

**PUBLIC INSPECTION COPY**

**Return of Organization Exempt From Income Tax**

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

**2022**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JEWISH FEDERATION COUNCIL OF GREATER LA</b>		<b>D</b> Employer identification number <b>95-1643388</b>
	Doing business as		<b>E</b> Telephone number <b>323-761-8000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>6505 WILSHIRE BLVD.</b>		<b>G</b> Gross receipts \$ <b>53,486,648.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90048</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>NOAH FARKAS</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.JEWISHLA.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1937</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BASED ON JEWISH VALUES, THE JEWISH FEDERATION OF GREATER LOS ANGELES CONVENES AND LEADS THE</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>3</b>	<b>54</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>54</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>163</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>500</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>43,445,009.</b>	<b>50,371,883.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>134,827.</b>	<b>31,480.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,220,817.</b>	<b>1,145,195.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-1,006,502.</b>	<b>-1,822,811.</b>
		<b>43,794,151.</b>	<b>49,725,747.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>21,630,566.</b>	<b>20,519,766.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>16,353,997.</b>	<b>17,009,292.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>229,169.</b>	<b>386,608.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>9,662,231.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,141,169.</b>	<b>10,885,398.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>46,354,901.</b>	<b>48,801,064.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-2,560,750.</b>	<b>924,683.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>190,865,704.</b>	<b>169,719,111.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>40,349,626.</b>	<b>35,533,487.</b>
		<b>150,516,078.</b>	<b>134,185,624.</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>MAGGIE WILLIAMS, CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>LAURA KIELCZEWSKI</b>	<b>LAURA KIELCZEWSKI</b>	<b>11/14/23</b>		<b>P00740769</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>COHNREZNICK LLP</b>	<b>22-1478099</b>		<b>212-297-0400</b>	
Firm's address					
<b>1301 AVENUE OF THE AMERICAS</b>					
<b>NEW YORK, NY 10019</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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
BASED ON JEWISH VALUES, THE JEWISH FEDERATION OF GREATER LOS ANGELES CONVENES AND LEADS THE COMMUNITY AND LEVERAGES ITS RESOURCES TO ASSURE THE CONTINUITY OF THE JEWISH PEOPLE, SUPPORT A SECURE STATE OF ISRAEL, CARE FOR JEWS IN NEED HERE AND ABROAD, AND MOBILIZE ON ISSUES OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ 16,711,459. including grants of \$ 11,340,459. ) (Revenue \$ 65,262. )
ENSURING THE JEWISH FUTURE:
THE FEDERATION CREATES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO PARTICIPATE AND CELEBRATE IN JEWISH LIFE AND CONNECT WITH THE COMMUNITY AND ISRAEL. AS THE HUB OF THE COMMUNITY, THE FEDERATION IS UNIQUELY POSITIONED TO CONNECT JEWS TO ONE ANOTHER AND MAKE JEWISH LIFE ACCESSIBLE AND AFFORDABLE BY LEVERAGING THE STRENGTH OF OUR MEMBERS AND WORKING CLOSELY WITH OUR NETWORK OF TRUSTED PARTNERS.

4b (Code: ) (Expenses \$ 14,714,786. including grants of \$ 8,497,717. ) (Revenue \$ )
CARING FOR JEWS IN NEED:
THE FEDERATION LEVERAGES THE STRENGTH OF ITS COMMUNITY TO PROVIDE AID FOR JEWS IN NEED. THE WELL-BEING OF JEWISH SENIORS IS ALSO A CORE PRIORITY, ESPECIALLY WHEN A SENIOR IS A HOLOCAUST SURVIVOR. OUR WORK ALSO INCLUDES SEEING TO DAILY NECESSITIES OF THOSE IN NEED, CONNECTING PEOPLE TO THE SKILLS AND SERVICES NECESSARY TO BE SELF-SUFFICIENT, AND ENSURING CHILDREN WITH SPECIAL NEEDS AND OTHER AT-RISK CASES HAVE THEIR NEEDS MET AND CAN PARTICIPATE IN JEWISH LIFE. THE FEDERATION IS ABLE TO CARE FOR OUR OWN COMMUNITY BY WORKING WITH PARTNERS IN LOS ANGELES, ISRAEL, AND AROUND THE WORLD.

4c (Code: ) (Expenses \$ 2,024,121. including grants of \$ 681,590. ) (Revenue \$ )
COMMUNITY ENGAGEMENT:
THE JEWISH FEDERATION HAS ENGAGED IN OUR CITY, PROMOTING AN INCLUSIVE COMMUNITY THAT REFLECTS THE BEST OF AMERICAN AND JEWISH VALUES. THE PURSUIT OF A JUST SOCIETY, ENSURING A STRONG JEWISH FUTURE AND PROMOTING A SAFE AND VIBRANT ISRAEL ARE THE ENDURING CORNERSTONES OF OUR WORK. WE ENGAGE THE COMMUNITY BY PROVIDING ROBUST SERVICE AND VOLUNTEER OPPORTUNITIES, SHAPING POLICY AND ADVOCATING FOR ISRAEL. TOGETHER AS A COMMUNITY, AND WITH DIVERSE PARTNERS ACROSS LOS ANGELES, WE CAN SHAPE THE FUTURE OF OUR CITY.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 33,450,366.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	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> .....	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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....		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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	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> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (54); 1b Enter the number of voting members included on line 1a, above, who are independent (54); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a 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); 16b 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 (1024 or 1024-A, 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records
MAGGIE WILLIAMS - 323-761-8000
6505 WILSHIRE BLVD., LOS ANGELES, CA 90048

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

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

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

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NOAH FARKAS CEO/PRESIDENT	38.00			X				551,930.	0.	69,837.
(2) IVAN WOLKIND CFO/COO	38.00			X				355,576.	0.	83,395.
(3) LORI TESSEL SVP DONOR RELATIONS	38.00				X			394,615.	0.	4,044.
(4) ANDREW CUSHNIR EXEC VP DONOR RELATIONS	38.00			X				312,050.	0.	9,510.
(5) REBECCA SOBELMAN-STERN EVP CHIEF PROGRAM OFFICER	38.00			X				286,067.	0.	24,645.
(6) CAROL KORANSKY EXEC VP SPECIAL COUNSEL	38.00					X		271,026.	0.	9,092.
(7) ROBERT GOLDENBERG CHIEF CREATIVE OFFICER	38.00			X				265,502.	0.	9,510.
(8) ELIZABETH BERGER SR VP DONOR REL & PLANNED	38.00					X		187,058.	0.	41,577.
(9) SHIRA ROSENBLATT SVP JEWISH EDUC & ENG	38.00				X			200,975.	0.	27,640.
(10) MITCHELL HAMERMAN SVP CAMPAIGN MANAGER	38.00					X		190,821.	0.	0.
(11) MARCIA BERMAN SVP DEVELOPMENT	38.00					X		185,879.	0.	0.
(12) ALISA FINSTEN CHIEF OF STAFF	38.00				X			180,074.	0.	0.
(13) AMY POPKIN SVP DONOR RELATIONS	38.00					X		165,778.	0.	9,510.
(14) CYNTHIA AYALA SVP ADMINISTRATION & HR	38.00				X			164,417.	0.	2,039.
(15) ALAN KLEINMAN DIRECTOR	1.00	X						0.	0.	0.
(16) ALAN ROSEN DIRECTOR	1.00	X						0.	0.	0.
(17) ALBERT Z. PRAW CHAIR OF THE BOARD	1.00	X	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALEX WEINGARTEN DIRECTOR	1.00	X						0.	0.	0.
(19) ALLISON ROSENTHAL DIRECTOR	1.00	X						0.	0.	0.
(20) ANDREA CAYTON DIRECTOR	1.00	X						0.	0.	0.
(21) ANDREW ALTSHULE DIRECTOR	1.00	X						0.	0.	0.
(22) CECE FEILER DIRECTOR	1.00	X						0.	0.	0.
(23) DANIEL GRYZZMAN DIRECTOR	1.00	X						0.	0.	0.
(24) DAVID NAGEL DIRECTOR	1.00	X						0.	0.	0.
(25) DEBI GRABOFF DIRECTOR	1.00	X						0.	0.	0.
(26) DONNA BENDER DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,711,768.	0.	290,799.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,711,768.	0.	290,799.

