

**2010 TAX RETURN**

**GOVERNMENT COPY**

**Client:** 343450

**Prepared for:** JEWISH WORLD WATCH  
5551 BALBOA BLVD.  
ENCINO, CA 91316  
818 501-1836

**Prepared by:** RICHARD MANDELSON  
KIRSCH, KOHN & BRIDGE, LLP  
15910 VENTURA BLVD., STE. 1100  
ENCINO, CA 91436-2869  
(818) 907-6500

**Date:** SEPTEMBER 28, 2011

**Comments:**

**Route to:** \_\_\_\_\_

12/31/10

## 2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

JEWISH WORLD WATCH

20-3406211

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
12	FURNITURE	4/10/08		2,320							2,320	812	S/L	5		464
	TOTAL FURNITURE AND FIXTURE			2,320		0	0	0	0	0	2,320	812				464
IMPROVEMENTS																
16	LEASEHOLD IMPROVEMENT	8/18/09		1,260							1,260	94	S/L	5		252
	TOTAL IMPROVEMENTS			1,260		0	0	0	0	0	1,260	94				252
MACHINERY AND EQUIPMENT																
1	EPSON DESKTOP PROJECTOR	2/27/06		1,869							1,869	1,526	S/L	5		343
2	COMPUTER	5/30/06		1,678							1,678	1,344	S/L	5		334
3	COMPUTER	12/11/06		1,101							1,101	880	S/L	5		220
4	COMPUTER	4/20/07		1,088							1,088	581	S/L	5		218
5	COMPUTER	7/06/07		769							769	385	S/L	5		154
6	COMPUTER	7/06/07		1,369							1,369	685	S/L	5		274
7	COMPUTER	12/20/07		1,100							1,100	440	S/L	5		220
8	COMPUTER	12/20/07		760							760	304	S/L	5		152
9	COMPUTER	12/20/07		310							310	124	S/L	5		62
10	COMPUTER	3/06/08		1,808							1,808	663	S/L	5		362
11	SOFTWARE	3/07/08		3,521							3,521	1,291	S/L	5		704
13	COMPUTER	10/10/08		1,025							1,025	256	S/L	5		205
14	COMPUTER	10/24/08		3,257							3,257	760	S/L	5		651
15	SERVER	10/31/08		3,357							3,357	783	S/L	5		671

12/31/10

## 2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

JEWISH WORLD WATCH

20-3406211

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL MACHINERY AND EQUIPME			23,012		0	0	0	0	0	23,012	10,022				4,570
	TOTAL DEPRECIATION			<u>26,592</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>26,592</u>	<u>10,928</u>				<u>5,286</u>
	GRAND TOTAL DEPRECIATION			<u>26,592</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>26,592</u>	<u>10,928</u>				<u>5,286</u>

12/31/10

## 2010 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

JEWISH WORLD WATCH

20-3406211

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
FURNITURE AND FIXTURES																
12	FURNITURE	4/10/08		2,320							2,320	812	S/L	5		464
	TOTAL FURNITURE AND FIXTURE			2,320		0	0	0	0	0	2,320	812				464
IMPROVEMENTS																
16	LEASEHOLD IMPROVEMENT	8/18/09		1,260							1,260	94	S/L	5		252
	TOTAL IMPROVEMENTS			1,260		0	0	0	0	0	1,260	94				252
MACHINERY AND EQUIPMENT																
1	EPSON DESKTOP PROJECTOR	2/27/06		1,869							1,869	1,526	S/L	5		343
2	COMPUTER	5/30/06		1,678							1,678	1,344	S/L	5		334
3	COMPUTER	12/11/06		1,101							1,101	880	S/L	5		220
4	COMPUTER	4/20/07		1,088							1,088	581	S/L	5		218
5	COMPUTER	7/06/07		769							769	385	S/L	5		154
6	COMPUTER	7/06/07		1,369							1,369	685	S/L	5		274
7	COMPUTER	12/20/07		1,100							1,100	440	S/L	5		220
8	COMPUTER	12/20/07		760							760	304	S/L	5		152
9	COMPUTER	12/20/07		310							310	124	S/L	5		62
10	COMPUTER	3/06/08		1,808							1,808	663	S/L	5		362
11	SOFTWARE	3/07/08		3,521							3,521	1,291	S/L	5		704
13	COMPUTER	10/10/08		1,025							1,025	256	S/L	5		205
14	COMPUTER	10/24/08		3,257							3,257	760	S/L	5		651
15	SERVER	10/31/08		3,357							3,357	783	S/L	5		671

12/31/10

## 2010 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

JEWISH WORLD WATCH

20-3406211

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL MACHINERY AND EQUIPME			23,012		0	0	0	0	0	23,012	10,022				4,570
	TOTAL DEPRECIATION			<u>26,592</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>26,592</u>	<u>10,928</u>				<u>5,286</u>
	GRAND TOTAL DEPRECIATION			<u>26,592</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>26,592</u>	<u>10,928</u>				<u>5,286</u>

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning****, 2010, and ending****B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**JEWISH WORLD WATCH**  
**5551 BALBOA BLVD.**  
**ENCINO, CA 91316**

**F** Name and address of principal officer:

SAME AS C ABOVE

**D** Employer Identification Number

20-3406211

**E** Telephone number

818 501-1836

**G** Gross receipts \$ 1,230,775.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included?If 'No,' attach a list. (see instructions) ☐ Yes ☒ No**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.JEWISHWORLDPWATCH.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of Formation: 2005**M** State of legal domicile: CA**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>JEWISH WORLD WATCH IS A HANDS-ON LEADER IN THE FIGHT AGAINST GENOCIDE AND MASS ATROCITIES, ENGAGING INDIVIDUALS AND COMMUNITIES TO TAKE ACTION LOCALLY TO PRODUCE POWERFUL RESULTS GLOBALLY. WE MEET WITH SURVIVORS AND PARTNERS IN CONFLICT REGIONS TO DEVELOP HIGH-IMPACT PROJECTS</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	21
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	21
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	6
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	400
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) .....	1,978,799.	1,227,685.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	7,858.	3,090.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,986,657.	1,230,775.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	686,065.	530,596.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	379,353.	404,677.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,029.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	536,072.	669,778.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,601,490.	1,605,051.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	385,167.	-374,276.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) .....	2,212,204.	2,101,044.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	79,274.	343,629.
			2,132,930.	1,757,415.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

Type or print name and title.

**Paid Preparer Use Only**

Print/Type preparer's name

RICHARD MANDELSON

Preparer's signature

Date

Check ☐ if self-employedPTIN  
N/A

Firm's name

▶ KIRSCH, KOHN &amp; BRIDGE, LLP

Firm's address

▶ 15910 VENTURA BLVD., STE. 1100  
ENCINO, CA 91436-2869

Firm's EIN ▶ N/A

Phone no. (818) 907-6500

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

☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 816,364. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 501,853. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 1,318,217.

**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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		



**Part IV Checklist of Required Schedules (continued)**

	21	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	<b>21</b>	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....	<b>22</b>		X
<b>23</b> 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> .....	<b>23</b>		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....	<b>25b</b>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	<b>34</b>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	<b>35</b>		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36 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> .....	<b>36</b>		X
<b>37</b> 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> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	<b>38</b>	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 15		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1 a</b> 21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .... <b>1 b</b> 21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .....	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>	X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7 a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7 b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8 a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8 b</b>	X
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>10 a</b>	X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>10 b</b>	
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11 a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<b>12 a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12 b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done .... SEE SCHEDULE O	<b>12 c</b>	X
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. ....	<b>15 a</b>	X
<b>b</b> Other officers of key employees of the organization... SEE SCHEDULE O. ....	<b>15 b</b>	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16 a</b>	X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16 b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA

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

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► FRED KRAMER 5551 BALBOA BLVD. ENCINO CA 91316 818 501-1836

