 10022	\$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Jewish Community Foundation 6505 Wilshire Blvd Ste 1200 Los Angeles, CA 90048	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Harriet Zaretsky/ Steve Henry  801 Latimer Road  Santa Monica, CA 90402	\$115,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Monica and Philip Rosenthal  2800 28th St. Ste 105  Santa Monica, CA 90405	\$178,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of 1 of Part II

Name of organization

Jewish World Watch

Employer identification number 20-3406211

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ļ		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ļ		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		1	
		\$\$	1

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Jewish World Watch

Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

	organizations aggregating more th	ian \$1,000 for the year.(Co	omplete cols	(a) through (e) and the following line entry.)
	For organizations completing Part III, enter contributions of <b>\$1,000</b> or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once –	naritable, etc, see instruction	ons.)
(a)	(b)	(c)		(d)
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(-)		(3)		40
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee
(2)	(6)	(a)		1.45
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee

TAXABLE YEAR CALIFORNIA FORM

### 2009 Corporation Depreciation and Amortization

Attac	ch to Form 100 or Form	100W. FOR	м 199						
Corpoi	ration name						California o	corporation	on number
JEV	VISH WORLD WATC	H					27979	42	
Parl	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction ur								\$25 <b>,</b> 000
2	Total cost of Section 1								
3	Threshold cost of Secti								\$200,000
4	Reduction in limitation.			•			-		
5_	Dollar limitation for tax							<u> </u>	
6	(a) Des	scription of property		(b) Cost (business u	use only)	(c) Elected	cost		
7	Listed property (elected		,						
8	Total elected cost of So		-						
9	Tentative deduction. El						-		
10 11	Carryover of disallowed Business income limita		,					_	
12	Section 179 expense d			•	,			_	
13	Carryover of disallowed							•	
Part				Expense Deduction			24356		
14	•			· ·					(h)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	- <b>(f)</b> Life	<b>(g)</b> Depreciatio	n for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or rate	this yea	ır	year
				allowable in earlier years	method				depreciation
EPS	ON DESKTOP PR	2/27/06	1,869.	1,152.	S/L	5		374.	
	PUTER	5/30/06	1,678.	1,008.	S/L	5		336.	
	PUTER	12/11/06	1,101.	660.	S/L	5		220.	
	1PUTER	4/20/07	1,088.	363.	S/L	5		218.	
	PUTER	7/06/07	769.	231.	S/L	5		154.	
	MPUTER	7/06/07	1,369.	411.	S/L	5		274.	
	MPUTER	12/20/07	1,100.	220.	S/L	5		220.	
		•	•	•				220.	
15	Add the amounts in co exceed \$2,000. See ins						5 -	161.	
Parl		structions for fire	e 14, column (n)			13	٥,.	LOI.	
16	Total: If the corporation	n is electing:							
10	IRC Section 179 expen	ise. add the amo	ount on line 12 and	line 15, column (g)	or or				
	Additional first year de Depreciation (if no elec	preciation under	R&TC Section 243	356, add the amoun	ts on line 1	I5, columns (	(g) and (h) <b>or</b>		
17	Total depreciation clair			,	(3)			16 17	
	·		•					-17	
10	Depreciation adjustment Form 100W, Side 1, lin	ne 6. If line 17 is g	less than line 16,	enter the difference	here and	on Form 100	or		
	Form 100W, Side 1, lin state adjustments on F	ne 12 (lf Califori	nia denreciation am	nounts are used to d	determine r	net income b	efore	18	
Parl		01111 100 01 1 011	11 100 vv, 110 aajastii	nent is necessary.).				.0	
19	(a)	(b)	(c)	(4	d)	(e)	(f)		(g)
	Description	Date	Cost or	r Amort	ization	R&TC	Period or		Amortization
	of property	acquirec	d other bas		r allowable er years	section (see instr)	percentage	!	for this year
				iii caiii	er years	(See IIISII)			
	T-1-1 A ! ! ! !						1	_	
20	Total. Add the amounts	(3)					<del></del>		
21	Total amortization clair	med for federal	purposes from tede	rai Form 4562, line	44		<u>21</u>		
22	Amortization adjustment Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter the difference	ce here and	d on Form 10	0 or		
	Form 100W, Side 1, lin	ıe 0. ii iiile ∠i IS ie 12	ulali iifie 20,	enter the difference			or 22	2	
	· · · · · · · · · · · · · · · · · · ·							•	