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 38

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
TWENTY3VENTURES, LLC 4511 LA BREA STREET, OXNARD, CA 93035	CONSULTING	300,000.
J2 ADVENTURES, 401 HACKENSACK AVE., 4TH FLOOR, HACKENSACK, NJ 07601	TRAVEL AGENCY	278,000.
ZOE PAPPENHEIMER 15 ROW AVE., NORTH HAMPTON, MA 01060	WEB AND PRINT DESIGN	108,790.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOUG MANKOFF DIRECTOR	1.00	X						0.	0.	0.
(28) ELLEN SILVERMAN DIRECTOR	1.00	X						0.	0.	0.
(29) GLENN SONNENBERG DIRECTOR	1.00	X						0.	0.	0.
(30) HEIDI MONKARSH VICE CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(31) JACKI KARSH DIRECTOR	1.00	X						0.	0.	0.
(32) JACOB FNTON DIRECTOR	1.00	X						0.	0.	0.
(33) JEANNE MARKS DIRECTOR	1.00	X						0.	0.	0.
(34) JERRY COBEN VICE CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(35) JILL NAMM SECRETARY	1.00	X		X				0.	0.	0.
(36) JONATHAN ELIST DIRECTOR	1.00	X						0.	0.	0.
(37) JORDAN BENDER DIRECTOR	1.00	X						0.	0.	0.
(38) JULIE PLATT DIRECTOR	1.00	X						0.	0.	0.
(39) KAMYAR SHABANI DIRECTOR	1.00	X						0.	0.	0.
(40) KATIE GOLDSMITH DIRECTOR	1.00	X						0.	0.	0.
(41) KEN KAHAN DIRECTOR	1.00	X						0.	0.	0.
(42) LARRY POST DIRECTOR	1.00	X						0.	0.	0.
(43) LEON JANKS TREASURER	1.00	X		X				0.	0.	0.
(44) LES BIDER DIRECTOR	1.00	X						0.	0.	0.
(45) LYNN BIDER VICE CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(46) LYNNE BROOKMAN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARC ROHATINER DIRECTOR	1.00	X						0.	0.	0.
(48) MARK LAINER DIRECTOR	1.00	X						0.	0.	0.
(49) MARK WEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
(50) MICHAEL HACKMAN DIRECTOR	1.00	X						0.	0.	0.
(51) MICHAEL TUCHIN DIRECTOR	1.00	X						0.	0.	0.
(52) MICHAEL ZIERING DIRECTOR	1.00	X						0.	0.	0.
(53) MOSHE SASSOVER DIRECTOR	1.00	X						0.	0.	0.
(54) NANCY BEISER DIRECTOR	1.00	X						0.	0.	0.
(55) NANCY S. COHEN DIRECTOR	1.00	X						0.	0.	0.
(56) ORNA WOLENS GENERAL CAMPAIGN CHAIR	1.00	X	X					0.	0.	0.
(57) REMMIE MADEN DIRECTOR	1.00	X						0.	0.	0.
(58) REUBEN ROBIN DIRECTOR	1.00	X						0.	0.	0.
(59) RICHARD SANDLER DIRECTOR	1.00	X						0.	0.	0.
(60) SANDY SIGAL DIRECTOR	1.00	X						0.	0.	0.
(61) SCOTT TIANO DIRECTOR	1.00	X						0.	0.	0.
(62) SHAWN EVENHAIM DIRECTOR	1.00	X						0.	0.	0.
(63) STEVE FISHMAN DIRECTOR	1.00	X						0.	0.	0.
(64) STEVEN NICHOLS DIRECTOR	1.00	X						0.	0.	0.
(65) SUSAN BAUM DIRECTOR	1.00	X						0.	0.	0.
(66) SUSIE GOREN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) TERRI SMOOKE DIRECTOR	1.00	X						0.	0.	0.
(68) TODD MORGAN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns					
	<b>1 b</b>	Membership dues	103,710.				
	<b>1 c</b>	Fundraising events	7,353,754.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)					
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	42,914,419.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 2,329,437.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	50,371,883.				
	Program Service Revenue	<b>2 a</b>	PROGRAM SERVICES	900099	31,480.	31,480.	
<b>2 b</b>							
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		31,480.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,135,052.		1135052.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	1,333,560.			
			(ii) Personal				
			<b>6a</b>	1,333,560.			
	<b>6 b</b>	Less: rental expenses		2,950,534.			
	<b>6 c</b>	Rental income or (loss)		-1,616,974.			
	<b>6 d</b>	Net rental income or (loss)		-1,616,974.		-1616974.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities		10,143.		
			(ii) Other		10,143.		
			<b>7a</b>		10,143.		
	<b>7 b</b>	Less: cost or other basis and sales expenses		0.			
	<b>7 c</b>	Gain or (loss)		10,143.			
<b>7 d</b>	Net gain or (loss)		10,143.		10,143.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 7,353,754. of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>	570,748.				
		<b>8b</b>	810,367.				
<b>8 c</b>	Net income or (loss) from fundraising events		-239,619.		-239,619.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
		<b>10b</b>					
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	REIMBURSEMENTS	900099	33,782.	33,782.		
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		33,782.			
<b>12</b>	<b>Total revenue.</b> See instructions		49,725,747.	65,262.	0.	-711,398.	

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	20,383,474.	20,383,474.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	136,292.	136,292.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,908,301.	960,922.	117,650.	829,729.
<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	11,433,670.	5,873,687.	688,065.	4,871,918.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,550,875.	592,849.	122,853.	835,173.
<b>9</b> Other employee benefits	1,167,102.	446,145.	92,452.	628,505.
<b>10</b> Payroll taxes	949,344.	208,981.	49,119.	691,244.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	189,848.	92,429.	68,149.	29,270.
<b>c</b> Accounting	120,353.	58,595.	43,202.	18,556.
<b>d</b> Lobbying	92,996.	31,938.	59,492.	1,566.
<b>e</b> Professional fundraising services. See Part IV, line 17	386,608.			386,608.
<b>f</b> Investment management fees	152,707.		152,707.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,302,270.	1,400,393.	883,866.	18,011.
<b>12</b> Advertising and promotion	722,099.	539,618.	80,943.	101,538.
<b>13</b> Office expenses	160,058.	10,286.	85,534.	64,238.
<b>14</b> Information technology	319,153.	28,671.	239,176.	51,306.
<b>15</b> Royalties				
<b>16</b> Occupancy	185,295.	137,338.	22,264.	25,693.
<b>17</b> Travel	880,920.	758,644.	106,211.	16,065.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	105,479.	90,838.	12,717.	1,924.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,706,435.	1,280,326.	340,087.	86,022.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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>BAD DEBT EXPENSE</b>	1,660,048.		1,660,048.	
<b>b</b> <b>SPECIAL EVENT EXPENSE</b>	1,455,549.	196,102.	473,349.	786,098.
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	225,710.	32,958.	11,985.	180,767.
<b>d</b> <b>SUPPLIES</b>	135,307.	28,064.	77,175.	30,068.
<b>e</b> All other expenses	471,171.	161,816.	301,423.	7,932.
<b>25</b> Total functional expenses. Add lines 1 through 24e	48,801,064.	33,450,366.	5,688,467.	9,662,231.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	34,548,112.	<b>1</b>	33,118,955.
	<b>2</b> Savings and temporary cash investments .....	577,613.	<b>2</b>	577,897.
	<b>3</b> Pledges and grants receivable, net .....	5,048,871.	<b>3</b>	9,296,111.
	<b>4</b> Accounts receivable, net .....	129,699.	<b>4</b>	65,866.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	442,749.	<b>7</b>	427,177.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	413,125.	<b>9</b>	619,951.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 49,895,963.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 31,120,785.	20,245,426.	<b>10c</b> 18,775,178.
	<b>11</b> Investments - publicly traded securities .....	44,001.	<b>11</b>	130,294.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	107,245,534.	<b>12</b>	89,023,887.
	<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 .....	22,170,574.	<b>15</b>	17,683,795.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	190,865,704.	<b>16</b>	169,719,111.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,949,617.	<b>17</b>	6,440,527.
	<b>18</b> Grants payable .....	14,051,226.	<b>18</b>	11,326,000.
	<b>19</b> Deferred revenue .....	278,950.	<b>19</b>	278,700.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	21,691,129.	<b>21</b>	17,261,895.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	378,704.	<b>25</b>	226,365.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	40,349,626.	<b>26</b>	35,533,487.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	106,215,078.	<b>27</b>	80,461,624.
	<b>28</b> Net assets with donor restrictions .....	44,301,000.	<b>28</b>	53,724,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	150,516,078.	<b>32</b>	134,185,624.
<b>33</b> Total liabilities and net assets/fund balances .....	190,865,704.	<b>33</b>	169,719,111.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,725,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,801,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	924,683.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150,516,078.
5	Net unrealized gains (losses) on investments	5	-17,255,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,185,624.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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 on Schedule O.		
2a 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		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> JEWISH FEDERATION COUNCIL OF GREATER LA	<b>Employer identification number</b> 95-1643388
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51068376.	49127353.	49006357.	43445009.	50371883.	243018978
<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	51068376.	49127353.	49006357.	43445009.	50371883.	243018978
<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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						243018978

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	51068376.	49127353.	49006357.	43445009.	50371883.	243018978
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3155039.	3370934.	2340603.	2496186.	2468612.	13831374.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on		20,835.	22,919.	28,436.		72,190.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	61,864.	49,196.	13,524.	145.	33,782.	158,511.
<b>11 Total support.</b> Add lines 7 through 10						257081053
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	475,323.
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	94.53 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	93.99 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 VI 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 - 2021.</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 VI 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 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 43,589.