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE KAMENIR REZNIK PRESIDENT	25	X		X				0.	0.	0.
(2) MARCY RAINEY TREASURER	5	X		X				0.	0.	0.
(3) PETER MARCUS VICE PRESIDENT	5	X		X				0.	0.	0.
(4) SHERYL LAYNE SECRETARY	5	X		X				0.	0.	0.
(5) RABBI HAROLD SCHULWEIS CHAIRMAN	5	X						0.	0.	0.
(6) HONEY AMADO DIRECTOR	1	X						0.	0.	0.
(7) JULIE BRAM DIRECTOR	1	X						0.	0.	0.
(8) STUART GABRIEL DIRECTOR	1	X						0.	0.	0.
(9) SHEILA GORDON WASSERMAN DIRECTOR	1	X						0.	0.	0.
(10) DIANE KABAT DIRECTOR	1	X						0.	0.	0.
(11) DIANA BUCKHANTZ TREASURER	1	X						0.	0.	0.
(12) RABBI YOSEF KANEFISKY DIRECTOR	1	X						0.	0.	0.
(13) RABBI ALAN LACHTMAN DIRECTOR	1	X						0.	0.	0.
(14) JOHN FISHEL DIRECTOR	1	X						0.	0.	0.
(15) RABBI J. LEVINE-GRATER DIRECTOR	1	X						0.	0.	0.
(16) JOY PICUS DIRECTOR	1	X						0.	0.	0.
(17) RABBI JOEL REMBAUM DIRECTOR	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SUSAN SALTZ DIRECTOR	1	X						0.	0.	0.
(19) RABBI RICHARD SPIEGEL DIRECTOR	1	X						0.	0.	0.
(20) DAVID STRAUS DIRECTOR	1	X						0.	0.	0.
(21) HARRIET ZARETSKY DIRECTOR	1	X						0.	0.	0.
(22) TZIVIA SCHWARTZ-GETZUG EXECUTIVE DIRECTOR	45					X		132,500.	0.	4,184.
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
<b>1 b Sub-total</b> .....								132,500.	0.	4,184.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								132,500.	0.	4,184.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 1,227,685.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$ .....					
<b>h Total.</b> Add lines 1a-1f .....			1,227,685.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		3,090.			3,090.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
			(i) Real	(ii) Personal		
	<b>6 a</b> Gross Rents .....					
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
			(i) Securities	(ii) Other		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....					
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>			
	<b>b</b> Less: direct expenses .....		<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>			
	<b>b</b> Less: direct expenses .....		<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>			
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			1,230,775.	0.	0.	3,090.

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	189,947.	189,947.		
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 .....	340,649.	340,649.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	133,010.	106,407.	13,301.	13,302.
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 .....	214,814.	174,925.	39,889.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	29,285.	21,170.	7,091.	1,024.
10 Payroll taxes .....	27,568.	22,330.	4,135.	1,103.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	24,051.		24,051.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 ...				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	7,007.	2,889.	318.	3,800.
13 Office expenses .....	7,487.	5,695.	1,546.	246.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	50,997.	40,648.	9,176.	1,173.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	5,430.	4,453.	543.	434.
23 Insurance .....	3,281.	2,673.	476.	132.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONTRACT SERVICES	231,658.	185,313.	10,523.	35,822.
b PRINTING AND PUBLICATIONS	106,541.	67,663.	1,058.	37,820.
c WEB MAINTENANCE	60,317.	32,027.	21,436.	6,854.
d EVENTS	54,310.	52,405.	1,397.	508.
e RENT	31,024.	25,538.	4,283.	1,203.
f All other expenses .....	87,675.	43,485.	22,582.	21,608.
25 Total functional expenses. Add lines 1 through 24f .....	1,605,051.	1,318,217.	161,805.	125,029.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....	335,538.	<b>1</b>	214,034.
	<b>2</b> Savings and temporary cash investments.....	1,575,097.	<b>2</b>	1,696,955.
	<b>3</b> Pledges and grants receivable, net.....	277,294.	<b>3</b>	152,566.
	<b>4</b> Accounts receivable, net.....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	5,909.	<b>9</b>	19,364.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 26,593.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 12,931.	<b>10c</b>	13,662.
	<b>11</b> Investments — publicly traded securities.....		<b>11</b>	1,763.
	<b>12</b> Investments — other securities. See Part IV, line 11.....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....	2,700.	<b>15</b>	2,700.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	2,212,204.	<b>16</b>	2,101,044.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	16,774.	<b>17</b>	15,062.
	<b>18</b> Grants payable.....	62,500.	<b>18</b>	67,382.
	<b>19</b> Deferred revenue.....		<b>19</b>	261,185.
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.....	79,274.	<b>26</b>	343,629.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	713,306.	<b>27</b>	596,994.
	<b>28</b> Temporarily restricted net assets.....	1,419,624.	<b>28</b>	1,160,421.
	<b>29</b> Permanently restricted net assets.....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances.</b> .....	2,132,930.	<b>33</b>	1,757,415.
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b> .....	2,212,204.	<b>34</b>	2,101,044.

BAA

Form 990 (2010)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	1,230,775.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	1,605,051.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	-374,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	2,132,930.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O.....	5	-1,239.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	1,757,415.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	X
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 audit, 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.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: .....		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? .....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	3b	

BAA

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**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.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ 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)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ 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 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						282,751.
6 <b>Public support.</b> Subtract line 5 from line 4.						7,912,993.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,070.	23,245.	22,705.	7,858.	3,090.	63,968.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						8,259,712.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	95.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	90.6 %
16a <b>33-1/3% support test — 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test — 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests — 2010.** 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 more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐**b 33-1/3% support tests — 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Employer identification number

JEWISH WORLD WATCH

20-3406211

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

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

(i) unrelated organizations.....

(ii) related organizations.....

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....		1,260.	346.	914.
d Equipment.....		23,013.	11,309.	11,704.
e Other.....		2,320.	1,276.	1,044.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....				13,662.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) . . . . . ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . . ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,230,775.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,605,051.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-374,276.
4	Net unrealized gains (losses) on investments	-1,239.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-1,239.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-375,515.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,230,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,230,775.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,230,775.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,605,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,605,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,605,051.

**Part XIV Supplemental Information**

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
-----------------	--

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

Schedule F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**Part I** General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.....					
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			0.

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

Schedule F (Form 990) 2010

**Part II** **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... ☐  
 Part II can be duplicated 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)
(1)			AFRICA SUB-SAHA	REFUGEE PROG	30,770.	CASH			
(2)			AFRICA SUB-SAHA	HEAL AFRICA	58,634.	CASH			
(3)			AFRICA SUB-SAHA	SOLAR COOKER	251,245.	CASH			
(4)				PROJECT					
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 3
- 3 Enter total number of other organizations or entities ▶ 0

BAA

Schedule F (Form 990) 2010

**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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Schedule F (Form 990) 2010

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☒ No

## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**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? ☒ Yes ☐ 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.  
Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENOUGH PROJECT 1333 H ST. NW, WA 20005	94-3402601		115,000.	0.			SHAPE POLICY IN FOREIGN REGIONS
(2) JEWISH FEDERATION COUNC 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-1643388		23,900.	0.			HOT MEALS, HEALTH PROG FOR DARFUR
(3) WOMEN FOR WOMEN PO BOX 9224							HELPING WOMEN SURVIVORS OF
(4) CENTRAL ISLIP, NY 11722	52-1838756		51,047.	0.			WAR
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations 3
- 3 Enter total number of other organizations 0



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

JEWISH WORLD WATCH IS A HANDS-ON LEADER IN THE FIGHT AGAINST GENOCIDE AND MASS  
ATROCITIES, ENGAGING INDIVIDUALS AND COMMUNITIES TO TAKE ACTION LOCALLY TO PRODUCE  
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  
SHARE OUR VISION OF A WORLD WITHOUT GENOCIDE.

JWW HAS A MEMBERSHIP OF 64 SYNAGOGUES, ALL LOCATED IN CALIFORNIA. CURRENTLY JWW IS  
FOCUSED ON THE GENOCIDE IN DARFUR, SUDAN AND THE ONGOING CONFLICT IN THE DEMOCRATIC  
REPUBLIC OF CONGO. HOWEVER, JWW CONSIDERS OTHER GLOBAL HUMAN RIGHTS CRISES ON A  
QUARTERLY BASIS TO DETERMINE WHETHER ITS FOCUS ON ITS CURRENT PRIORITY AREAS REMAINS  
APPROPRIATE.

