

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2012**Open to Public  
Inspection

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

**A For the 2012 calendar year, or tax year beginning****and ending****B** Check if applicable:

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

**C** Name of organization**JEWISH WORLD WATCH**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**5551 BALBOA BOULEVARD**

Room/suite

City, town, or post office, state, and ZIP code

**ENCINO, CA 91316****F** Name and address of principal officer: **JANICE KAMENIR REZNIK**  
**SAME AS C ABOVE****D** Employer identification number**20-3406211****E** Telephone number**818-501-1836****G** Gross receipts \$**1,350,009.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.JEWISHWORLDDWATCH.ORG****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: <b>JEWISH WORLD WATCH (JWW) IS A LEADING ORGANIZATION IN THE FIGHT AGAINST GENOCIDE AND MASS*</b>	
	<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>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>11</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>400</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>1,428,237.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,967.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,439,204.</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>843,269.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>Expenses</b>	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>467,601.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>53,804.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>694,226.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,005,096.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-565,892.</b>
	<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)
<b>21</b>		Total liabilities (Part X, line 26)	<b>261,976.</b>
<b>22</b>		Net assets or fund balances. Subtract line 21 from line 20	<b>1,191,142.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JANICE KAMENIR REZNIK, PRESIDENT</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>NAZ AFSHAR</b>				<b>P00441843</b>
<b>Paid Preparer Use Only</b>	Firm's name ▶ <b>GURSEY   SCHNEIDER LLP</b>	Firm's EIN ▶ <b>95-3309779</b>			
	Firm's address ▶ <b>1888 CENTURY PARK EAST, SUITE 900 LOS ANGELES, CA 90067-1735</b>	Phone no. <b>310-552-0960</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,498,272. including grants of \$ 571,803. ) (Revenue \$ 1,335,243. )

**IN THE NINE YEARS SINCE ITS FOUNDING, JWW HAS MADE GREAT STRIDES IN RAISING AWARENESS ABOUT THE ONGOING GENOCIDE IN SUDAN AND ATROCITIES IN CONGO, ACTIVATING ITS CONSTITUENTS TO INFLUENCE POLICY CHANGES TOWARDS THOSE CRISES AND RAISE CRUCIAL FUNDS TO SUPPORT SURVIVORS OF GENOCIDE AND MASS ATROCITIES. DOMESTIC EDUCATION AND ADVOCACY ACCOMPLISHMENTS INCLUDE:**

**STUDENT ACTIVISM:**

**RABBI HAROLD M. SCHULWEIS UNIVERSITY FELLOWS PROGRAM: THE UNIVERSITY FELLOWS, FUNDED BY THE SCHULWEIS INSTITUTE, ARE ON-CAMPUS REPRESENTATIVES OF JWW AND OUR BRIDGES TO THEIR COLLEGE COMMUNITIES.\*\***

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**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** **1,498,272.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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 and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, 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</b> <b>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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 22		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</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>1c</b>	X	
<b>2a</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>2a</b> 11		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</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>3b</b>		
<b>4a</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>4a</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>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</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>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</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 as charitable contributions?	<b>6a</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>6b</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>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</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>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</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>7h</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>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</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>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</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>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</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>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<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>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</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>14b</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 ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	24			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		24		
<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?				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?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				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?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	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	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</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?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JANICE KAMENIR REZNIK - (818) 501-1836**  
**5551 BALBOA BLVD, ENCINO, CA 91316**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	25.00	X		X				0.	0.	0.
(2) MARCY RAINEY TREASURER	5.00	X		X				0.	0.	0.
(3) PETER MARCUS VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) RABBI HAROLD SHULWEIS CHAIRMAN	5.00	X						0.	0.	0.
(5) HARRIET ZARETSKY SECRETARY	2.00	X		X				0.	0.	0.
(6) SHERYL LAYNE DIRECTOR	3.00	X						0.	0.	0.
(7) HONEY AMADO DIRECTOR	1.00	X						0.	0.	0.
(8) JULIE BRAM DIRECTOR	1.00	X						0.	0.	0.
(9) STUART GABRIEL DIRECTOR	1.00	X						0.	0.	0.
(10) SHEILA WASSERMAN DIRECTOR	1.00	X						0.	0.	0.
(11) DIANA BUCKHANTZ DIRECTOR	1.00	X						0.	0.	0.
(12) DIANE KABAT DIRECTOR	1.00	X						0.	0.	0.
(13) RABBI YOSEF KANEFSKY DIRECTOR	1.00	X						0.	0.	0.
(14) RABBI ALAN LACHTMAN DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN FISHEL DIRECTOR	1.00	X						0.	0.	0.
(16) RABBI JOSHUA LEVINE-GRATER DIRECTOR	1.00	X						0.	0.	0.
(17) JOY PICUS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) RABBI JOEL REMBAUM DIRECTOR	1.00	X						0.	0.	0.
(19) SUSAN SALTZ DIRECTOR	1.00	X						0.	0.	0.
(20) RABBI RICHARD SPIEGEL DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID STRAUS DIRECTOR	1.00	X						0.	0.	0.
(22) OREN GABRIEL DIRECTOR	1.00	X						0.	0.	0.
(23) BRIE LOSKOTA DIRECTOR	1.00	X						0.	0.	0.
(24) VAUGHAN MEYER DIRECTOR	1.00	X						0.	0.	0.
(25) LOIS WEINSIFT INTERIM EXECUTIVE DIRECTOR	40.00	X						43,750.	0.	0.
(26) FRED KRAMER FORMER EXECUTIVE DIRECTOR	40.00						X	106,586.	0.	0.
<b>1b Sub-total</b> .....								150,336.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								150,336.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such person .....		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(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>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,335,243.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		14,284.				
	<b>h Total.</b> Add lines 1a-1f .....		1,335,243.				
<b>Program Service Revenue</b>			Business Code				
	<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) .....			1,159.			1,159.
	<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) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		13,607.					
	<b>b</b> Less: cost or other basis and sales expenses .....						
		14,284.					
	<b>c</b> Gain or (loss) .....						
		-677.					
	<b>d</b> Net gain or (loss) .....			-677.	-677.		
	<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 .....							
Miscellaneous Revenue			Business Code				
<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. ....			1,335,725.	-677.	0.	1,159.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	152,826.	152,826.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	418,977.	418,977.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	150,336.	120,269.	27,060.	3,007.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	411,239.	328,992.	57,176.	25,071.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	45,724.	36,579.	6,859.	2,286.
<b>10</b> Payroll taxes	46,523.	37,219.	6,978.	2,326.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	31,616.		31,616.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	18,409.	14,727.	2,762.	920.
<b>13</b> Office expenses	14,028.	11,221.	2,105.	702.
<b>14</b> Information technology	15,089.	12,072.	2,263.	754.
<b>15</b> Royalties				
<b>16</b> Occupancy	49,356.	39,485.	7,403.	2,468.
<b>17</b> Travel	35,779.	31,528.	3,188.	1,063.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	13,676.	10,941.	2,051.	684.
<b>23</b> Insurance	4,210.	3,367.	632.	211.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACT SERVICES</b>	97,999.	80,284.	5,374.	12,341.
<b>b</b> <b>EVENTS</b>	78,592.	78,592.		
<b>c</b> <b>PRINTING AND PUBLICATIONS</b>	74,389.	73,804.	352.	233.
<b>d</b> <b>POSTAGE</b>	23,891.	23,027.	648.	216.
<b>e</b> All other expenses	48,774.	24,362.	22,890.	1,522.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,731,433.	1,498,272.	179,357.	53,804.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	160,359.	<b>1</b>	387,069.
	<b>2</b> Savings and temporary cash investments .....	1,093,677.	<b>2</b>	696,257.
	<b>3</b> Pledges and grants receivable, net .....	151,965.	<b>3</b>	77,571.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other 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> Loans and other 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 instr). Complete Part II of Sch L .....		<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 .....	14,653.	<b>9</b>	30,118.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 57,888.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 38,750.	<b>10c</b>	19,138.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<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 .....	3,800.	<b>15</b>	3,914.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,453,118.	<b>16</b>	1,214,067.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,406.	<b>17</b>	20,509.
	<b>18</b> Grants payable .....	255,570.	<b>18</b>	201,883.
	<b>19</b> Deferred revenue .....		<b>19</b>	196,241.
	<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> Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	261,976.	<b>26</b>	418,633.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), 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 .....		517,189.	<b>27</b>	256,236.
<b>28</b> Temporarily restricted net assets .....		673,953.	<b>28</b>	539,198.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), 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> .....		1,191,142.	<b>33</b>	795,434.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	1,453,118.	<b>34</b>	1,214,067.	