2019 AMOUNT: \$ 49,196.

2020 AMOUNT: \$ 13,524.

2021 AMOUNT: \$ 145.

2022 AMOUNT: \$ 33,782.

GROSS INCOME FROM GAMING EVENTS

2018 AMOUNT: \$ 18,275.



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>JEWISH FEDERATION COUNCIL OF GREATER LA</b>	Employer identification number <b>95-1643388</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990) 2022**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		90,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			90,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE JEWISH PUBLIC AFFAIRS COMMITTEE OF CALIFORNIA (JPAC) IS THE LARGEST SINGLE STATE COALITION OF JEWISH ORGANIZATIONS IN THE NATION. JPAC IS COMPRISED OF JEWISH FEDERATIONS, JEWISH COMMUNITY RELATIONS COMMITTEES, AND OTHER CALIFORNIA BASED JEWISH ORGANIZATIONS. JPAC TAKES POSITIONS ON LEGISLATION DEALING WITH ISSUES IMPORTANT TO THE JEWISH COMMUNITY,

**Part IV** Supplemental Information *(continued)*

SUCH AS CIVIL RIGHTS, SEPARATION OF CHURCH AND STATE, SOCIAL SERVICE  
 DELIVERY, AND PUBLIC EDUCATION. JPAC ALSO ADVOCATES ON THE FULL RANGE  
 OF JEWISH COMMUNITY CONCERNS, INCLUDING SUPPORT ON BEHALF OF JEWISH  
 SOCIAL SERVICE PROVIDER AGENCIES THAT SERVE THE POPULATION AT LARGE.  
 JPAC SERVES AS A RESOURCE TO LEGISLATORS ON VARIOUS POLICY MATTERS.  
 LOBBYING ALLOCATION TO JPAC IS \$90,000.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: JEWISH FEDERATION COUNCIL OF GREATER LA; Employer identification number: 95-1643388

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

**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 make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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" on 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
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	109,346,276.	98,105,276.	95,139,497.	85,219,277.	94,763,328.
b Contributions	3,559,000.	2,462,000.	734,344.	1,602,651.	3,656,908.
c Net investment earnings, gains, and losses	-16,135,000.	13,118,000.	106,884,590.	14,677,105.	-4,536,466.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,645,000.	4,178,835.	8,330,701.	6,209,091.	4,700,161.
f Administrative expenses		160,165.	838,843.	150,445.	202,480.
g End of year balance	92,125,276.	109,346,276.	98,105,276.	95,139,497.	88,981,129.

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

- a Board designated or quasi-endowment 83.1000 %
- b Permanent endowment 9.6000 %
- c Term endowment 7.3000 %

The percentages on 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
- (ii) Related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land		2,463,991.		2,463,991.
b Buildings		41,533,183.	25,490,726.	16,042,457.
c Leasehold improvements				
d Equipment		3,724,026.	3,656,058.	67,968.
e Other		2,174,763.	1,974,001.	200,762.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,775,178.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) JEWISH COMMUNITY		
(B) FOUNDATION COMMON		
(C) INVESTMENT POOL	89,023,887.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	89,023,887.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM BROKER	147,599.
(2) JIM JOSEPH FUND HSAI	17,261,895.
(3) DEFERRED COMPENSATION 457(B)	243,578.
(4) OTHER ASSETS	30,723.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,683,795.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	40,845.
(3) DEFERRED COMPENSATION 457(B) PLAN	243,578.
(4) DEFINED BENEFIT PENSION PLAN	-63,808.
(5) OTHER LIABILITIES	5,750.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	226,365.

2. Liability for uncertain tax positions. 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 FASB 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	31,715,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-17,255,137.
<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>	-1,812,820.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-19,067,957.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	50,782,957.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<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>	-1,057,210.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,057,210.
<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>	49,725,747.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	48,046,000.
<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>	1,057,756.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,057,756.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	46,988,244.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<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>	1,812,820.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,812,820.
<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>	48,801,064.

**Part XIII Supplemental Information.**

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.

**PART IV, LINE 2B:**

THE JEWISH FEDERATION COUNCIL OF GREATER LA PARTNERED WITH THE JEWISH COMMUNITY FOUNDATION ("FOUNDATION"), BUILDERS OF JEWISH EDUCATION ("BJE"), AND FIVE BJE AFFILIATED JEWISH HIGH SCHOOLS ("HIGH SCHOOLS") PARTICIPATED IN THE JIM JOSEPH FOUNDATION HIGH SCHOOL AFFORDABILITY INITIATIVE. THE INITIATIVE ASSISTS THE HIGH SCHOOLS IN RAISING ENDOWMENT DOLLARS WHICH WILL BUILD ONGOING CAPACITY TO SUPPORT JEWISH HIGH SCHOOL EDUCATION. THE FEDERATION ACTS AS INTERMEDIARY BETWEEN THE BJE AND THE FOUNDATION BY TRANSFERRING FUNDS RECEIVED BY BJE FROM THE HIGH SCHOOLS FOR INVESTING IN THE COMMON INVESTMENT POOL MANAGED BY THE FOUNDATION.

**PART V, LINE 4:**



**Part XIII** Supplemental Information (continued)

THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO PROVIDE ONGOING SUPPORT FOR THE ORGANIZATION THROUGH AN ANNUAL DISTRIBUTION. THE ANNUAL DISTRIBUTION IS BASED ON A SPENDING RATE OF 5% CALCULATED BASED ON THE TWELVE QUARTERS AVERAGE BALANCE AT SEPTEMBER 30TH. ADDITIONALLY, THE BOARD DESIGNATED ENDOWMENT MAY BE USED TO SUPPORT SIGNIFICANT OPERATING OR PROGRAM INITIATIVES THAT EXCEED THE PROJECTED ANNUAL REVENUE AND EXPENSE BUDGET. DISTRIBUTIONS THAT EXCEED THE ANNUAL SPENDING RATE ARE APPROVED BY THE BOARD. OTHER ENDOWMENT FUNDS ARE INTENDED TO A) MATCH AREA JEWISH DAY SCHOOLS SCHOLARSHIP DISTRIBUTIONS, B) PROVIDE FOR CAPITAL IMPROVEMENTS TO THE FEDERATION'S FACILITIES, C) MAINTAIN WOMENS' LION OF JUDAH GIFTS IN PERPETUITY AND SUPPORT WOMEN'S PHILANTHROPY, AND D) SUPPORT THE FEDERATION'S ANNUAL CAMPAIGN IN PERPETUITY.

PART X, LINE 2:

THE FEDERATION IS EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS, RESPECTIVELY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FEDERATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO 2019 AND 2018, RESPECTIVELY, ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

BANK CHARGES	-65.
INVESTMENT MANAGEMENT FEES	-152,707.
BAD DEBT EXPENSE	-1,660,048.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,812,820.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENT REVENUE	1,333,560.
EVENT REVENUE	559,039.
ROUNDING (AUDIT NUMBERS ARE ROUNDED TO THE NEAREST THOUSAND)	725.
RENT EXPENSES	-2,950,534.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,057,210.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	2,950,534.
RENTAL REVENUE	-1,333,560.
FUNDRAISING EXPENSES	
EVENT REVENUE	-559,039.
ROUNDING (AUDIT NUMBERS ARE ROUNDED TO THE NEAREST THOUSAND)	-179.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,057,756.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	1,660,048.
BANK CHARGES	65.
INVESTMENT MANAGEMENT FEES	152,707.

Schedule D (Form 990) 2022

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,812,820.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>JEWISH FEDERATION COUNCIL OF GREATER LA</b>	Employer identification number <b>95-1643388</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	55	PROGRAM SERVICES	COMMUNITY LEADERSHIP INSTITUTE TRIP FOR JOINT SEMINAR IN ISRAEL AND OTHER MISSIONS	1,245,557.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	PROGARM MISSION TO EXPERIENCE THE WORK OF OTHER NON-PROFIT ORGANIZATIONS	42,852.
<b>3 a Subtotal</b> .....	0	56			1,288,409.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	56			1,288,409.

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

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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 separately 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; don't file with Form 990)* .....  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2022

**Part V Supplemental Information**

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

Lined area for supplemental information.