CO-FOUNDED BY RABBI HAROLD M. SCHULWEIS AND JANICE KAMENIR-REZNIK, JWW IS LED BY  
CO-FOUNDER AND BOARD OF DIRECTORS PRESIDENT, KAMENIR-REZNIK ALONG WITH THE JWW BOARD  
OF DIRECTORS IN PARTNERSHIP WITH TZIVIA SCHWARTZ GETZUG, EXECUTIVE DIRECTOR, AND  
STAFF MEMBERS NAAMA HAVIV, ASSISTANT DIRECTOR AND MINA RUSH, SYNAGOGUE RESOURCE  
DIRECTOR, ALONG WITH OTHER EMPLOYEES. JWW ALSO UTILIZES SEVERAL CONSULTANTS AND  
INTERNS.

IN THE SHORT TIME SINCE JWW'S INCEPTION, THE ORGANIZATION HAS MADE GREAT STRIDES  
TOWARD ACHIEVING ITS MISSION GOALS WHICH ARE:

EDUCATION: JWW HAS BUILT A STRONG REPUTATION AS A LEADER WITHIN THE SOUTHERN

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

CALIFORNIA COMMUNITY IN RAISING AWARENESS ABOUT DARFUR AND CONGO AND CALLING COMMUNITIES TO ACTION.

ADVOCACY: JWW VOLUNTEERS, ALONG WITH THE ANTI-GENOCIDE ACTIVIST VOLUNTEER COMMUNITY NATIONWIDE, RALLY CONSTITUENTS TO MAKE IT CLEAR TO U.S. LEGISLATORS AND INTERNATIONAL OFFICIALS THAT BRINGING PEACE TO SUDAN, ENDING THE GENOCIDE IN DARFUR AND ENDING THE CRISIS IN CONGO ARE ISSUES THAT MUST NOT BE IGNORED. LEGISLATIVE PRIORITIES ARE ESTABLISHED BY VOLUNTEER COMMITTEES WHO WORK COLLABORATIVELY AT THE NATIONAL LEVEL AS A MEMBER OF THE SAVE DARFUR COALITION AND WITH OTHER ANTI-GENOCIDE ORGANIZATIONS SUCH AS THE ENOUGH PROJECT AND GENOCIDE INTERVENTION NETWORK. WORKING WITH NATIONAL ORGANIZATIONS, JWW VOLUNTEER EFFORTS SUPPORT POLICIES THAT HELP BUILD A PEACE PROCESS IN SUDAN, PROTECT DARFURI CIVILIANS BY FUNDING AND DEPLOYING PEACEKEEPERS, AND PUNISH PERPETRATORS OF GENOCIDE BY IMPLEMENTING SANCTIONS AND PROVIDING SUPPORT TO INTERNATIONAL CRIMINAL COURT INVESTIGATIONS. JWW ALSO WORKS TO END THE USE OF MINERALS SOURCED FROM ILLEGAL MINES 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 RAISED OVER \$6 MILLION SPECIFICALLY TO PROVIDE RELIEF AND DEVELOPMENT AID FOR SURVIVORS OF GENOCIDE AND MASS ATROCITIES. THESE FUNDS HAVE BEEN ALLOCATED TO THE BUILDING OF 3 MEDICAL CLINICS IN DARFUR AND THE CENTRAL AFRICAN REPUBLIC, WATER RECLAMATION AND IRRIGATION PROJECTS, THE REHABILITATION OF NINE YOUTH CENTERS IN THE OURE CASSONI CAMP, PSYCHOSOCIAL COUNSELING FOR DARFURI REFUGEES, VOCATIONAL TRAINING FOR CONGOLESE SURVIVORS OF SEXUAL VIOLENCE, THE ESTABLISHMENT OF EASTERN CONGO'S FIRST-EVER BURN CENTER AND MANY OTHER PROJECTS. ONCE THE JWW BOARD VOTES TO ALLOCATE FUNDS FOR A RELIEF PROJECT, THE FUNDS ARE HELD IN RESERVE UNTIL CERTAIN BENCHMARKS ARE MET AND

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

REPORTS ARE RECEIVED; OFTEN THE FUNDS ARE DISTRIBUTED IN INCREMENTAL AMOUNTS UNTIL  
PROOF OF PROJECT COMPLETION IS RECEIVED BY JWW.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

LOCAL ACTION: JWW MAGNIFIES THE POWER OF ACTIVISTS TO MAKE AN IMMEDIATE 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 COMMUNITY WHO STANDS UP, TAKES  
NOTICE AND REFUSES TO REMAIN SILENT - CAN CREATE MONUMENTAL AND PERMANENT CHANGE. JWW  
HAS BUILT A STRONG REPUTATION AS A LEADER WITHIN THE 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 DARFUR, SUDAN AND CONGO. WE  
HAVE HELD DOZENS OF COMMUNITY-WIDE EVENTS, HUNDREDS OF SPEAKING 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 ABOUT THE CURRENT SITUATIONS IN SUDAN  
AND CONGO. WE PROVIDE OPPORTUNITIES FOR OUR COMMUNITIES TO GET INVOLVED IN TANGIBLE  
LOCAL ACTIVITIES THAT MAKE AN IMMEDIATE IMPACT ON THE LIVES OF GENOCIDE SURVIVORS -  
AND EMPOWER THEM TO BUILD A BETTER FUTURE.

JWW HAS AN EXTENSIVE SPEAKERS BUREAU TRAINED TO DELIVER MULTIMEDIA PRESENTATIONS TO  
ALL AGES. OUR COMMUNITY EVENTS, INCLUDING CITY-WIDE PROGRAMS, HAVE ATTRACTED  
THOUSANDS. WE HAVE PROMOTED EDUCATIONAL PROGRAMS IN SUMMER CAMPS AND SCHOOLS,  
REACHING OVER 30,000 YOUNG PEOPLE. JWW'S INNOVATIVE PROGRAM "ACT," ITS ACTIVIST  
CERTIFICATION AND TRAINING PROGRAM, OFFERS STUDENTS IN-DEPTH TRAINING IN THE

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

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, LEADING 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 CALSTRS.

JWW VOLUNTEERS PLAYED A SIGNIFICANT ROLE IN THE CITY OF LOS ANGELES, AND LOS ANGELES COUNTY DIVESTMENT CAMPAIGNS AS WELL, AND CONTINUE TO WORK ON FURTHER DIVESTMENT EFFORTS AT THE LOCAL, CITY, AND FEDERAL LEVELS. JWW FURTHER LED 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 ACTIVISTS. JWW HAS 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.

OTHER JWW LOCAL ACTIVISM INCLUDES:

30-SECOND ACTIONS: A COLLECTION OF QUICK-CLICK ELECTRONIC POSTCARDS, LETTERS, OR PHONE CALL SCRIPTS, THESE LOW-RESISTANCE CAMPAIGNS ALLOW JWW CONSTITUENTS TO TAKE IMMEDIATE ACTION ON AN ISSUE.

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

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 SUBMITTED 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 PLAYERS HAVE SIGNIFICANT INFLUENCE IN FINDING A RESOLUTION TO THE CRISIS IN DARFUR. ENGAGING WITH THESE STAKEHOLDERS IS ESSENTIAL FOR KEEPING DARFUR ON AN INTERNATIONAL 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 WITH SUDAN. JWW HAS ALSO PARTICIPATED IN A SERIES OF MEETINGS WITH THE PERMANENT MEMBERS OF THE UN SECURITY COUNCIL AND OTHER KEY ACTORS WITHIN THE UN, INCLUDING UN HIGH COMMISSIONER FOR REFUGEES ANTONIO GUTERRES.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

GLOBAL IMPACT: JWW DEVELOPS HIGH-IMPACT PROJECTS NOT ONLY TO INCREASE SAFETY AND IMMEDIATELY IMPROVE LIVES BUT ALSO TO EMPOWER SURVIVORS TO BUILD A NEW FUTURE FOR THEMSELVES - A FUTURE THAT OUR ACTIVIST COMMUNITIES ARE PASSIONATE ABOUT SUPPORTING. SINCE ITS FOUNDING, JWW HAS RAISED OVER \$6 MILLION SPECIFICALLY FOR PROVIDING RELIEF AND DEVELOPMENT OPPORTUNITIES FOR SURVIVORS OF GENOCIDE AND MASS ATROCITIES. THE MAJORITY OF JWW'S RESTRICTED FUNDS ARE FOR ITS SOLAR 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