TAXABLE YEAR CALIFORNIA FORM

### 2009 Corporation Depreciation and Amortization

Attac	ch to Form 100 or Form	100W. FOR	м 199						
Corpoi	ration name						California c	orporatio	on number
JEV	VISH WORLD WATC	Н					27979	42	
Parl	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction ur								\$25 <b>,</b> 000
2	Total cost of Section 1								
3	Threshold cost of Section								\$200,000
4	Reduction in limitation.			•					
	Dollar limitation for tax		act line 4 from line					'	
6	(a) De	scription of property		(b) Cost (business (	use only)	(c) Elected	1 COST		
7	Listed property (elected	d Section 179 co	net)		7				
8	Total elected cost of S		,			7	8	:	
9	Tentative deduction. E		-						
10	Carryover of disallowed								
11	Business income limita	ation. Enter the s	smaller of business	income (not less t	han zero) o	or line 5	11		
12	Section 179 expense d	leduction. Add lii	ne 9 and line 10, b	ut do not enter mor	re than lin <u>e</u>	11	12	·	
13	Carryover of disallowed								
Parl	t II Depreciation and	d Election of Add	ditional First Year I	Expense Deduction	Under R&	TC Section 2	24356		
14	<b>(a)</b> Description	(b)	<b>(c)</b> Cost or	(d)	(e)	(f)	<b>(g)</b> Depreciatio		<b>(h)</b> Additional first
	of property	Date acquired	other basis	Depreciation allowed or	Deprecia- tion	- Life or rate	this yea	r	year
	. , ,			allowable in	method				depreciation
CON	1PUTER	12/20/07	760.	earlier years 152.	S/L	5	1	52.	
	MPUTER	12/20/07	310.	62.	S/L	5		62.	
	MPUTER	3/06/08	1,808.	301.	S/L	5	-	362.	
	TTWARE	3/00/08	3,521.	587.	S/L	5		704.	
	RNITURE	4/10/08	2,320.	348.	S/L	5		164.	
	MPUTER	10/10/08	1,025.	51.	S/L	5		205.	
	IPUTER	10/10/08	3,257.	109.	S/L	5		551.	
		•						)JI.	
15	Add the amounts in co exceed \$2,000. See in								
Parl		Structions for fine	e 14, coluitiii (ii)			IJ			
16	Total: If the corporation	n is electing:							
10	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15, column (g)	or or				
	Additional first year de Depreciation (if no elec							16	
17	Total depreciation clair	• • • • • • • • • • • • • • • • • • • •		·	107			17	
	·		•						
	Depreciation adjustment Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or		
	state adjustments on F	form 100 or Forn	n 100W, no adjustn	nent is necessary.).				18	
Parl	t IV Amortization								
19	(a)	(b)	(c)	(	d)	(e)	(f)		(g)
	Description of property	Date acquired	Cost or other bas		ization r allowable	R&TC section	Period or percentage		Amortization for this year
	or property	acquirea	other bas		er years	(see instr)	percentage		lor triis year
							· · · · · · · · · · · · · · · · · · ·		
20	Total. Add the amounts	s in column (g).					20		
21	Total amortization clair	med for federal p	ourposes from fede	ral Form 4562, line	44		<u>21</u>		
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20,	enter the difference	ce here and	l on_Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. If line 21 is ne 12	less than line 20,	enter the difference	here and o	on Form 100	or 22	.	