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **JEWISH FEDERATION COUNCIL OF GREATER LA** Employer identification number **95-1643388**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GENERIC EVENTS - 1127 GARFIELD AVE, VENICE, CA	TOUR DE SUMMER CAMP - BICYCLING FUNDRAISER	X		530,140.	335,584.	194,556.
SIEGEL MARKETING GROUP INC. - 1845 N. FARWELL AVE. SUITE	TELE-FUNDRAISING		X	107,542.	51,024.	56,518.
<b>Total</b>				637,682.	386,608.	251,074.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		REC DINNER / BREAKFAST (event type)	LEGAL SERVICES DIN (event type)	7 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,970,139.	649,948.	5,304,415.	7,924,502.
	2	Less: Contributions	1,839,897.	492,811.	5,021,046.	7,353,754.
	3	Gross income (line 1 minus line 2)	130,242.	157,137.	283,369.	570,748.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	365,050.	97,431.	200,505.	662,986.
	8	Entertainment				
	9	Other direct expenses	33,937.	11,955.	101,489.	147,381.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				810,367.
11	Net income summary. Subtract line 10 from line 3, column (d)				-239,619.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: GENERIC EVENTS

(I) ADDRESS OF FUNDRAISER: 1127 GARFIELD AVE, VENICE, CA 90291

(I) NAME OF FUNDRAISER: SIEGEL MARKETING GROUP INC.

(I) ADDRESS OF FUNDRAISER:

1845 N. FARWELL AVE. SUITE 300, MILWAUKEE, MI 53202

**Part IV** Supplemental Information (continued)

ADDITIONAL INFORMATION - TOUR DE SUMMER CAMP

SINCE THE TOUR DE SUMMER CAMP FUNDRAISER EVENT IS AS MUCH ABOUT  
AWARENESS BUILDING AS FUNDRAISING, MANAGEMENT DECIDED THAT NET PROFIT  
WAS AN ACCEPTABLE RATIO.

**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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**JEWISH FEDERATION COUNCIL OF GREATER LA**

Employer identification number  
**95-1643388**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
30 YEARS AFTER 1925 CENTURY PARK EAST, SUITE #2140 LOS ANGELES, CA 90067	26-1748436	501(C)(3)	10,000.	0.			GRANT EXPENSE
ABRAHAM JOSHUA HESCHEL DAY SCHOOL 17701 DEVONSHIRE STREET NORTHBRIDGE, CA 91325	95-2794822	501(C)(3)	62,658.	0.			STUDENT FINANCIAL AID
ADAT ARI EL 12020 BUREANK BLVD. VALLEY VILLAGE, CA 91607-2198	23-7366318	501(C)(3)	8,000.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
ADVANCEMENT PROJECT 1910 W SUBSET BLVD, SUITE 500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	45,000.	0.			GRANT EXPENSE
AISH TAMID OF LOS ANGELES 5909 WEST THIRD STREET LOS ANGELES, CA 90036	90-0086051	501(C)(3)	80,000.	0.			GRANT EXPENSE
AMAZON CAPITAL SERVICES, INC 410 TERRY AVENUE NORTH SEATTLE, WA 98109	45-3328644		20,250.	0.			PROGRAM SUPPLIES/BOOKS/GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **147.**
- 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) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 EAST 42ND STREET, SUITE 400 - NEW YORK, NY 10017	13-1656634	501(C)(3)	121,000.	0.			CAMPERSHIPS/SCHOLARSHIPS/S TIPENDS/GRANT EXPENSE
AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE LOS ANGELES, CA 90077	95-1684064	501(C)(3)	258,755.	0.			CAMPERSHIPS/SCHOLARSHIPS/S TIPENDS/GRANT EXPENSE
AMI SCHOOL ORGANIZATION 7011 SHOUP AVE WEST HILLS, CA 91307	47-4564989	501(C)(3)	30,000.	0.			GRANT EXPENSE
AT THE WELL PROJECT, INC. 1140 3RD STREET NE WASHINGTON, DC 20002	83-2697895	501(C)(3)	61,300.	0.			GRANT EXPENSE
BAIS CHAYA MUSHKA SCHOOL OF LOS ANGELES - 9051 W. PICO BLVD. - LOS ANGELES, CA 90035	95-4439460	501(C)(3)	42,194.	0.			STUDENT FINANCIAL AID
BEIT T' SHUVAH 8985 VENICE BLVD. SUITE H LOS ANGELES, CA 90034	77-0152646	501(C)(3)	132,500.	0.			GRANT EXPENSE
BET TZEDEK LEGAL SERVICES 3250 WILSHIRE BLVD., 13TH FLOOR LOS ANGELES, CA 90010-1509	23-7304205	501(C)(3)	370,000.	0.			PROGRAM SUPPLIES/BOOKS
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET, 7TH FLOOR NEW YORK, NY 10016	13-4092050	501(C)(3)	1,050,010.	0.			GRANT EXPENSE
BNEI AKIVA OF LOS ANGELES 1101 S. ROBERTSON BLVD., SUITE 105 LOS ANGELES, CA 90035	26-2103488	501(C)(3)	70,608.	0.			CAMPERSHIPS/SCHOLARSHIPS/S TIPENDS/GRANT EXPENSE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAWERMAN ELEMENTARY SCHOOL 11661 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	95-1691339	501(C)(3)	33,228.	0.			STUDENT FINANCIAL AID
BUILDERS OF JEWISH EDUCATION 6505 WILSHIRE BLVD., STE. 300 LOS ANGELES, CA 90048	95-4280178	501(C)(3)	621,912.	0.			GRANT EXPENSE
CAMP ALONIM 1101 PEPPERTREE LANE W. SIMI VALLEY, CA 93064	95-1684064	501(C)(3)	15,000.	0.			GRANT EXPENSE
CAMP MOSHAVA OF WILD ROSE, INC 3740 DEMPSTER SKOKIE, IL 60076	36-3874839	501(C)(3)	5,400.	0.			CAMPERSHIPS
CAMP MOUNTAIN CHAI 5249 SOUTH SEPULVEDA BLVD. CULVER CITY, CA 90230	91-2150831	501(C)(3)	19,600.	0.			CAMPERSHIPS
CAMP RAMAH IN CALIFORNIA, INC. 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-1843131	501(C)(3)	538,345.	0.			CAMPERSHIPS/SCHOLARSHIPS/S TIPENDS/GRANT EXPENSE
CAMP TAWONGA 17525 VENTURA BLVD. STE. 310 ENCINO, CA 91316	94-3227261	501(C)(3)	8,650.	0.			CAMPERSHIPS
CENTER FOR ASIAN AMERICANS UNITED FOR SELF EMPOWERMENT - 1605 W. OLYMIC BLVD. SUITE 1027 - LOS ANGELES, CA 90015	95-4458597	501(C)(3)	25,000.	0.			GRANT EXPENSE
CHABAD AT CSUN 17833 PRAIRIE STREET NORTHRIDGE, CA 91325	20-8117991	501(C)(3)	20,000.	0.			GRANT EXPENSE

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD AT PIECE INC 20460 GLIMORE ST. WINNETKA, CA 91306	47-4960401	501(C)(3)	10,000.	0.			GRANT EXPENSE
CHABAD JEWISH STUDENT CENTRE AT USC - 2713 SEVERANCE ST. - LOS ANGELES, CA 90007	61-1442258	501(C)(3)	35,000.	0.			GRANT EXPENSE
CHABAD ISRAEL CENTRE 1520 S. ROBERTSON BLVD. LOS ANGELES, CA 90035	95-4035500	501(C)(3)	6,000.	0.			GRANT EXPENSE
CHABAD ON 17TH 1119 BROADWAY UNIT F SANTA MONICA, CA 90401	95-4867184	501(C)(3)	20,300.	0.			GRANT EXPENSE
CHAI LIFELINE 151 W 30TH STREET NEW YORK, NY 10001	11-2940331	501(C)(3)	120,000.	0.			GRANT EXPENSE
CHALLAH FOR HUNGER 1701 WALNUT STREET, 7TH FLOOR PHILADELPHIA, PA 19103	26-1540827	501(C)(3)	15,000.	0.			GRANT EXPENSE
CHEDER MENACHEM MENDEL 1606 S. LA CIENEGA BLVD. LOS ANGELES, CA 90035	95-4434095	501(C)(3)	47,258.	0.			STUDENT FINANCIAL AID
CHOFETZ CHAIM LOS ANGELES AFFILIATE - 1540 S. ROBERTSON BLVD. - LOS ANGELES, CA 90035	27-1887722	501(C)(3)	13,502.	0.			STUDENT FINANCIAL AID
CONGREGATION BETH SHALOM 21430 CENTRE POINTE PARKWAY SANTA CLARITA, CA 91350	95-3127094	501(C)(3)	8,000.	0.			STUDENT FINANCIAL AID