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

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 PARTICULARLY VULNERABLE

WHILE PERFORMING THE CRITICAL TASK OF COLLECTING FIREWOOD FOR COOKING. THE VISION OF

THE JWW SOLAR COOKER PROJECT IS TO A) DIMINISH THE VULNERABILITY OF WOMEN TO SEXUAL

VIOLENCE AND PROVIDE THEM WITH GREATER PERSONAL SECURITY; B) CREATE AN

ENVIRONMENTALLY SUSTAINABLE SOLUTION BY USING THE RENEWABLE ENERGY 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 SEXUAL VIOLENCE VOCATIONAL

SKILLS SUCH AS SEWING AND TAILORING, THIS PROGRAM OFFERS THEM BOTH A CHANCE TO PAY

FOR THEIR MEDICAL TREATMENT AND A WAY TO RESTART THEIR LIVES WHEN THEY ARE WELL

ENOUGH TO RETURN HOME. SAFE MOTHERHOOD PROGRAM: CONGOLESE WOMEN PARTICIPATING IN

THIS PROGRAM JOIN IN MATERNITY COLLECTIVES AND TOGETHER RUN A SMALL BUSINESS - IN

THIS CASE, CULTIVATING FIELDS AND SELLING THE PRODUCE AT MARKET. THE PROFITS FROM

THEIR BUSINESS GO TO TRAIN TRADITIONAL BIRTH ATTENDANTS AND PAY FOR EACH WOMAN'S

PRE-NATAL AND MATERNITY CARE AS WELL. THE WOMEN ALSO TRAIN IN SUSTAINABLE

AGRICULTURE METHODS, SMALL BUSINESS MANAGEMENT AND FAMILY PLANNING, GIVING THEM TRUE

LEADERSHIP ROLES IN THEIR COMMUNITIES!

CHILDREN IN CRISIS: JWW PROJECTS SUPPORT THE HEALTH AND WELL-BEING OF DARFURI AND

CONGOLESE CHILDREN, PROVIDING THEM WITH SUPPLIES THAT MEET THEIR BASIC NEEDS AND

PROGRAMS THAT PROVIDE FOR THEIR FUTURE GROWTH. CURRENT PROJECTS INCLUDE:

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

DILLON HENRY YOUTH CENTERS: JWW HAS RESTORED THREE YOUTH CENTERS IN THE OURE CASSONI REFUGEE CAMP. SISTER SCHOOLS: JWW IS FUNDING THE CONSTRUCTION, EQUIPPING AND STAFFING OF FOUR SECONDARY SCHOOLS IN THE DJABAL AND GOZ AMER CAMPS IN EASTERN CHAD. EACH SCHOOL WILL SERVE APPROXIMATELY 2000 STUDENTS.

DARFURI CHILDREN IN ISRAEL: JWW HAS SUPPORTED THE HEALTH AND WELL-BEING OF 81

DARFURI REFUGEE CHILDREN AT THE BIALIK ROGOSIN SCHOOL IN TEL AVIV. JWW FUNDS

PSYCHOSOCIAL COUNSELING AND REMEDIAL EDUCATIONAL RESOURCES TO THE CHILDREN SO THAT THEY CAN MATRICULATE AT THE SAME PACE AS THEIR PEERS.

HEALTH AND SAFETY: JWW WORKS TO MAINTAIN THE HEALTH OF REFUGEES THROUGH PROJECTS THAT BOTH PROVIDE MUCH-NEEDED MEDICAL AID AND SUPPLIES AND FURTHER DEVELOP THE CAPACITY OF THE REFUGEES THEMSELVES TO MAINTAIN THEIR OWN HEALTH AND SANITATION.

CURRENT PROJECTS INCLUDE:

MEDICAL CLINICS: JWW HAS BUILT THREE MEDICAL CLINICS - TWO IN DARFUR AND THE DILLON HENRY HEALTH CLINIC IN THE CENTRAL AFRICAN REPUBLIC TO SERVE THE DARFURI AND LOCAL POPULATIONS.

HEALTH POSTS: JWW IS FUNDING THE REHABILITATION AND STAFFING OF FOUR HEALTH POSTS IN THE CENTRAL AFRICAN REPUBLIC.

BUKAVU BURN CENTER: JWW HAS PARTNERED WITH MORIAH AFRICA AND THE BUKAVU PROVINCIAL GENERAL REFERENCE HOSPITAL TO FUND EASTERN CONGO'S FIRST-EVER BURN 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 PROVINCIAL GENERAL REFERENCE HOSPITAL.



Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE TREASURER AND PRESIDENT WILL REVIEW THE FORM 990 BEFORE PRESENTING IT TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE POLICY IS CIRCULATED TO ALL BOARD MEMBERS AND REQUIRES A SIGNATURE OF APPROVAL.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES INCLUDES A REVIEW, DISCUSSION AND APPROVAL BY THE BOARD OF DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE PROCESS IS WHOLLY INDEPENDENT OF THE PERSON BEING COMPENSATED. THE BOARD OF DIRECTORS MAKES COMPENSATION DECISIONS BY LOOKING AT COMPARABILITY DATA, THE SKILLS AND EXPERTISE OF THE EXECUTIVE AND THE PERFORMANCE IN MEETING GOALS AND EXPECTATIONS.

**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.

JEWISH WORLD WATCH

20-3406211

## FORM 990, PART XI, LINE 5

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	-1,239.
TOTAL	\$	<u>-1,239.</u>

2010

California Exempt Organization  
Annual Information Return

199

Calendar year 2010 or fiscal year beginning month day year, and ending month day year

<b>A</b> First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>B</b> Type of organization Exempt under Section 23701... <b>D</b> (insert letter) IRC Section 4947(a)(1) trust... <input type="checkbox"/>	<b>CORP #</b> 2797942
--	---	--------------------------


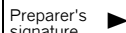
Corporation/Organization Name <b>JEWISH WORLD WATCH</b>	<b>FEIN</b> 20-3406211
--	---------------------------

Address <b>5551 BALBOA BLVD.</b>	State ZIP Code
-------------------------------------	----------------

City <b>ENCINO, CA 91316</b>	
---------------------------------	--

<b>C</b> Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>D</b> Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a</b> Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>b</b> If 'Yes,' enter the number of affiliates. .... <b>c</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.) <b>d</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>e</b> Federal Group Exemption Number. .... <b>f</b> Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>E</b> Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date. .... <b>F</b> Check the box if the organization filed the following federal forms or schedule: <b>1</b> <input type="checkbox"/> 990T <b>2</b> <input type="checkbox"/> 990PF <b>3</b> <input type="checkbox"/> (Schedule H) 990 <b>G</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public	contributions, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/> <b>X</b> <b>H</b> Accounting method used <b>1</b> <input type="checkbox"/> Cash <b>2</b> <input checked="" type="checkbox"/> Accrual <b>3</b> <input type="checkbox"/> Other <b>I</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>J</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ ..... <b>L</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	<b>1</b>	3,090.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... SEE. SCH. B	<b>3</b>	1,227,685.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B. ....	<b>4</b>	1,230,775.
	<b>5</b> Cost of goods sold. .... <b>5</b>		
	<b>6</b> Cost or other basis, and sales expenses of assets sold. .... <b>6</b>		
	<b>7</b> Total costs. Add line 5 and line 6. ....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4. ....	<b>8</b>	1,230,775.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. ....	<b>9</b>	1,604,541.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	<b>10</b>	-373,766.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	
	<b>12</b> Total payments. ....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	<b>15</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Preparer's PTIN/SSN
	KIRSCH, KOHN & BRIDGE, LLP		P00006547
	15910 VENTURA BLVD., STE. 1100		FEIN
	ENCINO, CA 91436-2869		95-3404284
May the FTB discuss this return with the preparer shown above? See instructions. ....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	3,090.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule.	●	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.			8
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	530,596.
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11	132,500.
	12	Other salaries and wages	●	12	214,814.
	13	Interest	●	13	
	14	Taxes	●	14	27,568.
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	5,430.
	17	Other. Attach schedule. SEE STATEMENT 1	●	17	693,633.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.			18

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash		1,910,635.	●	1,910,989.
2	Net accounts receivable		277,294.	●	152,566.
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule. STMT. 2			●	1,763.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets	26,593.		26,593.	
b	Less accumulated depreciation	10,927.	15,666.	12,931.	13,662.
11	Land			●	
12	Other assets. Attach schedule. STM. 3		8,609.	●	22,064.
13	<b>Total assets</b>		2,212,204.		2,101,044.
<b>Liabilities and net worth</b>					
14	Accounts payable		16,774.	●	15,062.
15	Contributions, gifts, or grants payable		62,500.	●	67,382.
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM. 4				261,185.
19	Capital stock or principle fund		2,132,930.	●	1,757,415.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		2,212,204.		2,101,044.