Form 990 (2012)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,335,725.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,731,433.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-395,708.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,191,142.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	795,434.

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	<b>2b</b>	<b>X</b>
<b>c</b> 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public Inspection**

Name of the organization

## JEWISH WORLD WATCH

Employer identification number

20-3406211

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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, congregation 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

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 it 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? \_\_\_\_\_

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1933789.	1978799.	1227684.	1103986.	1335243.	7579501.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1933789.	1978799.	1227684.	1103986.	1335243.	7579501.
<b>5</b> 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) .....						398,229.
<b>6 Public support.</b> Subtract line 5 from line 4.						7181272.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	1933789.	1978799.	1227684.	1103986.	1335243.	7579501.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	22,705.	7,858.	3,090.	3,944.	1,159.	38,756.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						7618257.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.26	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	94.69	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and 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 - 2011.</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"/>
<b>17a 10% -facts-and-circumstances test - 2012.</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 - 2011.</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"/>
<b>18 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"/>

**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 year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

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

## 2012

\*\*\* Not Open to Public Inspection \*\*\*

223171 05-01-12

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARNOW FAMILY FUND, INC. C/O WEILER ARNOW MGMT. CO., 1114 AVENUE OF THE AMERICAS. SUITE #3400 NEW YORK, NY 10036	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BUCKHANTZ, DIANA 176 S. BEACHWOOD DR. LOS ANGELES, CA 90004	\$ 108,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GARY SALTZ FOUNDATION, INC. 600 MADISON AVENUE, 11TH FLOOR NEW YORK, NY 10022	\$ 58,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	KINDRED SPIRITS 1435 W. 7TH STREET SAN PEDRO, CA 90732	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SCHULWEIS INSTITUTE 15739 VENTURA BLVD. ENCINO, CA 91436	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE RING FOUNDATION ATTN: CINDY MICIKOWSKI, 12301 WILSHIRE BLVD., #203 LOS ANGELES, CA 90025	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Employer identification number

20-3406211

## Part II

[illegible]

Name of organization	Employer identification number
<b>JEWISH WORLD WATCH</b>	<b>20-3406211</b>

**Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

**Name of the organization**

JEWISH WORLD WATCH

**Employer identification number**

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 XIII, 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.

1a 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 XIII, 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 XIII.

**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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** 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 XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ %  
**b** Permanent endowment ☐ %  
**c** Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations **3a(i)** ☐ Yes ☐ No  
(ii) related organizations **3a(ii)** ☐ Yes ☐ No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		19,388.	11,757.	7,631.
<b>d</b> Equipment		26,280.	19,400.	6,880.
<b>e</b> Other		12,220.	7,593.	4,627.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,138.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☐



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	1,335,725.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,335,725.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	1,335,725.

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	1,731,433.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,731,433.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	1,731,433.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Department of the Treasury  
Internal Revenue Service

▶ **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

# 2012

**Open to Public Inspection**

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 its grants and other 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 its grants and other assistance 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
<b>3 a</b> Sub-total .....	0	0			0
<b>b</b> Total from continuation sheets to Part I .....	0	0			0
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0

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

Schedule F (Form 990) 2012

**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. 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)
		AFRICA, SUB-SAH	SOLAR COOKER	218,757.	WIRE TRANSFER	0.		
		CHAD, N'DJAMENA	SOLAR COOKER	200,220.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EDUCATIONAL ASSISTANCE	15,526.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GENERAL SUPPORT	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GENERAL SUPPORT	11,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN	EMERGENCY PAYMENTS	4,000.	WIRE TRANSFER	0.		