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION NER ARYEH 12422 CHANDLER BLVD. VALLEY VILLAGE, CA 91607	81-3930468	501(C)(3)	6,752.	0.			STUDENT FINANCIAL AID
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275-0000	95-2546462	501(C)(3)	7,500.	0.			GRANT EXPENSE
CONGREGATION OR AMI 26115 MUREAU ROAD #B CALABASAS, CA 91302	95-4614448	501(C)(3)	20,470.	0.			GRANT EXPENSE
CROSS CULTURAL EXPRESSIONS 15315 MAGNOLIA BLVD. #400 SHERMAN OAKS, CA 91403	47-2372275	501(C)(3)	55,000.	0.			GRANT EXPENSE
DANIEL ILLULIAN 236 S. MORENODR DR. BEVERLY HILLS, CA 90212	85-0838073	501(C)(3)	6,350.	0.			GRANT EXPENSE
DE TOLEDO HIGH SCHOOL 22622 VANOWEN STREET WEST HILLS, CA 91307	95-4805188	501(C)(3)	109,704.	0.			STUDENT FINANCIAL AID
EDEN VILLAGE CAMP 3200 RIO LINDO AVE HEALDSBURG, CA 95448	26-4373931	501(C)(3)	13,600.	0.			CAMPERSHIPS
EMEK HEBREW ACADEMY 5850 LAUREL CANYON BLVD. NORTH HOLLYWOOD, CA 91607	95-6006492	501(C)(3)	66,633.	0.			STUDENT FINANCIAL AID
ETTA ISRAEL CENTER 15365 MAGNOLIA BLVD. SHERMAN OAKS, CA 91403	95-4308644	501(C)(3)	390,000.	0.			GRANT EXPENSE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH AND COMMUNITY EMPOWERMENT 13034 SATICOY ST. NORTH HOLLYWOOD, CA 91605	03-0417254	501(C)(3)	25,000.	0.			GRANT EXPENSE
FRIENDS OF CHABAD TZFAS, INC 478 ALBANY AVE #47 BROOKLYN, NY 11203	46-3329144	501(C)(3)	9,025.	0.			SCHOLARSHIP/STIPENDS
FRIENDSHIP CIRCLE LOS ANGELES 575 8TH AVENUE 11TH FLOOR NEW YORK, NY 10018	20-3270890	501(C)(3)	150,000.	0.			GRANT EXPENSE
FULFILLMENT FUND 6100 WILSHIRE BLVD, SUITE 600 LOS ANGELES, CA 90048	95-3180934	501(C)(3)	45,000.	0.			GRANT EXPENSE
GAN ISRAEL SCHOOL 1952 S. ROBERTSON BLVD. LOS ANGELES, CA 90034	95-3981217	501(C)(3)	20,000.	0.			STUDENT FINANCIAL AID
GINDI MAIMONIDES ACADEMY 18181 BUREANK BLVD TARZANA, CA 91356	95-3214146	501(C)(3)	59,258.	0.			STUDENT FINANCIAL AID
HABONIM CAMP KVUTZA INC. 8511 BEVERLY PLACE LOS ANGELES, CA 90048	95-1929706	501(C)(3)	53,660.	0.			SCHOLARSHIPS/STIPENDS/GRANT EXPENSE
HARKHAM HILLEL HEBREW ACADEMY 8339 W. 3RD ST. LOS ANGELES, CA 90048	95-1662972	501(C)(3)	89,384.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
HEART OF LOS ANGELES YOUTH, INC. 9120 WEST OLYMPIC BLVD. BEVERLY HILLS, CA 90212	95-4397418	501(C)(3)	30,000.	0.			GRANT EXPENSE

Schedule I (Form 990)

JEWISH FEDERATION COUNCIL OF GREATER LA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HILA BETTY GELFER 2701 WILSHIRE BLVD., SUITE 100 LOS ANGELES, CA 90057	68-8847994	501(C)(3)	10,000.	0.			SCHOLARSHIPS/STIPENDS
HILLEL 818 1729 PLUMMER ST NORTHridge, CA 91325	95-1831070	501(C)(3)	145,000.	0.			GRANT EXPENSE
HILLEL AT UCLA 574 HILGARD AVENUE LOS ANGELES, CA 90024	46-0573247	501(C)(3)	145,000.	0.			GRANT EXPENSE
IKAR 1564 SOUTH BURNSIDE AVENUE LOS ANGELES, CA 90019	20-1210098	501(C)(3)	9,500.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
ILAN RAMON DAY SCHOOL 27400 W. CANWOOD STREET AGOURA HILLS, CA 91301	95-4661185	501(C)(3)	41,756.	0.			STUDENT FINANCIAL AID
IMAGINATION PRODUCTIONS INC. 11110 W OAKLAND PARK BLVD #288 SUNRISE, FL 33351	26-1264680	501(C)(3)	35,000.	0.			GRANT EXPENSE
IRANTAN AMERICAN JEWISH FEDERATION 1317 N. CRESCENT HEIGHTS BLVD. WEST HOLLYWOOD, CA 90046	95-3618582	501(C)(3)	80,000.	0.			GRANT EXPENSE
JEWISH BIG BROTHERS BIG SISTERS 2108 VAIL AVE. REDONDO BEACH, CA 90278	95-1691009	501(C)(3)	355,847.	0.			GRANT EXPENSE
JEWISH COMMUNITY CENTER OF THE SOUTH BAY - 6505 WILSHIRE BLVD. - LOS ANGELES, CA 90048	71-0866033	501(C)(3)	16,000.	0.			STUDENT FINANCIAL AID

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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JEWISH COMMUNITY FOUNDATION 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-6111928	501(C)(3)	348,726.	0.			GRANT EXPENSE
JEWISH FAMILY SERVICE OF LOS ANGELES - 6505 WILSHIRE BLVD., 7TH FL. - LOS ANGELES, CA 90048	95-1691013	501(C)(3)	3,132,700.	0.			GRANT EXPENSE
JEWISH FUNDERS NETWORK 150 WEST 30TH STREET SUITE 900 NEW YORK, NY 10001	23-2742482	501(C)(3)	22,500.	0.			GRANT EXPENSE
JEWISH GRADUATE STUDENT INITIATIVE 1856 N NOB HILL ROAD, #219 PLANTATION, FL 33322	80-0716359	501(C)(3)	50,000.	0.			GRANT EXPENSE
JEWISH LOS ANGELES SPECIAL NEEDS TRUST - 2005 MARBLE GORGE DRIVE - LAS VEGAS, NV 89117	81-0820016	501(C)(3)	30,000.	0.			GRANT EXPENSE
JEWISH SOCIAL RESPONSE 6505 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90048	46-4634663	501(C)(3)	15,000.	0.			GRANT EXPENSE
JEWISH VOCATIONAL SERVICE 3435 OCEAN PARK BLVD. #107-85 SANTA MONICA, CA 90405	95-1691012	501(C)(3)	417,046.	0.			GRANT EXPENSE
JQ INTERNATIONAL 7011 SHOUP AVENUE WEST HILLS, CA 91307	68-0601176	501(C)(3)	147,000.	0.			GRANT EXPENSE
KADIMA HEBREW ACADEMY 1434 N. ALTADENA DR. PASADENA, CA 91107	95-3190850	501(C)(3)	46,665.	0.			GRANT EXPENSE /STUDENT FINANCIAL AID

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
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KARNA BLUGRIND 1779 KIRBY PKWY I-362 MEMPHIS, TN 38138	95-3643872	501(C)(3)	8,000.	0.			STUDENT FINANCIAL AID
KAVOD/ENSURING DIGNITY FOR HOLOCAUST SURVIVORS - 16019 WEST SUNSET BLVD. - PACIFIC PALISADES, CA 90272	47-5495289	501(C)(3)	60,746.	0.			GRANT EXPENSE
KEHILLAT ISRAEL 200 EAST SLAUSON AVE LOS ANGELES, CA 90011	95-2056645	501(C)(3)	14,000.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
LOS ANGELES BROTHERHOOD CRUSADE-BLACK UNITED FUND INC. - 12020 BUREANK BLVD. - VALLEY VILLAGE, CA 91607	95-2543819	501(C)(3)	40,000.	0.			GRANT EXPENSE
LOS ANGELES JEWISH HOME FOR THE AGING - 7150 TAMPA AVENUE - RESEDA, CA 91335	95-3510024	501(C)(3)	10,000.	0.			GRANT EXPENSE
LOS ANGELES LGBT CENTER 100 S. THE GROVE DRIVE LOS ANGELES, CA 90036	95-3567895	501(C)(3)	35,000.	0.			GRANT EXPENSE
LOS ANGELES MUSEUM OF THE HOLOCAUST - 1 LMU DRIVE MALONE 301 - LOS ANGELES, CA 90045	46-0503824	501(C)(3)	46,000.	0.			GRANT EXPENSE
MAAGALIM COMMUNITY CIRCLES INC. 22717 MOBILE STREET WEST HILLS, CA 91307	82-3206380	501(C)(3)	15,000.	0.			GRANT EXPENSE
MALIBU JEWISH CENTER & SYNAGOGUE 24855 PACIFIC COAST HIGHWAY MALIBU, CA 90265	95-3514894	501(C)(3)	25,000.	0.			GRANT EXPENSE