**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	●	-373,766.	7	Income recorded on books this year not included in this return. Attach schedule.	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule.	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	●		10	Net income per return. Subtract line 9 from line 6		-373,766.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		-373,766.				

**2010 Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

**JEWISH WORLD WATCH****2797942****Part I Election to Expense Certain Property Under IRC Section 179**

<b>1</b>	Maximum deduction under IRC Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
<b>2</b>	Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
<b>3</b>	Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
<b>5</b>	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property (elected IRC Section 179 cost).....	<b>7</b>	
<b>8</b>	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
<b>12</b>	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12.....	<b>13</b>	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

<b>14</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	EPSON DESKTOP PR	2/27/06	1,869.	1,526.	S/L	5	343.	
	COMPUTER	5/30/06	1,678.	1,344.	S/L	5	334.	
	COMPUTER	12/11/06	1,101.	880.	S/L	5	220.	
	COMPUTER	4/20/07	1,088.	581.	S/L	5	218.	
	COMPUTER	7/06/07	769.	385.	S/L	5	154.	
<b>15</b>	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					<b>15</b>	<b>5,430.</b>	

**Part III Summary**

<b>16</b>	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
<b>17</b>	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
<b>18</b>	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	<b>18</b>	

**Part IV Amortization**

<b>19</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
<b>20</b>	Total. Add the amounts in column (g).....						<b>20</b>
<b>21</b>	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
<b>22</b>	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>

**2010 Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

**JEWISH WORLD WATCH****2797942****Part I Election to Expense Certain Property Under IRC Section 179**

<b>1</b>	Maximum deduction under IRC Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
<b>2</b>	Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
<b>3</b>	Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
<b>5</b>	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property (elected IRC Section 179 cost).....	<b>7</b>	
<b>8</b>	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
<b>12</b>	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12.....	<b>13</b>	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

<b>14</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	COMPUTER	7/06/07	1,369.	685.	S/L	5	274.	
	COMPUTER	12/20/07	1,100.	440.	S/L	5	220.	
	COMPUTER	12/20/07	760.	304.	S/L	5	152.	
	COMPUTER	12/20/07	310.	124.	S/L	5	62.	
	COMPUTER	3/06/08	1,808.	663.	S/L	5	362.	
<b>15</b>	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>	

**Part III Summary**

<b>16</b>	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
<b>17</b>	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
<b>18</b>	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	<b>18</b>	

**Part IV Amortization**

<b>19</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
<b>20</b>	Total. Add the amounts in column (g).....						<b>20</b>
<b>21</b>	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
<b>22</b>	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>

**2010 Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

**JEWISH WORLD WATCH****2797942****Part I Election to Expense Certain Property Under IRC Section 179**

<b>1</b>	Maximum deduction under IRC Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
<b>2</b>	Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
<b>3</b>	Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
<b>5</b>	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property (elected IRC Section 179 cost).....	<b>7</b>	
<b>8</b>	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
<b>12</b>	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12.....	<b>13</b>	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

<b>14</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	SOFTWARE	3/07/08	3,521.	1,291.	S/L	5	704.	
	FURNITURE	4/10/08	2,320.	812.	S/L	5	464.	
	COMPUTER	10/10/08	1,025.	256.	S/L	5	205.	
	COMPUTER	10/24/08	3,257.	760.	S/L	5	651.	
	SERVER	10/31/08	3,357.	783.	S/L	5	671.	
<b>15</b>	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					<b>15</b>		

**Part III Summary**

<b>16</b>	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
<b>17</b>	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
<b>18</b>	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	<b>18</b>	

**Part IV Amortization**

<b>19</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
<b>20</b>	Total. Add the amounts in column (g).....						<b>20</b>
<b>21</b>	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
<b>22</b>	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>

**2010 Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

**JEWISH WORLD WATCH****2797942****Part I Election to Expense Certain Property Under IRC Section 179**

<b>1</b>	Maximum deduction under IRC Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
<b>2</b>	Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
<b>3</b>	Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
<b>5</b>	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property (elected IRC Section 179 cost).....	<b>7</b>	
<b>8</b>	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
<b>12</b>	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12.....	<b>13</b>	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

<b>14</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	LEASEHOLD IMPROV	8/18/09	1,260.	94.	S/L	5	252.	
<b>15</b>	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>	

**Part III Summary**

<b>16</b>	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
<b>17</b>	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
<b>18</b>	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	<b>18</b>	

**Part IV Amortization**

<b>19</b>	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
<b>20</b>	Total. Add the amounts in column (g).....						<b>20</b>
<b>21</b>	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
<b>22</b>	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>



**STATEMENT 1**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$	24,051.
ADVERTISING AND PROMOTION.....		7,007.
AUTOMOBILE EXPENSE.....		6,776.
BANK CHARGES.....		16,552.
CONTRACT SERVICES.....		231,658.
DESIGN FEES.....		17,183.
DUES & SUBSCRIPTIONS.....		120.
EQUIPMENT RENTAL.....		10,510.
EVENTS.....		54,310.
INSURANCE.....		3,281.
OFFICE EXPENSES.....		7,487.
OTHER EMPLOYEE BENEFIT.....		29,285.
POSTAGE AND SHIPPING.....		25,099.
PRINTING AND PUBLICATIONS.....		106,541.
RENT.....		31,024.
TAXES & LICENSES.....		604.
TELEPHONE.....		7,992.
TRAVEL.....		50,997.
UTILITIES.....		2,839.
WEB MAINTENANCE.....		60,317.
	TOTAL	\$ 693,633.

**STATEMENT 2**  
**FORM 199, SCHEDULE L, LINE 7**  
**INVESTMENTS IN STOCKS**

.....	\$	1,763.
	TOTAL	\$ 1,763.

**STATEMENT 3**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

DEPOSIT.....		2,700.
PREPAID EXPENSES AND DEFERRED CHARGES.....		19,364.
	TOTAL	\$ 22,064.

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

DEFERRED REVENUE.....		261,185.
	TOTAL	\$ 261,185.

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.



State Charity Registration Number <u>0148331</u>		Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report
JEWISH WORLD WATCH <small>Name of Organization</small>		Corporate or Organization No. <u>2797942</u>  Federal Employer ID No. <u>20-3406211</u>
5551 BALBOA BLVD. <small>Address (Number and Street)</small>		
ENCINO, CA 91316 <small>City or Town</small>	<small>State</small> <small>ZIP Code</small>	

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

### PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/10 ending 12/31/10) list:  
 Gross annual revenue \$ 1,230,775. Total assets \$ 2,101,044.

### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 818 501-1836

Organization's e-mail address FRED@JEWISHWORLDDWATCH.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

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending ,****B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

JEWISH WORLD WATCH  
5551 BALBOA BLVD.  
ENCINO, CA 91316**D Employer Identification Number**

20-3406211

**E Telephone number**

818 501-1836

**G Gross receipts \$** 1,230,775.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included?If 'No,' attach a list. (see instructions) ☐ Yes ☒ No**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.JEWISHWORLDPWATCH.ORG**H(c)** Group exemption number ▶**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of Formation:** 2005**M State of legal domicile:** CA**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>JEWISH WORLD WATCH IS A HANDS-ON LEADER IN THE FIGHT AGAINST GENOCIDE AND MASS ATROCITIES, ENGAGING INDIVIDUALS AND COMMUNITIES TO TAKE ACTION LOCALLY TO PRODUCE POWERFUL RESULTS GLOBALLY. WE MEET WITH SURVIVORS AND PARTNERS IN CONFLICT REGIONS TO DEVELOP HIGH-IMPACT PROJECTS</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	21	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	400	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)		Prior Year 1,978,799.	Current Year 1,227,685.
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,858.	3,090.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,986,657.	1,230,775.
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		686,065.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		379,353.	404,677.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,029.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		536,072.	669,778.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,601,490.	1,605,051.	
19 Revenue less expenses. Subtract line 18 from line 12		385,167.	-374,276.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)		Beginning of Current Year 2,212,204.	End of Year 2,101,044.
	21 Total liabilities (Part X, line 26)		79,274.	343,629.
	22 Net assets or fund balances. Subtract line 21 from line 20		2,132,930.	1,757,415.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

Type or print name and title.