**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

0

**3** Enter total number of other organizations or entities

4

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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, Information 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

Schedule F (Form 990) 2012



**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, line 21 or 22.**

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICA NEW DAY (GENERATION HOPE) 3189-A AIRWAY AVE COSTA MESA, CA 92626	32-0373447		50,000.	0.			GENERAL SUPPORT
WOMEN FOR WOMEN 2000 M. STREET, NW SUITE 200 WASHINGTON DC, DC 20036	52-1838756		50,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **3.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **1.**

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

**Schedule I (Form 990) (2012)**

### 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

## Part IV

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

JEWISH WORLD WATCH

Employer identification number

20-3406211

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRED KRAMER FORMER EXECUTIVE DIRECTOR	(i)	93,334.	0.	13,252.	0.	0.	106,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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

**2012**

Open to Public  
Inspection

Name of the organization

JEWISH WORLD WATCH

Employer identification number  
20-3406211

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

\*(CONTINUED FROM PAGE 1) ATROCITIES. SINCE ITS FOUNDING IN 2004 BASED ON JEWISH EXPERIENCE AND VALUES, JWW HAS GROWN FROM A COLLECTION OF SOUTHERN CALIFORNIA SYNAGOGUES INTO A GLOBAL COALITION THAT INCLUDES SCHOOLS, CHURCHES, INDIVIDUALS, COMMUNITIES AND PARTNER ORGANIZATIONS THAT SHARE A VISION OF A WORLD WITHOUT GENOCIDE. CURRENTLY FOCUSED ON THE ONGOING CRISES IN SUDAN AND EASTERN CONGO, JWW PARTNERS WITH ON-THE-GROUND ORGANIZATIONS TO DEVELOP HIGH-IMPACT PROJECTS THAT IMPROVE THE LIVES OF SURVIVORS AND HELP BUILD THE FOUNDATION FOR A SAFER WORLD, WHILE INSPIRING OUR COMMUNITIES TO SUPPORT TANGIBLE PROJECTS AND ADVOCATE FOR POLITICAL CHANGE. SINCE ITS INCEPTION, JWW HAS RAISED MORE THAN ELEVEN MILLION DOLLARS IN PURSUIT OF OUR MISSION, IMPACTING OUR COMMUNITY AND HUNDREDS OF THOUSANDS OF PEOPLE IN SUDAN AND CONGO.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

\*\* (CONTINUED FROM PAGE 2) SEVEN FELLOWS AT CAMPUSES NATIONWIDE WORK WITH JWW STAFF TO TRAIN ON POLICY OBJECTIVES ADDRESSING CONFLICT ZONES AND EXECUTE PROGRAMMING DESIGNED TO EDUCATE AND ENGAGE THEIR UNIVERSITY COMMUNITY WITH A CALL TO ACTION. EACH FELLOW ALSO WORKS WITH OTHER STUDENTS TO DEVELOP NEW IDEAS FOR ON-CAMPUS ACTIONS.

BAR/BAT MITZVAH PROJECTS: HUNDREDS OF YOUNG PEOPLE HAVE CHOSEN TO USE THE OCCASION OF THEIR BAR OR BAT MITZVAHS TO RAISE AWARENESS ABOUT AND TAKE ACTION TO END THE CONFLICTS IN SUDAN AND CONGO. JWW WORKS CLOSELY WITH YOUNG LEADERS TO CREATE A MEANINGFUL AND IMPACTFUL MITZVAH

Name of the organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

PROJECT.

ACT AND ACT 13: THE ACT (ACTIVIST CERTIFICATION AND TRAINING) PROGRAM OFFERS MOTIVATED STUDENTS THE TOOLS TO BECOME NOT ONLY SUCCESSFUL ACTIVISTS THEMSELVES, BUT TO MOBILIZE THE COMMUNITY AROUND THEM. STUDENTS LEARN THE SKILLS OF ACTIVISM FIRST-HAND, COMPLETING PROJECTS IN THE SKILL-SETS OF EDUCATION, ADVOCACY AND DEVELOPMENT. THE ACT 13 PROGRAM PROVIDES AN OPPORTUNITY FOR B'NAI MITZVAH-AGED STUDENTS TO PRACTICE THESE SAME SKILLS THROUGH A JEWISH LENS. MORE THAN 1900 STUDENTS HAVE TRAINED IN THESE PROGRAMS AND EARNED THEIR CERTIFICATIONS AS OFFICIAL JWW YOUTH ACTIVISTS!

SUMMER CAMPS: JWW PROVIDES PROGRAMMING FOR LOCAL JEWISH SUMMER CAMPS, REACHING OUT TO THOUSANDS OF YOUNG PEOPLE EACH YEAR TO ENGAGE THEM IN ACTION TO END GENOCIDE AND MASS ATROCITIES.

POLITICAL ACTIVISM:

IN-DISTRICT ADVOCACY: JWW TRAINS COMMUNITY MEMBERS IN THE SKILLS OF EFFECTIVE ADVOCACY. VOLUNTEERS PUT THOSE SKILLS INTO PRACTICE DURING MEETINGS WITH ELECTED OFFICIALS TO ENCOURAGE EFFECTIVE ACTION TO END THE GENOCIDE IN SUDAN AND ATROCITIES IN CONGO.

HEAR HER VOICE: JWW'S FIRST DC ADVOCACY DELEGATION IN 2012 BROUGHT 35 JWW COMMUNITY MEMBERS FROM LOS ANGELES TO WASHINGTON, DC TO TRAIN IN ADVOCACY SKILLS AND PRACTICE THOSE SKILLS FIRST-HAND - ON THE HILL! HIGHLIGHTS OF THE TRIP INCLUDED A CAPITOL HILL RECEPTION WITH DEMOCRATIC LEADER NANCY PELOSI AND CONGRESSMAN ED ROYCE, AS WELL AS

Name of the organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

MEETINGS WITH WHITE HOUSE, STATE DEPARTMENT, USAID AND CONGRESSIONAL LEADERS. JWW LOOKS FORWARD TO REPRISING THE HEAR HER VOICE DELEGATION IN 2014.