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MAOR ACADEMY LA, INC. 5470 WASHINGTON BLVD LOS ANGELES, CA 90016	82-4042330	501(C)(3)	50,000.	0.			GRANT EXPENSE
MAPS CHARITIES 14320 VENTURA BLVD. #331 SHERMAN OAKS, CA 91423	27-0749461	501(C)(3)	10,000.	0.			GRANT EXPENSE
MESIVTA OF GREATER LOS ANGELES 25115 MUREAU RD. CALABASAS, CA 91302	95-4621495	501(C)(3)	16,878.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
MILKEN COMMUNITY SCHOOL 15800 ZELDINS WAY LOS ANGELES, CA 90049	95-4381008	501(C)(3)	137,131.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
MOISHE HOUSE 441 SAXONY ROAD ENCINITAS, CA 92024	26-2599786	501(C)(3)	51,000.	0.			GRANT EXPENSE
MOVING TRADITIONS 780 STEPHEN RD WARMINSTER, PA 18974	34-2015014	501(C)(3)	35,000.	0.			GRANT EXPENSE
MTZ PRODUCTIONS, LLC 6444 E. SPRING STREET #224 LONG BEACH, CA 90815	82-4667525	501(C)(3)	8,930.	0.			GRANT EXPENSE
NAGEL JEWISH ACADEMY 142 S. REXFORD DRIVE LOS ANGELES, CA 90212	47-1520327	501(C)(3)	45,000.	0.			PRIOGRAM SUPPLIES/BOOKS
NEFESH LA 1332 LINDA ROSA AVE. LOS ANGELES, CA 90041	83-4612468	501(C)(3)	42,000.	0.			GRANT EXPENSE

JEWISH FEDERATION COUNCIL OF GREATER LA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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NETAN ELI HEBREW ACADEMY 1518 S. ROBERTSON BLVD LOS ANGELES, CA 90035	95-4434894	501(C)(3)	8,000.	0.			GRANT EXPENSE
OCCIDENTAL COLLEGE 1518 S. ROBERTSON BLVD. LOS ANGELES, CA 90035	95-1667177	501(C)(3)	10,000.	0.			GRANT EXPENSE
OHEL CHANA HIGH SCHOOL 1600 CAMPUS ROAD LOS ANGELES, CA 90041	46-2869189	501(C)(3)	7,120.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
ONE TABLE 7162 BEVERLY BLVD. #341 LOS ANGELES, CA 90036	46-4715368	501(C)(3)	70,000.	0.			GRANT EXPENSE
ORTHODOX UNION 310 GRANT STREET, SUITE 715 PITTSBURGH, PA 15219	13-5623717	501(C)(3)	181,600.	0.			CAMPERSHIPS/GRANT EXPENSE
PALISADES JEWISH EARLY CHILDHOOD CENTER CHABAD INC - 11 BROADWAY 14TH FLOOR - NEW YORK, NY 10004	77-0600595	501(C)(3)	6,000.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
PRESSMAN ACADEMY OF TEMPLE BETH AM P.O. BOX 165 THORNWOOD, NY 10594	95-1656370	501(C)(3)	78,082.	0.			STUDENT FINANCIAL AID
REPAIR THE WORLD 1039 S. LA CIENEGA BLVD. LOS ANGELES, CA 90035	36-4524686	501(C)(3)	75,246.	0.			GRANT EXPENSE
SAMUEL A. FRYER YAVNEH ACADEMY SUMMER CAMP - 1460 BROADWAY - NEW YORK, NY 10036	95-2117190	501(C)(3)	48,506.	0.			STUDENT FINANCIAL AID

JEWISH FEDERATION COUNCIL OF GREATER LA

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SEPHARDIC TEMPLE TIFERETH ISRAEL 5353 W. THIRD STREET LOS ANGELES, CA 90020	95-1866096	501(C)(3)	6,000.	0.			STUDENT FINANCIAL AID
SHALHEVET HIGH SCHOOL 10500 WILSHIRE BLVD. LOS ANGELES, CA 90024	95-4330860	501(C)(3)	60,338.	0.			STUDENT FINANCIAL AID
SHALOM INSTITUTE 910 S. FAIRFAX AVENUE LOS ANGELES, CA 90036	84-1652923	501(C)(3)	125,000.	0.		PROGRAM SUPPLIES/BOOKS/GRANT EXPENSE	
SHALOM INSTITUTE CAMP AND CONFERENCE CENTER - 1014 S. WESTLAKE BLVD. STE #14-175 - WESTLAKE VILLAGE, CA 91361	84-1652923	501(C)(3)	259,959.	0.		CAMPERSHIPS/SCHOLARSHIPS/S TIPENDS/GRANT EXPENSE	
SHOMREI TORAH SYNAGOGUE 1086 TEANECK ROAD, SUITE 2G TEANECK, NJ 07666	95-2153156	501(C)(3)	59,704.	0.		GRANT EXPENSE	
SILVERLAKE INDEPENDENT JEWISH COMMUNITY CENTER - 7353 VALLEY CIRCLE BLVD. - WEST HILLS, CA 91304	32-0003071	501(C)(3)	28,350.	0.		GRANT EXPENSE/STUDENT FINANCIAL AID	
SINAI AKIBA ACADEMY 1110 BATES AVENUE LOS ANGELES, CA 90029	95-2103898	501(C)(3)	109,443.	0.		STUDENT FINANCIAL AID	
SINAI TEMPLE 10400 WILSHIRE BLVD. LOS ANGELES, CA 90024	95-2103898	501(C)(3)	25,000.	0.		GRANT EXPENSE	
SOCIAL GOOD FUND, INC. 12641 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1353132	501(C)(3)	41,500.	0.		GRANT EXPENSE	



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SOLA I CAN FOUNDATION 8629 S. VERMONT AVE. LOS ANGELES, CA 90044	82-4698211	501(C)(3)	45,000.	0.			GRANT EXPENSE
SPECIAL SERVICE FOR GROUPS, INC. 905 E. 8TH STREET LOS ANGELES, CA 90021	95-1716914	501(C)(3)	45,000.	0.			GRANT EXPENSE
STAND WITH US 10400 WILSHIRE BLVD. LOS ANGELES, CA 90024	01-0566033	501(C)(3)	45,000.	0.			GRANT EXPENSE
STEPHEN S. WISE TEMPLE 6505 WILSHIRE BLVD., SUITE 500 LOS ANGELES, CA 90048	95-6087552	501(C)(3)	97,794.	0.			STUDENT FINANCIAL AID
TASHEAR SEPHARDIC YESHIVA KETANA 15500 STEPHEN S. WISE DRIVE LOS ANGELES, CA 90077	47-4032122	501(C)(3)	25,633.	0.			STUDENT FINANCIAL AID
TEMPLE ADAT ELOHIM 1210 S. LA CIENEGA BLVD. LOS ANGELES, CA 90035	95-2596965	501(C)(3)	8,000.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
TEMPLE AKIBA 18200 RINALDI PLACE NORTHridge, CA 91326	95-1932032	501(C)(3)	46,050.	0.			GRANT EXPENSE
TEMPLE ALIYAH 5249 SEPULVEDA BLVD. CULVER CITY, CA 90230	95-2236425	501(C)(3)	14,000.	0.			STUDENT FINANCIAL AID
TEMPLE BETH AM 1039 SOUTH LA CIENEGA BLVD LOS ANGELES, CA 90035	95-1656370	501(C)(3)	15,800.	0.			GRANT EXPENSE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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TEMPLE BETH HILLEL 6025 VALLEY CIRCLE BLVD. WOODLAND HILLS, CA 91367	95-1765175	501(C)(3)	43,502.	0.			STUDENT FINANCIAL AID
TEMPLE BETH ISRAEL OF THE POMONA VALLEY - 3033 N TOWNE AVE - POMONA, CA 91767	95-2111157	501(C)(3)	6,000.	0.			STUDENT FINANCIAL AID
TEMPLE EMANUEL OF BEVERLY HILLS 4302 VAN NUYS BLVD. SHERMAN OAKS, CA 91403	95-1696713	501(C)(3)	8,800.	0.			STUDENT FINANCIAL AID
TEMPLE ETZ CHAIM 1226 RIVERSIDE DRIVE VALLEY VILLAGE, CA 91607	95-6134243	501(C)(3)	16,000.	0.			STUDENT FINANCIAL AID
TEMPLE ISAIAH 300 NORTH CLARK DRIVE BEVERLY HILLS, CA 90211	95-1691319	501(C)(3)	24,000.	0.			STUDENT FINANCIAL AID
TEMPLE ISRAEL OF HOLLYWOOD 1080 E. JANS ROAD THOUSAND OAKS, CA 91360	95-1664124	501(C)(3)	45,724.	0.			SCHOLARSHIPS/STIPENDS/GRANT EXPENSE/STUDENT FINANCIAL AID
TEMPLE JUDEA 10345 WEST PICO BLVD LOS ANGELES, CA 90064	95-6052095	501(C)(3)	39,000.	0.			STUDENT FINANCIAL AID
TEMPLE MENORAH 5429 LINDLEY AVENUE TARZANA, CA 91356	95-6006575	501(C)(3)	6,000.	0.			GRANT EXPENSE
THE ADVOT PROJECT 5870 W. OLYMPIC BLVD. LOS ANGELES, CA 90019	27-3084801	501(C)(3)	12,500.	0.			GRANT EXPENSE