TAXABLE YEAR \_\_\_\_\_CALIFORNIA FORM

### 2009 Corporation Depreciation and Amortization

	h to Form 100 or Form	100W. FOR	М 199						
Corpora	ation name						Califor	nia corporation	on number
	ISH WORLD WATC	H					279	7942	
<b>Part</b>			perty Under IRC Se						
	Maximum deduction un							1	\$25 <b>,</b> 000
	Total cost of Section 17							2	+000
	Threshold cost of Secti							3 4	\$200,000
	Reduction in limitation.			*				5	_
<u>5</u>	Dollar limitation for tax		act line 4 from line					3	
0	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	u cost		
7	Listed property (elected	Section 179 co	oct)		7				
	Total elected cost of Se		•			7		8	
	Tentative deduction. Er		-					9	
	Carryover of disallowed							10	
	Business income limita							11	
12	Section 179 expense de	eduction. Add li	ne 9 and line 10, b	ut do not enter moi	re than line	11		12	
	Carryover of disallowed	deduction to 20	010. Add line 9 and	d line 10, less line 1	2	13			
<b>Part</b>	II Depreciation and	Election of Ad	ditional First Year	Expense Deduction	under R&	TC Section 2	24356		
14	(a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Cost or other basis	(d) Depreciation allowed or	(e) Deprecia- tion	(f) Life or rate	Depreci	<b>g)</b> ation for year	<b>(h)</b> Additional first year
		·		allowable in earlier years	method			-	depreciation
SER		10/31/08	3,357.	112.	S/L	5		671.	
LEA	SEHOLD IMPROV	8/18/09	1,260.		S/L	5		94.	
15	Add the amounts in col exceed \$2,000. See ins	umn (g) and co	lumn (h). The com	bined total of colun	nn (h) may	not <b>15</b>			
Part			, , , , , , , , , , , , , , , , , , , ,			<u> </u>	I.		
	Total: If the corporation IRC Section 179 expended Additional first year deponder of the control of the corporation of the corp	se, add the amo preciation under tion is made), e	R&TC Section 243 enter the amount fr	356, add the amour om line 15, column	its on line 1 (g)			16	
	Total depreciation clain							17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g e 6. If line 17 is	reater than line 16 less than line 16.	, enter the difference enter the difference	ce nere and e here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 1, lin	e 12. (If Califori	nia depreciation an	nounts are used to	determine r	net income b	efore	10	
Part	state adjustments on F	orm 100 or For	n 100w, no adjustr	nent is necessary.).				18	
19		(b)	(a)		۹/	(0)	<b>(6)</b>		(a)
19	<b>(a)</b> Description	(b) Date	(c) Cost o		<b>d)</b> tization	(e) R&TC	<b>(f)</b> Period	lor	<b>(g)</b> Amortization
	of property	acquired	I other bas		r allowable er years	section (see instr)	percent	age	for this year
				iii caiii	ci years	(300 111311)			-
20	Total. Add the amounts	in column (a)						20	
	Total amortization clain	10,						21	
	Amortization adjustmer								
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20.	enter the difference	e here and	on Form 100	or	22	
_		· · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · · · · · · · · · · · ·	·		· · · · · · · · · · · · · · · · · · ·	

2009	009 California Statements			
	Jewish World Watch	20-3406211		

Statement 1 Form 199, Part II, Line 7 Other Income

### Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

### **Current Officers:**

Name and Addres	Title and Average Hours  Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Janice Kamenir Reznik 17514 Ventura Blvd. #200 Encino, CA 91316	President 25.00	\$ 0.	\$ 0.	\$ 0.
Marcy Rainey 17514 Ventura Blvd. #200 Encino, CA 91316	Treasurer 5.00	0.	0.	0.
Peter Marcus 17514 Ventura Blvd. #200 Encino, CA 91316	Vice President 5.00	0.	0.	0.
Sheryl Layne 17514 Ventura Blvd. #200 Encino, CA 91316	Secretary 5.00	0.	0.	0.
Rabbi Harold M. Schulwe: 17514 Ventura Blvd. #200 Encino, CA 91316		0.	0.	0.
Honey Amado 17514 Ventura Blvd. #200 Encino, CA 91316	Director 1.00	0.	0.	0.
Julie Bram 17514 Ventura Blvd. #200 Encino, CA 91316	Director 1.00	0.	0.	0.
Stuart Gabriel 17514 Ventura Blvd. #200 Encino, CA 91316	Director 1.00	0.	0.	0.
Sheila Gordon Wasserman 17514 Ventura Blvd. #200 Encino, CA 91316	Director 1.00	0.	0.	0.
Diane Kabat 17514 Ventura Blvd. #200 Encino, CA 91316	Director 1.00	0.	0.	0.

**Jewish World Watch** 

20-3406211

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

#### **Current Officers:**

Name and Address	Title a Average H Per Week D		pen- but	tion to Ac	xpense count/ Other
Pam Kaizer 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00	\$	0.\$	0. \$	0.
Rabbi Yosef Kanefsky 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Rabbi Alan Lachtman 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Shelby Layne 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Rabbi Josef Levine-Grater 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Joy Picus 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Rabbi Joel Rembaum 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Susan Saltz 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Rabbi Richard Spiegel 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
David Straus 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
Harriet Zaretsky 17514 Ventura Blvd. #206 Encino, CA 91316	Director 1.00		0.	0.	0.
		Total 🕏	0. \$	0. \$	0.