RALLIES: FROM OUR INTERFAITH STREET SEDER FOR DARFUR TO OUR RALLIES IN SUPPORT OF CONGO, JWW ACTIVISTS KNOW HOW TO SHOW OUR LEADERS THAT ENDING THE CRISES IN SUDAN AND CONGO ARE MAJOR PRIORITIES - BY TAKING TO THE STREETS!

ADVOCACY AGAINST GENOCIDE AND MASS ATROCITIES: JWW HAS BEEN AT THE FOREFRONT IN ADVOCATING FOR DIVESTMENT FROM INVESTMENTS IN SUDAN, FOR CONTRACT BANS, FOR RESTRICTIONS IN CALIFORNIA AND NATIONALLY ON TRADE IN ILLEGALLY EXTRACTED "CONFLICT" MINERALS IN CONGO. JWW HELPED INSTITUTE THE PRACTICE IN CALIFORNIA OF OBSERVING THE MONTH OF APRIL AS GENOCIDE AWARENESS AND PREVENTION MONTH.

#### COMMUNITY ACTIVISM:

WALK TO END GENOCIDE: THE LARGEST ANTI-GENOCIDE RALLY NATIONWIDE, JWW'S ANNUAL LOS ANGELES WALK TO END GENOCIDE ATTRACTS THOUSANDS OF CONCERNED AND MOTIVATED CALIFORNIANS. THERE ARE ALSO WALKS IN CONEJO VALLEY, ORANGE COUNTY, SAN DIEGO AND SANTA ROSA. TOGETHER WE RAISE AWARENESS AND SUPPORT THAT IS VITAL TO REALIZING OUR GOALS OF ENDING THE CRISES IN SUDAN AND CONGO.

I WITNESS AWARDS: THE JWW I WITNESS AWARDS RECOGNIZE LEADERS WHO HAVE MADE CONTRIBUTIONS TO THE FIGHT AGAINST GENOCIDE BY RAISING AWARENESS AND SPURRING ACTIVISM, INCLUDING SUCH NOTABLES AS AMBASSADOR-AT-LARGE



Name of the organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

FOR GLOBAL WOMEN'S ISSUES, MELANNE VERVEER, AND THE FIRST CHIEF  
PROSECUTOR OF THE INTERNATIONAL CRIMINAL COURT, LUIS MORENO-OCAMPO.

SURVIVORS' LEGACY: HONORING THE COMMITMENT OF JWW ACTIVISTS AND  
SYNAGOGUES, THIS EVENT TRACES OUR RESPONSIBILITY TO RESPOND TO GENOCIDE  
FROM THE LEGACY OF THE HOLOCAUST.

JWW SPEAKERS: TRAINED TO BREAK DOWN THIS SENSITIVE AND COMPLEX MATERIAL  
TO ANY AGE OR AUDIENCE, JWW SPEAKERS HAVE EDUCATED THOUSANDS AT  
SCHOOLS, UNIVERSITIES, SYNAGOGUES, CHURCHES AND OTHER COMMUNITY  
ORGANIZATIONS.

JWW'S GLOBAL IMPACT HAS BEEN PROFOUND; JWW HAS RAISED AND ALLOCATED  
MORE THAN \$11 MILLION IN SUPPORT OF PROGRAMS THAT HAVE BENEFITED  
HUNDREDS OF THOUSANDS OF SURVIVORS FROM SUDAN AND CONGO. CURRENT JWW  
PROGRAMS INCLUDE:

ANIMAL HUSBANDRY TRAINING: WOMEN SURVIVORS OF SEXUAL VIOLENCE LEARN  
ANIMAL HUSBANDRY SKILLS, RAISING SMALL LIVESTOCK FOR FOOD AND  
FERTILIZER THAT IN TURN SUSTAIN THEIR FAMILIES AND COMMUNITIES.

CHAMBUCHA RAPE AND CRISIS CENTER: LOCATED IN THE REMOTE CHAMBUCHA  
REGION OF NORTH KIVU, THE RAPE AND CRISIS CENTER GIVES WOMEN AND GIRLS  
ACCESS TO LIFE-SAVING SURGERY AND MEDICAL TREATMENT WHERE NONE HAS BEEN  
AVAILABLE BEFORE.

EDUCATIONAL ASSISTANCE: JWW PROVIDES SCHOOL FEES AND SUPPLIES TO 167  
AT-RISK CHILDREN IN SOUTH KIVU, CONGO, GIVING THEM THE OPPORTUNITY TO

Name of the organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

RECEIVE AN EDUCATION.

GENERATION HOPE: IN AN EFFORT TO END THE CYCLE OF POVERTY AND VIOLENCE, 200 STREET CHILDREN IN NORTH KIVU, CONGO ARE PROVIDED WITH SCHOOL FEES, AFTER-SCHOOL EDUCATION AND LEADERSHIP TRAINING.

HOME AWAY FROM HOME ORPHANAGE: JWW IS CONSTRUCTING AN ORPHANAGE IN ORDER TO ENSURE THAT 50 OF GOMA, CONGO'S MOST VULNERABLE CHILDREN, MANY OF WHOM ARE FORMER CHILD SOLDIERS, ARE GIVEN PROTECTION AND A SAFE PLACE TO LIVE.

SAFE MOTHERHOOD MATERNITY COLLECTIVES: WOMEN CULTIVATE FIELDS AND USE THE PROFITS TO PAY FOR THEIR MATERNITY CARE AND TRAIN TRADITIONAL BIRTH ATTENDANTS IN A REGION WHERE 1 IN 13 WOMEN DIE IN CHILDBIRTH.

SISTER SCHOOLS: JWW HAS SPONSORED THE CONSTRUCTION, STAFFING AND EQUIPPING OF 3 SCHOOLS IN THE DARFURI REFUGEE CAMPS IN EASTERN CHAD, PROVIDING QUALITY EDUCATION TO THOUSANDS OF REFUGEE CHILDREN.

SOLAR COOKER PROJECT: BY MANUFACTURING SOLAR COOKERS, DARFURI REFUGEE WOMEN USE NATURAL ENERGY FROM THE SUN TO COOK MEALS WITHOUT THE NEED FOR LONG AND OFTEN DANGEROUS WALKS TO COLLECT FIREWOOD.