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THE JEWISH FEDERATIONS OF NORTH AMERICA / UJC - 17655 DEVONSHIRE STREET - NORTHRIDGE, CA 91325	13-1624240	501(C)(3)	6,245,932.	0.			SCHOLARSHIPS/STIPENDS
THE MAPLE COUSLING CENTER 4221 WILSHIRE BLVD., SUITE 240 LOS ANGELES, CA 90010	95-2753118	501(C)(3)	160,000.	0.			GRANT EXPENSE
THE MIRACLE PROJECT 439 N CANON DR. SUITE #209 BEVERLY HILLS, CA 90210	27-4030539	501(C)(3)	10,000.	0.			GRANT EXPENSE
THE OPEN TEMPLE 1422 ELECTRIC AVE. VENICE, CA 90291	46-1156168	501(C)(3)	26,000.	0.			GRANT EXPENSE
TOUCH OF KINDNESS, INC. 475 RIVERSIDE DRIVE, SUITE 1450 NEW YORK, NY 10115	75-3002144	501(C)(3)	190,000.	0.			GRANT EXPENSE
TRYBAL GATHERINGS, INC. 345 NORTH LA BREA, SUITE 208 LOS ANGELES, CA 90036	82-2536308	501(C)(3)	49,040.	0.			SCHOLARSHIPS/STIPENDS/GRANT EXPENSE
UNION FOR REFORM JUDAISM 1867 BEACON ST. #2 BROOKLINE, MA 02445	13-1663143	501(C)(3)	28,201.	0.			CAMPSHIPS/SCHOLARSHIPS/STIPENDS/GRANT EXPENSE
UNIVERSITY OF SOUTHERN CALIFORNIA 3335 S. FIGUEROA ST., UNIT A LOS ANGELES, CA 90089-7273	95-1642334	501(C)(3)	100,000.	0.			GRANT EXPENSE
USC HILLEL 3715 MCCLINTOCK AVENUE LOS ANGELES, CA 90089	95-4867366	501(C)(3)	145,000.	0.			GRANT EXPENSE

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VALLEY BETH SHALOM 3300 SOUTH HOOVER STREET LOS ANGELES, CA 90007	95-18990769	501(C)(3)	85,361.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
VALLEY BETH SHALOM DAY SCHOOL 15739 VENTURA BLVD ENCINO, CA 91436-2951	95-18990769	501(C)(3)	21,361.	0.			STUDENT FINANCIAL AID
VALLEY FRIENDSHIP CIRCLE 11927 VENTURA BLVD STUDIO CITY, CA 91604	45-5351558	501(C)(3)	10,000.	0.			GRANT EXPENSE
VALLEY TORAH HIGH SCHOOL 18017 CHATSWORTH STREET SUITE 217 GRANADA HILLS, CA 91344	95-3165544	501(C)(3)	59,810.	0.			STUDENT FINANCIAL AID
VISTA DEL MAR CHILD & FAMILY SERVICE - 12003 RIVERSIDE DRIVE - VALLEY VILLAGE, CA 91607	95-1647832	501(C)(3)	40,000.	0.			GRANT EXPENSE
WESTSIDE JEWISH COMMUNITY CENTER 3200 MOTOR AVENUE LOS ANGELES, CA 90035	95-1691010	501(C)(3)	213,000.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
WILSHIRE BOULEVARD TEMPLE 5870 WEST OLYMPIC BLVD. LOS ANGELES, CA 90036	95-1691339	501(C)(3)	138,181.	0.			CAMPERSHIPS/GRANT EXPENSE/STUDENT FINANCIAL AID
WISE READERS TO LEADERS 15500 STEPHEN S WISE DR LOS ANGELES, CA 90077	46-4535180	501(C)(3)	25,000.	0.			GRANT EXPENSE
YESHIVA AHARON YAAKOV 5353 W. 3RD ST LOS ANGELES, CA 90020	95-3405695	501(C)(3)	33,316.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA KETANA OF LOS ANGELES 241 S. DETROIT STREET LOS ANGELES, CA 90036	45-4665043	501(C)(3)	34,020.	0.			STUDENT FINANCIAL AID
YESHIVA OHR ELCHONON CHABAD 12131 BUREANK BLVD. VALLEY VILLAGE, CA 91607	95-4384473	501(C)(3)	52,026.	0.			STUDENT FINANCIAL AID
YESHIVA UNIVERSITY OF LOS ANGELES HIGH SCHOOL - 1619 S. ROBERTSON BLVD. - LOS ANGELES, CA 90035	42-1746735	501(C)(3)	19,225.	0.			STUDENT FINANCIAL AID
YULA BOYS SCHOOL 7215 WARING AVENUE LOS ANGELES, CA 90046	42-1746735	501(C)(3)	49,368.	0.			GRANT EXPENSE/STUDENT FINANCIAL AID
YULA GIRLS SCHOOL 9760 WEST PICO BLVD. LOS ANGELES, CA 90035	20-3081128	501(C)(3)	19,225.	0.			STUDENT FINANCIAL AID

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
SCHOLARSHIP / STIPENDS	34	136,292.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE RESPONSIBILITY FOR MONITORING GRANT AND PROGRAM DISTRIBUTIONS IS DISTRIBUTED TO THE THREE STRATEGIC INITIATIVES: ENSURING THE JEWISH FUTURE, CARING FOR JEWS IN NEED AND COMMUNITY ENGAGEMENT. EACH STRATEGIC INITIATIVE IS MANAGED BY PROFESSIONAL STAFF AND VOLUNTEERS WHO WORK TOGETHER TO IDENTIFY COMMUNITY NEEDS WITHIN THAT STRATEGIC INITIATIVE AREA. THE STAFF AND VOLUNTEERS ARE RESPONSIBLE FOR DEVELOPING AN ANNUAL BUDGET AND FOR COMMUNICATING NEW PROGRAM NEEDS THAT MAY ARISE DURING THE YEAR TO EXECUTIVE MANAGEMENT, THE STRATEGIC PLANNING AND DISTRIBUTION COMMITTEE, AND THE

**Part IV Supplemental Information**

BOARD. ADDITIONALLY, THEY MAY WORK WITH GRANTORS AND CONTRIBUTORS WHO FUND RESTRICTED PROGRAMS. ON AN ANNUAL BASIS, PROGRAM MANAGEMENT PROPOSES A BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, PROGRAM STAFF MONITORS THE DISTRIBUTIONS AGAINST BUDGETED ALLOCATIONS. ADDITIONALLY, THE PROGRAM STAFF MONITORS THE PROGRAM CONTENT OF RESTRICTED GRANTS.

**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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" 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 checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022



**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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NOAH FARKAS CEO/PRESIDENT	(i)	492,317.	49,000.	10,613.	20,500.	49,337.	621,767.
	(ii)	0.	0.	0.	0.	0.	0.
(2) IVAN WOLKIND CFO/COO	(i)	344,506.	0.	11,070.	25,584.	57,811.	438,971.
	(ii)	0.	0.	0.	0.	0.	0.
(3) LORI TESSEL SVP DONOR RELATIONS	(i)	300,822.	0.	93,793.	0.	4,044.	398,659.
	(ii)	0.	0.	0.	0.	0.	0.
(4) ANDREW CUSHNIR EXEC VP DONOR RELATIONS	(i)	292,692.	0.	19,358.	0.	9,510.	321,560.
	(ii)	0.	0.	0.	0.	0.	0.
(5) REBECCA SOBELMAN-STERN EVP CHIEF PROGRAM OFFICER	(i)	281,016.	0.	5,051.	24,645.	0.	310,712.
	(ii)	0.	0.	0.	0.	0.	0.
(6) CAROL KORANSKY EXEC VP SPECIAL COUNSEL	(i)	271,026.	0.	0.	8,400.	692.	280,118.
	(ii)	0.	0.	0.	0.	0.	0.
(7) ROBERT GOLDENBERG CHIEF CREATIVE OFFICER	(i)	264,419.	0.	1,083.	0.	9,510.	275,012.
	(ii)	0.	0.	0.	0.	0.	0.
(8) ELIZABETH BERGER SR VP DONOR REL & PLANNED	(i)	180,630.	0.	6,428.	27,000.	14,577.	228,635.
	(ii)	0.	0.	0.	0.	0.	0.
(9) SHIRA ROSENBLATT SVP JEWISH EDUC & ENG	(i)	199,697.	0.	1,278.	12,000.	15,640.	228,615.
	(ii)	0.	0.	0.	0.	0.	0.
(10) MITCHELL HAMERMAN SVP CAMPAIGN MANAGER	(i)	188,645.	0.	2,176.	0.	0.	190,821.
	(ii)	0.	0.	0.	0.	0.	0.
(11) MARCIA BERMAN SVP DEVELOPMENT	(i)	182,619.	0.	3,260.	0.	0.	185,879.
	(ii)	0.	0.	0.	0.	0.	0.
(12) ALISA FINSTEN CHIEF OF STAFF	(i)	179,356.	0.	718.	0.	0.	180,074.
	(ii)	0.	0.	0.	0.	0.	0.
(13) AMY POPKIN SVP DONOR RELATIONS	(i)	160,284.	0.	5,494.	0.	9,510.	175,288.
	(ii)	0.	0.	0.	0.	0.	0.
(14) CYNTHIA AYALA SVP ADMINISTRATION & HR	(i)	147,829.	15,000.	1,588.	0.	2,039.	166,456.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2022

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

CERTAIN EXECUTIVES ARE PROVIDED WITH AUTO ALLOWANCES AS PART OF THEIR COMPENSATION AGREEMENTS. THE ALLOWANCES ARE INCLUDED IN TAXABLE COMPENSATION.