**Paid Preparer Use Only**

Print/Type preparer's name

RICHARD MANDELSON

Preparer's signature

Date

Check ☐ if self-employed

PTIN

N/A

Firm's name

▶ KIRSCH, KOHN &amp; BRIDGE, LLP

Firm's address

▶ 15910 VENTURA BLVD., STE. 1100  
ENCINO, CA 91436-2869

Firm's EIN ▶ N/A

Phone no. (818) 907-6500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 816,364. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 501,853. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 1,318,217.

**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 .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....	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 .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....		
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 .....		X
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 .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
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 .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. ....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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, Parts I and IV .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules (continued)**

	21	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	<b>21</b>	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	<b>22</b>		X
<b>23</b> 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>	<b>23</b>		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25b</b>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i>	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36 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>	<b>36</b>		X
<b>37</b> 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>	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 15		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ **X****Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. ....	<b>1 a</b> 21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. ....	<b>1 b</b> 21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .....	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7 a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8 b</b>	X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>10 a</b>		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>10 b</b>		
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<b>12 a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12 b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... SEE SCHEDULE O	<b>12 c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official. ....	<b>15 a</b>	X	
<b>b</b> Other officers of key employees of the organization. SEE SCHEDULE O. ....	<b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16 a</b>		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16 b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ CA

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

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ FRED KRAMER 5551 BALBOA BLVD. ENCINO CA 91316 818 501-1836



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE KAMENIR REZNIK PRESIDENT	25	X		X				0.	0.	0.
(2) MARCY RAINEY TREASURER	5	X		X				0.	0.	0.
(3) PETER MARCUS VICE PRESIDENT	5	X		X				0.	0.	0.
(4) SHERYL LAYNE SECRETARY	5	X		X				0.	0.	0.
(5) RABBI HAROLD SCHULWEIS CHAIRMAN	5	X						0.	0.	0.
(6) HONEY AMADO DIRECTOR	1	X						0.	0.	0.
(7) JULIE BRAM DIRECTOR	1	X						0.	0.	0.
(8) STUART GABRIEL DIRECTOR	1	X						0.	0.	0.
(9) SHEILA GORDON WASSERMAN DIRECTOR	1	X						0.	0.	0.
(10) DIANE KABAT DIRECTOR	1	X						0.	0.	0.
(11) DIANA BUCKHANTZ TREASURER	1	X						0.	0.	0.
(12) RABBI YOSEF KANEFSKY DIRECTOR	1	X						0.	0.	0.
(13) RABBI ALAN LACHTMAN DIRECTOR	1	X						0.	0.	0.
(14) JOHN FISHEL DIRECTOR	1	X						0.	0.	0.
(15) RABBI J. LEVINE-GRATER DIRECTOR	1	X						0.	0.	0.
(16) JOY PICUS DIRECTOR	1	X						0.	0.	0.
(17) RABBI JOEL REMBAUM DIRECTOR	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN SALTZ DIRECTOR	1	X						0.	0.	0.
(19) RABBI RICHARD SPIEGEL DIRECTOR	1	X						0.	0.	0.
(20) DAVID STRAUS DIRECTOR	1	X						0.	0.	0.
(21) HARRIET ZARETSKY DIRECTOR	1	X						0.	0.	0.
(22) TZIVIA SCHWARTZ-GETZUG EXECUTIVE DIRECTOR	45					X		132,500.	0.	4,184.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>								132,500.	0.	4,184.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								132,500.	0.	4,184.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

<b>Part VIII</b>	<b>Statement of Revenue</b>
------------------	-----------------------------

				(A) Total revenue	(B) Related or exempt function revenue	(C) 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	1,227,685.					
	g Noncash contributions included in lns 1a-1f: \$							
	h Total. Add lines 1a-1f . . . . .	▶						1,227,685.
PROGRAM SERVICE REVENUE			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f All other program service revenue . . .							
	g Total. Add lines 2a-2f . . . . .	▶						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) . . . . .	▶		3,090.			3,090.	
	4 Income from investment of tax-exempt bond proceeds . . . . .	▶						
	5 Royalties . . . . .	▶						
	6 a Gross Rents . . . . .	(i) Real	(ii) Personal					
	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 . . . . .	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses . . . . .							
	c Gain or (loss) . . . . .							
	d Net gain or (loss) . . . . .	▶						
	8 a Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a						
	b Less: direct expenses . . . . .	b						
	c Net income or (loss) from fundraising events . . . . .	▶						
	9 a Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
	b Less: direct expenses . . . . .	b						
	c Net income or (loss) from gaming activities . . . . .	▶						
	10 a Gross sales of inventory, less returns and allowances . . . . .	a						
	b Less: cost of goods sold . . . . .	b						
	c Net income or (loss) from sales of inventory . . . . .	▶						
	Miscellaneous Revenue		Business Code					
	11 a							
b								
c								
d All other revenue . . . . .								
e Total. Add lines 11a-11d . . . . .	▶							
12 Total revenue. See instructions . . . . .	▶		1,230,775.	0.	0.	3,090.		

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	189,947.	189,947.		
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 .....	340,649.	340,649.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	133,010.	106,407.	13,301.	13,302.
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 .....	214,814.	174,925.	39,889.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	29,285.	21,170.	7,091.	1,024.
10 Payroll taxes .....	27,568.	22,330.	4,135.	1,103.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	24,051.		24,051.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 ...				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	7,007.	2,889.	318.	3,800.
13 Office expenses .....	7,487.	5,695.	1,546.	246.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	50,997.	40,648.	9,176.	1,173.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	5,430.	4,453.	543.	434.
23 Insurance .....	3,281.	2,673.	476.	132.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>CONTRACT SERVICES</b> .....	231,658.	185,313.	10,523.	35,822.
b <b>PRINTING AND PUBLICATIONS</b> .....	106,541.	67,663.	1,058.	37,820.
c <b>WEB MAINTENANCE</b> .....	60,317.	32,027.	21,436.	6,854.
d <b>EVENTS</b> .....	54,310.	52,405.	1,397.	508.
e <b>RENT</b> .....	31,024.	25,538.	4,283.	1,203.
f All other expenses .....	87,675.	43,485.	22,582.	21,608.
25 Total functional expenses. Add lines 1 through 24f .....	1,605,051.	1,318,217.	161,805.	125,029.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....	335,538.	<b>1</b>	214,034.
	<b>2</b> Savings and temporary cash investments.....	1,575,097.	<b>2</b>	1,696,955.
	<b>3</b> Pledges and grants receivable, net.....	277,294.	<b>3</b>	152,566.
	<b>4</b> Accounts receivable, net.....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	5,909.	<b>9</b>	19,364.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 26,593.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 12,931.	<b>10c</b> 15,666.	13,662.
	<b>11</b> Investments — publicly traded securities.....		<b>11</b>	1,763.
	<b>12</b> Investments — other securities. See Part IV, line 11.....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....	2,700.	<b>15</b>	2,700.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	2,212,204.	<b>16</b>	2,101,044.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	16,774.	<b>17</b>	15,062.
	<b>18</b> Grants payable.....	62,500.	<b>18</b>	67,382.
	<b>19</b> Deferred revenue.....		<b>19</b>	261,185.
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.....	79,274.	<b>26</b>	343,629.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	713,306.	<b>27</b>	596,994.
	<b>28</b> Temporarily restricted net assets.....	1,419,624.	<b>28</b>	1,160,421.
	<b>29</b> Permanently restricted net assets.....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances.</b> .....	2,132,930.	<b>33</b>	1,757,415.
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b> .....	2,212,204.	<b>34</b>	2,101,044.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	1,230,775.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	1,605,051.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	-374,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	2,132,930.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O.....	5	-1,239.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	1,757,415.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	X
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 audit, 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.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: .....		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? .....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	3b	

BAA

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**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.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ 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).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ 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 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						282,751.
6 <b>Public support.</b> Subtract line 5 from line 4.						7,912,993.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	817,068.	2,238,404.	1,933,789.	1,978,799.	1,227,684.	8,195,744.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,070.	23,245.	22,705.	7,858.	3,090.	63,968.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						8,259,712.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	95.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	90.6 %
16a <b>33-1/3% support test — 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test — 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010



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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests — 2010.** 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 more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐**b 33-1/3% support tests — 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

**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.**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

Employer identification number

JEWISH WORLD WATCH

20-3406211

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		1,260.	346.	914.
d Equipment		23,013.	11,309.	11,704.
e Other		2,320.	1,276.	1,044.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,662.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) 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 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,230,775.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,605,051.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-374,276.
4	Net unrealized gains (losses) on investments	-1,239.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-1,239.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-375,515.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,230,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,230,775.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,230,775.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,605,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,605,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,605,051.