SONS OF CONGO: THROUGH A DYNAMIC RADIO SHOW, A CRAFTED CURRICULUM AND ORGANIZED LISTENING GROUPS, THE SONS OF CONGO PROJECT IS CREATING A TRANSFORMATIVE MEN'S MOVEMENT IN CONGO DEDICATED TO THE PROTECTION OF WOMEN, THE FAMILY AND THE COMMUNITY.

Name of the organization	Employer identification number
JEWISH WORLD WATCH	20-3406211

FORM 990, PART VI, SECTION B, LINE 11: 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 III, LINE 1 - ORGANIZATION MISSION:

IT IS THE MISSION OF JWW TO:

1. EDUCATE TARGET CONSTITUENCIES BY DEVELOPING APPROPRIATE MATERIALS AND PROGRAMS FOCUSED ON FIGHTING GENOCIDE AND MASS ATROCITIES;
2. ADVOCATE FOR POLICIES TO STOP OR PREVENT GENOCIDE AND OTHER ATROCITIES THROUGH COMMUNITY ORGANIZATION AND MOBILIZATION; AND
3. DEVELOP RESOURCES AND ALLOCATE FUNDS TOWARDS RELIEF AND DEVELOPMENT PROJECTS AIMED AT EMPOWERING AND ALLEVIATING THE SUFFERING OF SURVIVORS.

LOCAL IMPACT: JWW'S WORK TO END GENOCIDE AND MASS ATROCITIES WORLDWIDE STARTS AT HOME. JWW WORKS ON CITY, STATE, AND FEDERAL LEVELS TO SUPPORT THE IMPLEMENTATION OF POLICIES THAT CAN BRING POSITIVE CHANGE TO THE CRISES IN SUDAN AND CONGO. JWW'S WORK INCLUDES:

STUDENT ACTIVISM: YOUNG PEOPLE ARE AN ESSENTIAL PART OF OUR WORK - THEIR ENERGY AND ENTHUSIASM LENDS AN IMPORTANT STRENGTH TO OUR PROJECTS. FROM OUR INNOVATIVE ACTIVIST CERTIFICATION AND TRAINING (ACT) PROGRAM WHICH TEACHES STUDENTS THE SKILLS OF EFFECTIVE ACTIVISM, TO OUR WORK WITH AREA SCHOOLS AND SUMMER CAMPS, JWW EMPOWERS YOUNG LEADERS WITH THE TOOLS AND SKILLS THEY NEED TO ADVOCATE FOR POSITIVE CHANGE. THROUGH ACT, MORE THAN 1900 YOUNG LEADERS HAVE EARNED CERTIFICATION AS JWW YOUTH ACTIVISTS, TRAINING IN THE ACTIVIST SKILLS OF EDUCATION, ADVOCACY AND DEVELOPMENT. JWW'S ACT 13

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PROGRAM, MOREOVER, PROVIDES B'NAI MITZVAH STUDENTS AND THEIR TEACHERS WITH A UNIT OF SIX STUDENT-CENTERED LESSONS THAT FOCUS ON EARNING THE SKILLS OF ACTIVISM THROUGH A JEWISH LENS.

POLITICAL ACTIVISM: WHETHER WE'RE TAKING TO THE STREETS AT OUR RALLIES, VIGILS OR THE ANNUAL WALK TO END GENOCIDE OR MEETING WITH NATIONAL AND INTERNATIONAL POLITICAL LEADERS, JWW WORKS TO REMIND OUR LEADERS THAT ENDING THE CRISES IN SUDAN AND CONGO IS A PRIORITY. JWW HOLDS DOZENS OF IN-DISTRICT MEETINGS WITH AREA MEMBERS OF CONGRESS EACH YEAR TO ENCOURAGE EFFECTIVE ACTION TO END THE GENOCIDE IN SUDAN AND ATROCITIES IN CONGO. JWW FURTHER MEETS WITH INTERNATIONAL OFFICIALS TO ENCOURAGE EFFECTIVE INTERNATIONAL ACTION TO END GENOCIDE AND MASS ATROCITIES. WE HAVE MET WITH CONSULARS GENERAL FROM ALL PERMANENT MEMBERS OF THE SECURITY COUNCIL. JWW HAS ALSO HAD SEVERAL MEETINGS WITH UN OFFICIALS, INCLUDING TOP OFFICIALS FROM UNHCR AND THE UN SECURITY COUNCIL, TO DISCUSS POLICIES MOVING FORWARD ON SUDAN AND DEVELOPMENT ISSUES WORLDWIDE. IN FEBRUARY 2012 JWW LED ITS FIRST HEAR HER VOICE ADVOCACY DELEGATION TO WASHINGTON, DC, BRINGING 35 CONSTITUENTS FROM SOUTHERN CA TO MEET WITH PROMINENT POLITICAL OFFICIALS AND CHANGE-MAKERS.

POLICY ACTIVISM: JWW HAS ENGAGED IN DIVESTMENT CAMPAIGNS IN THE CITY OF LOS ANGELES AND THE STATE OF CALIFORNIA TO DIVEST FROM INVESTMENTS IN COMPANIES DOING BUSINESS IN SUDAN. ALSO, JWW HAS CAMPAIGNED FOR BANNING CONTRACTS WITH THOSE COMPANIES WHO WERE THE WORST OFFENDERS IN THIS RESPECT. IN ADDITION, JWW SUPPORTED EFFORTS TO INSTITUTE REQUIREMENTS OF END-USER COMPANIES OF "CONFLICT MINERALS" FROM CONGO TO TRACE AND AUDIT THEIR SUPPLY CHAINS, AND LED THE MOBILIZATION OF GRASSROOTS SUPPORT FOR PROHIBITING CALIFORNIA STATE CONTRACTS WITH THOSE COMPANIES THAT FAILED TO COMPLY WITH

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TRACEABILITY REGULATIONS ON SUCH "CONFLICT MINERALS."