ADDITIONALLY, SPOUSAL TRAVEL IS PROVIDED TO THE CEO ON CERTAIN INTERNATIONAL TRIPS SUBJECT TO APPROVAL BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS AND AN ANNUAL CAP OF \$7,500.

**PART I, LINE 3:**

THE BYLAWS PROVIDE FOR AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE WHICH REVIEWS AND APPROVES THE COMPENSATION, INCLUDING BENEFITS, OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING AND FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS - CHIEF DEVELOPMENT OFFICER, DIRECTOR OF VALLEY ALLIANCE, AND OTHER SELECTED EMPLOYEES WHO COMPRISE THE FIVE HIGHEST PAID EMPLOYEES OF THE FEDERATION.

THE REVIEW AND APPROVAL PROCESS INCLUDES USING SALARY SURVEYS AND STUDIES OF NON-PROFIT ORGANIZATIONS TO PROPOSE A COMPENSATION PACKAGE. THE REVIEW

**Part III Supplemental Information**

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

AND APPROVAL OCCUR UPON HIRING OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOYMENT AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED. AFTER THE EXECUTIVE COMPENSATION COMMITTEE HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS ARE REPORTED TO THE BOARD.

PART I, LINE 4A:

LORI TESSEL RECEIVED A \$93,077 SEVERANCE PAYMENT.

PART I, LINE 7:

THE CEO'S EMPLOYMENT AGREEMENT PROVIDES FOR A DISCRETIONARY BONUS EACH YEAR AS MAY BE DETERMINED BY THE BOARD OF DIRECTORS IN ITS SOLE DISCRETION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	11	11,050.	SELLING COST
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	120	2,221,437.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( ISRAEL BONDS )	X	5	108,000.	SELLING COST
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, LINE 32B:

ARRANGEMENT WITH CARS:

THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES USES THE FOR-PROFIT ORGANIZATION, CARS, AS A THIRD PARTY TO ASSIST WITH VEHICLE DONATIONS. THE DONOR NOTIFIES THE FEDERATION THAT THEY PLAN TO DONATE A VEHICLE, AND ARRANGEMENTS ARE THEN MADE BETWEEN THE DONOR AND CARS FOR THE PICK UP OF THE VEHICLE. CARS WILL TOW THE VEHICLE AND MAKE ALL ARRANGEMENTS NECESSARY FOR THE SALE OF THE VEHICLE. ONCE THE VEHICLE HAS BEEN SOLD, CARS WILL PREPARE A LETTER TO THE DONOR THANKING THEM FOR THEIR DONATION TO THE FEDERATION, AND WILL DISCLOSE IN THE LETTER IF THE CAR WAS SOLD FOR LESS THAN OR MORE THAN \$500. CARS IS AWARDED 30% OF THE GROSS SALES PRICE LESS EXPENSES, AND THE FEDERATION RECEIVES 70% OF THE GROSS SALES PRICE LESS EXPENSES.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

COMMUNITY AND LEVERAGES ITS RESOURCES TO ASSURE THE CONTINUITY OF THE  
JEWISH PEOPLE, SUPPORT A SECURE STATE OF ISRAEL, CARE FOR JEWS IN NEED  
HERE AND ABROAD, AND MOBILIZE ON ISSUES OF CONCERN TO THE COMMUNITY,  
ALL WITH OUR LOCAL, NATIONAL, AND INTERNATIONAL PARTNERS.

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

CONCERN TO THE COMMUNITY, ALL WITH OUR LOCAL, NATIONAL, AND  
INTERNATIONAL PARTNERS.

FORM 990, PART VI, SECTION A, LINE 2:

LES BIDER AND LYNN BIDER HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 7A:

PER ARTICLE 5.5 OF THE ORGANIZATION'S BYLAWS, THE FEDERATION'S GOVERNING  
BODY AND GOVERNING DOCUMENTS DELEGATE BROAD AUTHORITY TO AN EXECUTIVE  
COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE VICE  
CHAIR(S), THE CHAIR OR ONE OF THE CO-CHAIRS OF BOTH THE DEVELOPMENT  
COMMITTEE AND THE FINANCE AND ADMINISTRATION COMMITTEE, AND NOT LESS THAN  
SEVEN (7) ADDITIONAL DIRECTORS NOMINATED BY THE CHAIR AND APPROVED BY THE  
BOARD. AMONG THE ADDITIONAL MEMBERS SHALL BE INCLUDED THE CHAIR OR A  
CO-CHAIR, WHO IS A DIRECTOR, OF EACH STRATEGIC INITIATIVE COMMITTEE AND THE  
CHAIR OR A CO-CHAIR OF OTHER STANDING COMMITTEES NOT ALREADY A MEMBER AS OF  
RIGHT.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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THE FORM 990 IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM. WHEN THE FORM 990 IS COMPLETE, BUT BEFORE IT IS FILED, THE AUDIT COMMITTEE MEETS WITH THE CFO AND VP OF FINANCE AND REPRESENTATIVES FROM THE PUBLIC ACCOUNTING FIRM TO PERFORM A THOROUGH REVIEW OF THE FORM 990. THE BOARD HAS EMPOWERED THE AUDIT COMMITTEE TO PERFORM THIS REVIEW OF THE FORM 990 PRIOR TO FILING.

PRIOR TO FILING, THE MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE JEWISH FEDERATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. BOARD MEMBERS, COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES AND SELECTED STAFF ARE SUBJECT TO COMPLIANCE WITH THE POLICY. THE POLICY IS POSTED ON THE ORGANIZATION'S INTRANET. ADDITIONALLY, THE POLICY IS CIRCULATED ON AN ANNUAL BASIS TO AFFECTED PERSONS ALONG WITH A QUESTIONNAIRE TO FURTHER IDENTIFY RELATIONSHIPS THAT REQUIRE DISCLOSURE ON THE FORM 990.

THE POLICY DEFINES PROCEDURES FOR THE CONFLICTED PERSON AND/OR OTHERS TO ENSURE THAT BUSINESS TRANSACTIONS ARE IN THE BEST INTEREST OF THE ORGANIZATION, BUSINESS AND FAMILY RELATIONSHIPS ARE FULLY DISCLOSED, AND DISCIPLINARY MEASURES ARE ENFORCED. WHEN A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED BY THE CONFLICTED PARTY OR THE JEWISH FEDERATION, THE NATURE OF THE INTEREST OR INVOLVEMENT IS IMMEDIATELY COMMUNICATED TO THE PRESIDENT, BOARD CHAIR, AND THE RESPECTIVE COMMITTEE CONSIDERING THE TRANSACTION. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE, THE CONFLICTED PARTY SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER.

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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PERSONS PREPARING AND SIGNING THE FORM 990 ARE FAMILIAR WITH BOARD MEMBERS, COMMITTEE MEMBERS, FINANCIAL TRANSACTIONS (INCLUDING CONTRACTUAL ARRANGEMENTS) AND THE RULES AND POLICIES RELATED TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION:

THE BYLAWS PROVIDE FOR AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE WHICH REVIEWS AND APPROVES THE COMPNSATION, INCLUDING BENEFITS, OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, EXECUTIVE PRESIDENTS, AND CHIEF DEVELOPMENT OFFICER.

THE REVIEW AND APPROVAL OCCUR UPON HIRING OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOYMENT AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED. AFTER THE EXECUTIVE COMPENSATION HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS ARE REPORTED TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE JEWISH FEDERATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION.

THE JEWISH FEDERATION MAKES ITS CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION, AND COPIES WILL BE PROVIDED ON REQUEST IF THEY CANNOT BE ACCESSED FROM THE PUBLIC WEBSITE.







**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.