**Part XIV Supplemental Information**

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
-----------------	--

[illegible]

Schedule F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**Part I** General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.....					
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			0.

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

Schedule F (Form 990) 2010



**Part II** **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... ☐  
Part II can be duplicated 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)
(1)			AFRICA SUB-SAHA	REFUGEE PROG	30,770.	CASH			
(2)			AFRICA SUB-SAHA	HEAL AFRICA	58,634.	CASH			
(3)			AFRICA SUB-SAHA	SOLAR COOKER	251,245.	CASH			
(4)				PROJECT					
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 3
- 3 Enter total number of other organizations or entities ▶ 0

BAA

Schedule F (Form 990) 2010

**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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Schedule F (Form 990) 2010

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926).* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☒ No

## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**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? ☒ Yes ☐ 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.  
Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENOUGH PROJECT 1333 H ST. NW, WA 20005	94-3402601		115,000.	0.			SHAPE POLICY IN FOREIGN REGIONS
(2) JEWISH FEDERATION COUNC 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-1643388		23,900.	0.			HOT MEALS, HEALTH PROG FOR DARFUR
(3) WOMEN FOR WOMEN PO BOX 9224							HELPING WOMEN SURVIVORS OF
(4) CENTRAL ISLIP, NY 11722	52-1838756		51,047.	0.			WAR
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations 3
- 3 Enter total number of other organizations 0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

JEWISH WORLD WATCH IS A HANDS-ON LEADER IN THE FIGHT AGAINST GENOCIDE AND MASS  
ATROCITIES, ENGAGING INDIVIDUALS AND COMMUNITIES TO TAKE ACTION LOCALLY TO PRODUCE  
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  
SHARE OUR VISION OF A WORLD WITHOUT GENOCIDE.

JWW HAS A MEMBERSHIP OF 64 SYNAGOGUES, ALL LOCATED IN CALIFORNIA. CURRENTLY JWW IS  
FOCUSED ON THE GENOCIDE IN DARFUR, SUDAN AND THE ONGOING CONFLICT IN THE DEMOCRATIC  
REPUBLIC OF CONGO. HOWEVER, JWW CONSIDERS OTHER GLOBAL HUMAN RIGHTS CRISES ON A  
QUARTERLY BASIS TO DETERMINE WHETHER ITS FOCUS ON ITS CURRENT PRIORITY AREAS REMAINS  
APPROPRIATE.

CO-FOUNDED BY RABBI HAROLD M. SCHULWEIS AND JANICE KAMENIR-REZNIK, JWW IS LED BY  
CO-FOUNDER AND BOARD OF DIRECTORS PRESIDENT, KAMENIR-REZNIK ALONG WITH THE JWW BOARD  
OF DIRECTORS IN PARTNERSHIP WITH TZIVIA SCHWARTZ GETZUG, EXECUTIVE DIRECTOR, AND  
STAFF MEMBERS NAAMA HAVIV, ASSISTANT DIRECTOR AND MINA RUSH, SYNAGOGUE RESOURCE  
DIRECTOR, ALONG WITH OTHER EMPLOYEES. JWW ALSO UTILIZES SEVERAL CONSULTANTS AND  
INTERNS.

IN THE SHORT TIME SINCE JWW'S INCEPTION, THE ORGANIZATION HAS MADE GREAT STRIDES  
TOWARD ACHIEVING ITS MISSION GOALS WHICH ARE:

EDUCATION: JWW HAS BUILT A STRONG REPUTATION AS A LEADER WITHIN THE SOUTHERN

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

CALIFORNIA COMMUNITY IN RAISING AWARENESS ABOUT DARFUR AND CONGO AND CALLING COMMUNITIES TO ACTION.

ADVOCACY: JWW VOLUNTEERS, ALONG WITH THE ANTI-GENOCIDE ACTIVIST VOLUNTEER COMMUNITY NATIONWIDE, RALLY CONSTITUENTS TO MAKE IT CLEAR TO U.S. LEGISLATORS AND INTERNATIONAL OFFICIALS THAT BRINGING PEACE TO SUDAN, ENDING THE GENOCIDE IN DARFUR AND ENDING THE CRISIS IN CONGO ARE ISSUES THAT MUST NOT BE IGNORED. LEGISLATIVE PRIORITIES ARE ESTABLISHED BY VOLUNTEER COMMITTEES WHO WORK COLLABORATIVELY AT THE NATIONAL LEVEL AS A MEMBER OF THE SAVE DARFUR COALITION AND WITH OTHER ANTI-GENOCIDE ORGANIZATIONS SUCH AS THE ENOUGH PROJECT AND GENOCIDE INTERVENTION NETWORK. WORKING WITH NATIONAL ORGANIZATIONS, JWW VOLUNTEER EFFORTS SUPPORT POLICIES THAT HELP BUILD A PEACE PROCESS IN SUDAN, PROTECT DARFURI CIVILIANS BY FUNDING AND DEPLOYING PEACEKEEPERS, AND PUNISH PERPETRATORS OF GENOCIDE BY IMPLEMENTING SANCTIONS AND PROVIDING SUPPORT TO INTERNATIONAL CRIMINAL COURT INVESTIGATIONS. JWW ALSO WORKS TO END THE USE OF MINERALS SOURCED FROM ILLEGAL MINES 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 RAISED OVER \$6 MILLION SPECIFICALLY TO PROVIDE RELIEF AND DEVELOPMENT AID FOR SURVIVORS OF GENOCIDE AND MASS ATROCITIES. THESE FUNDS HAVE BEEN ALLOCATED TO THE BUILDING OF 3 MEDICAL CLINICS IN DARFUR AND THE CENTRAL AFRICAN REPUBLIC, WATER RECLAMATION AND IRRIGATION PROJECTS, THE REHABILITATION OF NINE YOUTH CENTERS IN THE OURE CASSONI CAMP, PSYCHOSOCIAL COUNSELING FOR DARFURI REFUGEES, VOCATIONAL TRAINING FOR CONGOLESE SURVIVORS OF SEXUAL VIOLENCE, THE ESTABLISHMENT OF EASTERN CONGO'S FIRST-EVER BURN CENTER AND MANY OTHER PROJECTS. ONCE THE JWW BOARD VOTES TO ALLOCATE FUNDS FOR A RELIEF PROJECT, THE FUNDS ARE HELD IN RESERVE UNTIL CERTAIN BENCHMARKS ARE MET AND



Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

REPORTS ARE RECEIVED; OFTEN THE FUNDS ARE DISTRIBUTED IN INCREMENTAL AMOUNTS UNTIL PROOF OF PROJECT COMPLETION IS RECEIVED BY JWW.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

LOCAL ACTION: JWW MAGNIFIES THE POWER OF ACTIVISTS TO MAKE AN IMMEDIATE 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 COMMUNITY WHO STANDS UP, TAKES NOTICE AND REFUSES TO REMAIN SILENT - CAN CREATE MONUMENTAL AND PERMANENT CHANGE. JWW HAS BUILT A STRONG REPUTATION AS A LEADER WITHIN THE 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 DARFUR, SUDAN AND CONGO. WE HAVE HELD DOZENS OF COMMUNITY-WIDE EVENTS, HUNDREDS OF SPEAKING 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 ABOUT THE CURRENT SITUATIONS IN SUDAN AND CONGO. WE PROVIDE OPPORTUNITIES FOR OUR COMMUNITIES TO GET INVOLVED IN TANGIBLE LOCAL ACTIVITIES THAT MAKE AN IMMEDIATE IMPACT ON THE LIVES OF GENOCIDE SURVIVORS - AND EMPOWER THEM TO BUILD A BETTER FUTURE.