COMMUNITY ACTIVISM: JWW HAS BEEN AN INTEGRAL PLAYER IN EDUCATING THE PUBLIC ABOUT SUDAN AND CONGO. OUR ANNUAL EVENTS BUILD AWARENESS ABOUT THE CRISES IN SUDAN AND CONGO AND MOBILIZE THOUSANDS OF COMMUNITY MEMBERS EACH YEAR TOWARDS ACTION. JWW'S ANNUAL WALK TO END GENOCIDE ATTRACTS THOUSANDS OF CONCERNED AND MOTIVATED CALIFORNIANS, RAISES AWARENESS AND SUPPORT THAT IS VITAL TO REALIZING OUR GOALS OF ENDING THE CRISES IN DARFUR AND CONGO. THE ANNUAL JWW I WITNESS AWARDS, MOREOVER, RECOGNIZE THOSE WHO HAVE MADE VAST CONTRIBUTIONS TO THE FIGHT AGAINST GENOCIDE AND MASS ATROCITIES BY RAISING AWARENESS AND SPURRING ACTIVISM.

GLOBAL IMPACT: JWW DELIVERS LIFE-SAVING, INNOVATIVE ON-THE-GROUND SUPPORT TO THOSE MOST AFFECTED BY VIOLENCE IN SUDAN AND EASTERN CONGO. JWW WORKS WITH QUALIFIED PARTNERS TO IDENTIFY AND DEVELOP PROJECTS THAT IMPROVE LIVES QUICKLY, INCREASE SAFETY EFFECTIVELY AND, PERHAPS MOST IMPORTANTLY, EMPOWER SURVIVORS TO BUILD A BETTER FUTURE. WE AIM TO OFFER A HOLISTIC PACKAGE OF OPPORTUNITIES AND SERVICES TO THE MOST VULNERABLE POPULATIONS IN SUDAN AND CONGO - AS SUCH, MANY OF OUR PROJECTS MEET MULTIPLE GOALS. UNLIKE MANY SUPPORT ORGANIZATIONS, JWW MAKES PERIODIC TRIPS TO BEAR WITNESS TO THE ISSUES, TALK WITH SURVIVORS AND EVALUATE THE EFFECTIVENESS OF OUR PROJECTS. JWW PROJECTS FOCUS ON FOUR MAIN AREAS:

ECONOMIC DEVELOPMENT: JWW WORKS TO HELP SURVIVORS OF GENOCIDE AND MASS ATROCITIES REBUILD THEIR LIVES THROUGH PROJECTS THAT NOT ONLY PROVIDE RELIEF, BUT RESTORE DIGNITY, DEVELOP VOCATIONAL SKILLS AND CREATE OPPORTUNITIES TO IMPROVE THEIR COMMUNITIES' ECONOMIES.

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EDUCATION: THE FUTURES OF SUDAN AND CONGO ARE IN JEOPARDY UNLESS THEIR CHILDREN ARE GIVEN THE TOOLS TO THRIVE AND ADULTS PROVIDED WITH THE SKILLS TO RESTRUCTURE THEIR SOCIETY. JWW PROJECT SUPPORT THE HEALTH AND WELL-BEING OF THE SUDANESE AND CONGOLESE, OFFERING THEM THE SUPPLIES THAT MEET THEIR BASIC NEEDS AND PROGRAMS THAT PROVIDE FOR THEIR FUTURE GROWTH.

HEALTH: JWW WORKS TO MAINTAIN THE HEALTH OF SURVIVORS THROUGH PROJECTS THAT PROVIDE MUCH NEEDED MEDICAL AID AND SUPPLIES AND FURTHER EMPOWER SURVIVORS TO MAINTAIN THEIR OWN HEALTH AND SANITATION.

SAFETY: THE EXPERIENCE OF GENOCIDE AND MASS ATROCITIES LEAVES LONG-LASTING TRAUMA THAT CAN HAMPER FUTURE GROWTH AND DEVELOPMENT. JWW PROVIDES SAFE, PROTECTED YOUTH CENTERS, SCHOOLS, ORPHANAGES, MEDICAL FACILITIES, CONVALESCENT AREAS AND WORKSHOPS FOR CHILDREN AND ADULTS IN SUDAN AND CONGO, WHERE THEY CAN HEAL AND CREATE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS CIRCULATED TO ALL BOARD MEMBERS AND REQUIRES A SIGNATURE OF APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES INCLUDE 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.

Name of the organization

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Employer identification number

20-3406211

FORM 990, PART VI, SECTION C, LINE 19: JEWISH WORLD WATCH MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>JEWISH WORLD WATCH</b>	<b>20-3406211</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>5551 BALBOA BOULEVARD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>ENCINO, CA 91316</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JANICE KAMENIR REZNIK**

- The books are in the care of ► **5551 BALBOA BLVD - ENCINO, CA 91316**

Telephone No. ► **(818) 501-1836** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2012** or

► ☐ tax year beginning , and ending .

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2013)

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**JEWISH WORLD WATCH****20-3406211**

Name and title of officer

**JANICE KAMENIR REZNIK  
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1335725</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **GURSEY | SCHNEIDER LLP** to enter my PIN **06211**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**95968741988**

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for	JEWISH WORLD WATCH 5551 BALBOA BOULEVARD ENCINO, CA 91316
Prepared by	GURSEY   SCHNEIDER LLP 1888 CENTURY PARK EAST, SUITE 900 LOS ANGELES, CA 90067-1735
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
Return must be mailed on or before	DECEMBER 16, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

2012

# California Exempt Organization Annual Information Return

199

Calendar Year 2012 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Corporation/Organization Name <b>JEWISH WORLD WATCH</b>		California corporation number <b>2797942</b>	
Address (suite, room, or PMB no.) <b>5551 BALBOA BOULEVARD</b>		FEIN <b>20-3406211</b>	
City <b>ENCINO</b>	State <b>CA</b>	ZIP Code <b>91316</b>	

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return?  <input type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)  <input type="checkbox"/> Merged/Reorganized    Enter date: _____</p> <p><b>E</b> Check accounting method:          (1) <input type="checkbox"/> Cash    (2) <input checked="" type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?          (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990(PF)    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," what is the parent's name? _____</p> <p><b>I</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;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&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><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</p> <p><b>O</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</p>
--	---