	^	^	^
`)	11	"	u
	u	u	ū

### **California Statements**

Page 3

### **Jewish World Watch**

20-3406211

Statement 3	
Form 199, Part II, Line 17	7
Other Expenses	

Accounting Fees	\$	25,597.
Advertising and Promotion		4,991.
Automobile Expense.		5,431.
Bad Debts		7,500.
Bank Charges		15,923.
Contract Services		193,946.
Design Fees		21,595.
		21,393.
Dues & Subscriptions		
Equipment Rental		14,838.
Events		19,286.
Insurance		3,247.
Office Expense		9,763.
Other Employee Benefit		26,988.
Postage and Shipping.		18,018.
Printing and Publications		88,611.
		<b>,</b>
Rent		30,180.
Special Event Expenses		210,428.
Taxes & Licenses		510.
Telephone		7,908.
Travel		26,010.
Utilities		2,298.
Woh Maintonango		35,044.
Web Maintenance	<del>-</del>	/
Total	Ş	768,327.

### Statement 4 Form 199, Schedule L, Line 12 Other Assets

Deposit	2,700.
Prepaid Expenses and Deferred Charges	5,909.
Total $\overline{\$}$	8,609.

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



			01 1.16	<u> </u>		$\overline{}$		
State Charity Registration Number 0148331		Check if: Change of address Amended report						
JEWISH WORLD WATCH								
Name of Organization								
17514 VENTURA BLVD #206 Address (Number and Street)			Corporate or 0	Organization No. 2797942				
ENCINO, CA 91316			Federal Emplo	oyer ID No. 20-3406211				
City or Town		State ZIP Code						
ANNUAL REGISTRAT Make	Check Payab	AL FEE SCHEDULE (11 Cal ble to Attorney General's F	I. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts				
Gross Annual Revenue	Fee Gross	s Annual Revenue	Fee	Gross Annual Revenue	F	Fee		
Less than \$25,000		een \$100,001 and \$250,000		Between \$1,000,001 and \$10 million		150		
Between \$25,000 and \$100,000	\$25 Betwe	een \$250,001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 million		5225 5300		
PART A – ACTIVITIES	J.			,	<u>·</u>			
For your most recent full accounti	na period (be	ginning 1/01/09	ending	12/31/09 ) list:				
Gross annual revenue \$	•	, , <u> </u>		2,212,204.				
PART B – STATEMENTS REGA	BDING OB	CANIZATION DURING	THE PERIO	OD OF THIS REPORT				
Note: If you answer 'yes' to any of the 'yes' response. Please review	RRF-1 instru	ctions for information requ	uired.	providing an explanation and details	1			
1 During this reporting period, were t					Yes	No		
organization and any officer, direct director or trustee had any financia	or or trustee t I interest?	hereof either directly or wi	th an entity in v	which any such officer,	ĺП	х		
2 During this reporting period, was the property or funds?	ere any theft,	, embezzlement, diversion	or misuse of th	e organization's charitable		Х		
<b>3</b> During this reporting period, did no	n-program ex	penditures exceed 50% of	gross revenues	5?		x		
4 During this reporting period, were a Form 4720 with the Internal Revenu						X		
5 During this reporting period, were t purposes used? If 'yes,' provide an service provider.	he services of attachment li	f a commercial fundraiser of isting the name, address, a	or fundraising o and telephone r	ounsel for charitable number of the		X		
'	organization	receive any governmental	I funding? If so	provide an attachment listing		21		
6 During this reporting period, did the the name of the agency, mailing ac	dress, contac	ct person, and telephone n	umber.	provide an attachment listing	$\sqcup \Box$	Х		
7 During this reporting period, did the indicating the number of raffles and			e purposes? If 'y	yes,' provide an attachment		х		
Does the organization conduct a ve the program is operated by the cha charitable purposes.	chicle donation rity or whethe	n program? If 'yes,' provider the organization contract	e an attachmen ts with a comm	t indicating whether ercial fundraiser for		X		
Did your organization have prepare principles for this reporting period?		financial statement in acco	ordance with ge	nerally accepted accounting	Х			
Organization's area code and telephone	number 81	8 501-1836						
Organization's e-mail address TZIVIA@JEWISHWORLDWATCH.ORG								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.								
Signature of authorized officer	Printed Name		Title	Date				