JWW HAS AN EXTENSIVE SPEAKERS BUREAU TRAINED TO DELIVER MULTIMEDIA PRESENTATIONS TO ALL AGES. OUR COMMUNITY EVENTS, INCLUDING CITY-WIDE PROGRAMS, HAVE ATTRACTED THOUSANDS. WE HAVE PROMOTED EDUCATIONAL PROGRAMS IN SUMMER CAMPS AND SCHOOLS, REACHING OVER 30,000 YOUNG PEOPLE. JWW'S INNOVATIVE PROGRAM "ACT," ITS ACTIVIST CERTIFICATION AND TRAINING PROGRAM, OFFERS STUDENTS IN-DEPTH TRAINING IN THE

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

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, LEADING 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 CALSTRS.

JWW VOLUNTEERS PLAYED A SIGNIFICANT ROLE IN THE CITY OF LOS ANGELES, AND LOS ANGELES COUNTY DIVESTMENT CAMPAIGNS AS WELL, AND CONTINUE TO WORK ON FURTHER DIVESTMENT EFFORTS AT THE LOCAL, CITY, AND FEDERAL LEVELS. JWW FURTHER LED 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 ACTIVISTS. JWW HAS 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.

OTHER JWW LOCAL ACTIVISM INCLUDES:

30-SECOND ACTIONS: A COLLECTION OF QUICK-CLICK ELECTRONIC POSTCARDS, LETTERS, OR PHONE CALL SCRIPTS, THESE LOW-RESISTANCE CAMPAIGNS ALLOW JWW CONSTITUENTS TO TAKE IMMEDIATE ACTION ON AN ISSUE.

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

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 SUBMITTED 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 PLAYERS HAVE SIGNIFICANT INFLUENCE IN FINDING A RESOLUTION TO THE CRISIS IN DARFUR. ENGAGING WITH THESE STAKEHOLDERS IS ESSENTIAL FOR KEEPING DARFUR ON AN INTERNATIONAL 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 WITH SUDAN. JWW HAS ALSO PARTICIPATED IN A SERIES OF MEETINGS WITH THE PERMANENT MEMBERS OF THE UN SECURITY COUNCIL AND OTHER KEY ACTORS WITHIN THE UN, INCLUDING UN HIGH COMMISSIONER FOR REFUGEES ANTONIO GUTERRES.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

GLOBAL IMPACT: JWW DEVELOPS HIGH-IMPACT PROJECTS NOT ONLY TO INCREASE SAFETY AND IMMEDIATELY IMPROVE LIVES BUT ALSO TO EMPOWER SURVIVORS TO BUILD A NEW FUTURE FOR THEMSELVES - A FUTURE THAT OUR ACTIVIST COMMUNITIES ARE PASSIONATE ABOUT SUPPORTING. SINCE ITS FOUNDING, JWW HAS RAISED OVER \$6 MILLION SPECIFICALLY FOR PROVIDING RELIEF AND DEVELOPMENT OPPORTUNITIES FOR SURVIVORS OF GENOCIDE AND MASS ATROCITIES. THE MAJORITY OF JWW'S RESTRICTED FUNDS ARE FOR ITS SOLAR 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

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

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 PARTICULARLY VULNERABLE

WHILE PERFORMING THE CRITICAL TASK OF COLLECTING FIREWOOD FOR COOKING. THE VISION OF

THE JWW SOLAR COOKER PROJECT IS TO A) DIMINISH THE VULNERABILITY OF WOMEN TO SEXUAL

VIOLENCE AND PROVIDE THEM WITH GREATER PERSONAL SECURITY; B) CREATE AN

ENVIRONMENTALLY SUSTAINABLE SOLUTION BY USING THE RENEWABLE ENERGY 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 SEXUAL VIOLENCE VOCATIONAL

SKILLS SUCH AS SEWING AND TAILORING, THIS PROGRAM OFFERS THEM BOTH A CHANCE TO PAY

FOR THEIR MEDICAL TREATMENT AND A WAY TO RESTART THEIR LIVES WHEN THEY ARE WELL

ENOUGH TO RETURN HOME. SAFE MOTHERHOOD PROGRAM: CONGOLESE WOMEN PARTICIPATING IN

THIS PROGRAM JOIN IN MATERNITY COLLECTIVES AND TOGETHER RUN A SMALL BUSINESS - IN

THIS CASE, CULTIVATING FIELDS AND SELLING THE PRODUCE AT MARKET. THE PROFITS FROM

THEIR BUSINESS GO TO TRAIN TRADITIONAL BIRTH ATTENDANTS AND PAY FOR EACH WOMAN'S

PRE-NATAL AND MATERNITY CARE AS WELL. THE WOMEN ALSO TRAIN IN SUSTAINABLE

AGRICULTURE METHODS, SMALL BUSINESS MANAGEMENT AND FAMILY PLANNING, GIVING THEM TRUE

LEADERSHIP ROLES IN THEIR COMMUNITIES!

CHILDREN IN CRISIS: JWW PROJECTS SUPPORT THE HEALTH AND WELL-BEING OF DARFURI AND

CONGOLESE CHILDREN, PROVIDING THEM WITH SUPPLIES THAT MEET THEIR BASIC NEEDS AND

PROGRAMS THAT PROVIDE FOR THEIR FUTURE GROWTH. CURRENT PROJECTS INCLUDE:

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

DILLON HENRY YOUTH CENTERS: JWW HAS RESTORED THREE YOUTH CENTERS IN THE OURE CASSONI REFUGEE CAMP. SISTER SCHOOLS: JWW IS FUNDING THE CONSTRUCTION, EQUIPPING AND STAFFING OF FOUR SECONDARY SCHOOLS IN THE DJABAL AND GOZ AMER CAMPS IN EASTERN CHAD. EACH SCHOOL WILL SERVE APPROXIMATELY 2000 STUDENTS.

DARFURI CHILDREN IN ISRAEL: JWW HAS SUPPORTED THE HEALTH AND WELL-BEING OF 81

DARFURI REFUGEE CHILDREN AT THE BIALIK ROGOSIN SCHOOL IN TEL AVIV. JWW FUNDS

PSYCHOSOCIAL COUNSELING AND REMEDIAL EDUCATIONAL RESOURCES TO THE CHILDREN SO THAT THEY CAN MATRICULATE AT THE SAME PACE AS THEIR PEERS.

HEALTH AND SAFETY: JWW WORKS TO MAINTAIN THE HEALTH OF REFUGEES THROUGH PROJECTS THAT BOTH PROVIDE MUCH-NEEDED MEDICAL AID AND SUPPLIES AND FURTHER DEVELOP THE CAPACITY OF THE REFUGEES THEMSELVES TO MAINTAIN THEIR OWN HEALTH AND SANITATION.

CURRENT PROJECTS INCLUDE:

MEDICAL CLINICS: JWW HAS BUILT THREE MEDICAL CLINICS - TWO IN DARFUR AND THE DILLON HENRY HEALTH CLINIC IN THE CENTRAL AFRICAN REPUBLIC TO SERVE THE DARFURI AND LOCAL POPULATIONS.

HEALTH POSTS: JWW IS FUNDING THE REHABILITATION AND STAFFING OF FOUR HEALTH POSTS IN THE CENTRAL AFRICAN REPUBLIC.

BUKAVU BURN CENTER: JWW HAS PARTNERED WITH MORIAH AFRICA AND THE BUKAVU PROVINCIAL GENERAL REFERENCE HOSPITAL TO FUND EASTERN CONGO'S FIRST-EVER BURN 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 PROVINCIAL GENERAL REFERENCE HOSPITAL.

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE TREASURER AND PRESIDENT WILL REVIEW THE FORM 990 BEFORE PRESENTING IT TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE POLICY IS CIRCULATED TO ALL BOARD MEMBERS AND REQUIRES A SIGNATURE OF APPROVAL.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES INCLUDES A REVIEW, DISCUSSION AND APPROVAL BY THE BOARD OF DIRECTORS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE PROCESS IS WHOLLY INDEPENDENT OF THE PERSON BEING COMPENSATED. THE BOARD OF DIRECTORS MAKES COMPENSATION DECISIONS BY LOOKING AT COMPARABILITY DATA, THE SKILLS AND EXPERTISE OF THE EXECUTIVE AND THE PERFORMANCE IN MEETING GOALS AND EXPECTATIONS.

**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.

JEWISH WORLD WATCH

20-3406211

## FORM 990, PART XI, LINE 5

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	-1,239.
TOTAL	\$	<u>-1,239.</u>