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	14,766.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	1,335,243.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b>		
	<b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B		
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	14,284.00
	<b>Expenses</b>	7 Total costs. Add line 5 and line 6	7
8 Total gross income. Subtract line 7 from line 4		8	1,335,725.00
9 Total expenses and disbursements. From Side 2, Part II, line 18		9	1,731,433.00
<b>Filing Fee</b>	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-395,708.00
	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
<b>Sign Here</b>	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00
	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 <b>PRESIDENT</b>	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 <b>GURSEY   SCHNEIDER LLP</b> <b>1888 CENTURY PARK EAST, SUITE 900</b> <b>LOS ANGELES, CA 90067-1735</b>	<input checked="" type="checkbox"/> PTIN <b>P00441843</b> <input type="checkbox"/> FEIN <b>95-3309779</b> <input type="checkbox"/> Telephone <b>310-552-0960</b>	
	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 \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 12-18-12

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	1,159. 00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 3</b>	•	6	13,607. 00
	7	Other income	•	7	00
	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	14,766. 00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	571,803. 00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>	•	11	150,336. 00
	12	Other salaries and wages	•	12	411,239. 00
	13	Interest	•	13	00
	14	Taxes	•	14	46,523. 00
	15	Rents	•	15	49,356. 00
	16	Depreciation and depletion (See instructions)	•	16	13,676. 00
	17	Other Expenses and Disbursements <b>SEE STATEMENT 5</b>	•	17	488,500. 00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,731,433. 00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,254,036.		• 1,083,326.
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	53,738.		57,888.	
b Less accumulated depreciation	( 25,074. )	28,664.	( 38,750. )	19,138.
11 Land				•
12 Other assets <b>STMT 6</b>		170,418.		• 111,603.
13 Total assets		1,453,118.		1,214,067.
<b>Liabilities and net worth</b>				
14 Accounts payable		6,406.		• 20,509.
15 Contributions, gifts, or grants payable		255,570.		• 201,883.
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities <b>STMT 7</b>				196,241.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		1,191,142.		• 795,434.
22 Total liabilities and net worth		1,453,118.		1,214,067.

**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 \$50,000.

1 Net income per books	• -395,708.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-395,708.
6 Total. Add line 1 through line 5	-395,708.		

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FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN JEWISH WORLD SERVICE	45 WEST 36TH STREET NEW YORK, NY 10018	10/31/12	5,000.
ARNOW FAMILY FUND, INC.	C/O WEILER ARNOW MGMT. CO., 1114 AVENUE OF THE AMERICAS. SUITE #3400 NEW YOR	01/09/12	40,000.
ARNOW, BENJAMIN AND LESLIE	21 BISHOP PARK RD. POUND RIDGE, NY 10576	12/31/12	10,000.
BRESLAUER, BENJAMIN	C/O SAMUEL & HELENE SOREF FOUNDATION, 11530 DONA DOROTEA DR. STUDIO CITY, CA	01/13/12	5,000.
BUCKHANTZ, DIANA	176 S. BEACHWOOD DR. LOS ANGELES, CA 90004	11/18/12	108,100.
CBS TELEVISION NETWORK	4024 RADFORD AVE., CNB/6TH FLOOR STUDIO CITY, CA 91604	12/19/12	10,000.
DOLAN, SIOBHAN	6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	12/17/12	5,000.
EISNER, MICHAEL AND JANE	9401 WILSHIRE BLVD., SUITE 735 BEVERLY HILLS, CA 90212	11/26/12	10,000.
ENGLANDER, HARVEY	801 S FIGUEROA ST #1050 LOS ANGELES, CA 90017	05/22/12	5,000.
FEIN, STEPHANIE	ONE THE CROSSING NORTH CALDWELL, NJ 07006	11/19/12	10,000.
GARY SALTZ FOUNDATION, INC.	600 MADISON AVENUE, 11TH FLOOR NEW YORK, NY 10022	11/18/12	58,824.
GLAZER, GUILFORD AND DIANE	9440 SANTA MONICA BLVD. #610 BEVERLY HILLS, CA 90210	08/17/12	10,000.
HENRY, STEVE AND ZARETSKY, HARRIET	801 LATIMER RD. SANTA MONICA, CA 90402-1017	12/03/12	5,000.
JEFFER, BRUCE P	1900 AVENUE OF THE STARS 7TH FL. LOS ANGELES, CA 90067	11/18/12	6,000.
JEWISH COMMUNITY FEDERATION	121 STEUART STREET SAN FRANCISCO, CA 94105	07/25/12	9,135.

JEWISH COMMUNITY FOUNDATION - LA	6505 WILSHIRE BLVD. #1200 LOS ANGELES, CA 90048	12/10/12	5,000.
KINDRED SPIRITS	1435 W. 7TH STREET SAN PEDRO, CA 90732	10/10/12	39,000.
KIRK, ANNETTE	2400 TAMiami TRAIL N. #300 NAPLES, FL 34103	08/20/12	15,000.
KOBOR, GEORGE	250 N ROBERTSON BLVD. #421 BEVERLY HILLS, CA 90211-1774	11/18/12	10,000.
KOHN, VICTOR AND LISA	16135 VALLEY MEADOW PLACE ENCINO, CA 91436	11/16/12	10,000.
LAYNE, JONATHAN AND SHERYL	5551 BALBOA BLVD ENCINO, CA 91316	09/19/12	5,750.
LERNER, HAROLD AND HELEN	NORTHERN TRUST BANK, FSB ATTN: LINDSAY C., 65 EAST 55TH ST. 24TH FLOOR NEW Y	12/31/12	10,000.
MEYER, NICK AND VAUGHAN	2733 MCCONNELL DR. LOS ANGELES, CA 90064-3404	02/24/12	5,000.
MIHLSTEN, GEORGE AND GEFFNER-MIHLSTEN, N.	2208 WALNUT AVENUE MANHATTAN BEACH, CA 90266	12/31/12	10,000.
RANKIN, MARTIN AND JENNY	16418 EAST ORCHARD PLACE CENTENNIAL, CO 80016	02/22/12	9,000.
RAVERET, SARA	11 SUFFOLK RD WELLESLEY, MA 02481	06/18/12	5,300.
RESNICK, SHELLY	15921 ROYAL OAK RD ENCINO, CA 91436	12/31/12	7,743.
SAMUEL AND HELENE SOREF FOUNDATION	11530 DONA DOROTEA DR STUDIO CITY, CA 91604	12/31/12	10,000.
SCHNEIDER, STANLEY	C/O GURSEY/SCHNEIDER, LLC, 1888 CENTURY PARK EAST #900 LOS ANGELES, CA 90067	11/30/12	5,000.
SCHULWEIS INSTITUTE	15739 VENTURA BLVD. ENCINO, CA 91436	09/30/12	28,500.
SCHULWEIS, HARVEY	21 DORANN RD PURCHASE, NY 10577-0607	11/02/12	5,000.
SHEILA GOLD FOUNDATION	4000 E UNION PACIFIC AVE. COMMERCE, CA 90023	12/31/12	15,001.



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SOLO, GAIL, MICHAELA AND REBECCA	3266 WOODBINE STREET LOS ANGELES, CA 90064	07/18/12	5,000.
THE GOLDRICH FAMILY FOUNDATION	5150 OVERLAND AVE CULVER CITY, CA 90230	12/17/12	5,000.
THE KAMENIR FOUNDATION, INC.	1224 CASIANO RD LOS ANGELES, CA 90049-1614	09/07/12	5,000.
THE RING FOUNDATION	ATTN: CINDY MICIKOWSKI, 12301 WILSHIRE BLVD., #203 LOS ANGELES, CA 90025	11/18/12	50,000.
THE SKIRBALL FOUNDATION	31 W. 52ND STREET 21ST FLOOR NEW YORK, NY 10018	08/31/12	10,000.
WIEN, ELANA	C/O JEWISH COMMUNITY FOUNDATION LOS ANGELES, 6505 WILSHIRE BLVD., SUITE 1200	04/11/12	7,500.
WOMEN FOR WOMEN INTERNATIONAL	ATTN: JUDITHE REGISTRE, 4455 CONNECTICUT AVE NW #200 WASHINGTON, DC 20008	09/30/12	10,000.
ZARETSKY, HARRIET	801 LATIMER RD SANTA MONICA, CA 90402-1017	11/30/12	25,000.
ZIERING, MARILYN	720 N. WALDEN DR. BEVERLY HILLS, CA 90210	11/26/12	25,000.
ZIMAN, RICHARD	10940 WILSHIRE BLVD., #1950 LOS ANGELES, CA 90024	12/05/12	5,000.
ZUKIN, JAMES AND HELEN	800 TARCUTO WAY LOS ANGELES, CA 90077	11/18/12	5,000.
TOTAL INCLUDED ON LINE 3			644,853.

FORM 199	NONCASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 2
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
RESNICK, SHELLY	15921 ROYAL OAK RD ENCINO, CA 91436		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
1 SH SIRONA DENTAL SYSTEMS, 33 SH TRIMBLE NAV LTD, 133 SH UNILEVER	12/27/12	6,781.	7,094.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BROILET, BRUCE & NORAH	773 STRADELLA RD LOS ANGELES, CA 90077		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
14 SHARES AMERICAN TOWER REIT COM, 76 SHARES NORTHRUP GRUMMAN	12/27/12	5,876.	6,133.

TOTAL INCLUDED ON LINE 3	13,227.
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FORM 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS SECURITIES			PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	14,284.	0.	0.	13,607.	
TOTAL TO FORM 199, PAGE 2, LN 6	14,284.	0.	0.	13,607.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES		STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION		
JANICE KAMENIR REZNIK 5551 BALBOA BOULEVARD ENCINO, CA 91316	PRESIDENT 25.00	0.		
MARCY RAINEY 5551 BALBOA BOULEVARD ENCINO, CA 91316	TREASURER 5.00	0.		
PETER MARCUS 5551 BALBOA BOULEVARD ENCINO, CA 91316	VICE PRESIDENT 5.00	0.		
RABBI HAROLD SHULWEIS 5551 BALBOA BOULEVARD ENCINO, CA 91316	CHAIRMAN 5.00	0.		
HARRIET ZARETSKY 5551 BALBOA BOULEVARD ENCINO, CA 91316	SECRETARY 2.00	0.		
SHERYL LAYNE 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 3.00	0.		
HONEY AMADO 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.		

JULIE BRAM 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
STUART GABRIEL 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
SHEILA WASSERMAN 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
DIANA BUCKHANTZ 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
DIANE KABAT 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
RABBI YOSEF KANEFSKY 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
RABBI ALAN LACHTMAN 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
JOHN FISHEL 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
RABBI JOSHUA LEVINE-GRATER 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
JOY PICUS 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
RABBI JOEL REMBAUM 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
SUSAN SALTZ 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
RABBI RICHARD SPIEGEL 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.

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DAVID STRAUS 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
OREN GABRIEL 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
BRIE LOSKOTA 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	0.
VAUGHAN MEYER 5551 BALBOA BOULEVARD ENCINO, CA 91316	DIRECTOR 1.00	106,586.
LOIS WEINSALT 5551 BALBOA BOULEVARD ENCINO, CA 91316	INTERIM EXECUTIVE DIRECTOR 40.00	43,750.
FRED KRAMER 5551 BALBOA BOULEVARD ENCINO, CA 91316	FORMER EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		150,336.

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
CONTRACT SERVICES		97,999.	
EVENTS		78,592.	
PRINTING AND PUBLICATIO		74,389.	
POSTAGE		23,891.	
OTHER EMPLOYEE BENEFITS		45,724.	
ACCOUNTING FEES		31,616.	
ADVERTISING AND PROMOTION		18,409.	
OFFICE EXPENSES		14,028.	
INFORMATION TECHNOLOGY		15,089.	
TRAVEL		35,779.	
INSURANCE		4,210.	
ALL OTHER EXPENSES		48,774.	
TOTAL TO FORM 199, PART II, LINE 17		488,500.	

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER ASSETS	3,800.	3,914.	
PLEDGES AND GRANTS RECEIVABLE	151,965.	77,571.	
PREPAID EXPENSES AND DEFERRED CHARGES	14,653.	30,118.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	170,418.	111,603.	

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	0.	196,241.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	196,241.	