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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
JEWISH FEDERATION OF RHODE ISLAND

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
130 SESSIONS STREET

City or town, state or country, and ZIP + 4
PROVIDENCE, RI 02906

D Employer identification number
05-0259003

E Telephone number
(401) 421-4111

G Gross receipts $ 14,227,767

F Name and address of Principal Officer
stephen r silberfarb
130 sessions street
PROVIDENCE, RI 02906

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www jfri org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1945

M State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROMOTE GENERAL JEWISH WELFARE THROUGH THE SUPPORT OF JEWISH CHARITABLE, CULTURAL, AND RELIGIOUS ORGANIZATIONS AND TO ASSIST IN COMMUNAL ACTIVITIES TO PUBLISH BI-WEEKLY AND ANNUAL NEWSPAPERS FOR THE JEWISH COMMUNITY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	37
5	Total number of employees (Part V, line 2a)	**5**	29
6	Total number of volunteers (estimate if necessary)	**6**	300
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	316,564
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	13,217

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,256,088	3,356,146
9	Program service revenue (Part VIII, line 2g)	338,992	316,564
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,308,521	-345,838
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,903,601	3,326,872
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,803,853	5,162,034
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,270,417	1,454,014
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 574,732)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	937,801	846,595
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	7,012,071	7,462,643
19	Revenue less expenses Subtract line 18 from line 12	891,530	-4,135,771
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	52,939,046	39,476,713
21	Total liabilities (Part X, line 26)	11,075,831	8,906,605
22	Net assets or fund balances Subtract line 21 from line 20	41,863,215	30,570,108

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

Please Sign Here

****** | 2010-05-05
Signature of officer | Date

stephen r silberfarb executive vice president
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ John M Mathias	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Piccerelli Gilstein & Co LLP 144 Westminster Street Providence, RI 029032282			EIN ▶ Phone no ▶ (401) 831-0200

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

THE JEWISH FEDERATION OF RHODE ISLAND IS THE CENTRAL FUNDRAISING ORGANIZATION FOR THE GREATER RHODE ISLAND JEWISH COMMUNITY, ALLOCATING FUNDS, ASSISTING JEWISH AGENCIES LOCALLY, IN ISRAEL AND THROUGHOUT THE WORLD, AND ADVOCATING AS THE JEWISH VOICE FOR SOCIAL JUSTICE IN OUR COMMUNITY

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,102,338 including grants of $ 5,162,034) (Revenue $ 3,356,146)

TO PROMOTE GENERAL JEWISH WELFARE THROUGH THE SUPPORT OF JEWISH CHARITABLE, CULTURAL, AND RELIGIOUS ORGANIZATIONS AND ASSIST IN COMMUNAL ACTIVITIES

4b (Code) (Expenses $ 450,859 including grants of $) (Revenue $ 316,514)

TO PUBLISH BI-WEEKLY AND ANNUAL NEWSPAPERS FOR THE JEWISH COMMUNITY

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 6,553,197 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27	Yes	

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	21		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	29		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 38		
b	Enter the number of voting members that are independent . .	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

STEPHEN SILBERFARB
130 SESSIONS STREET
PROVIDENCE, RI 02906
(401) 421-4111

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								448,371	0	47,684

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,356,146				
	g	Noncash contributions included in lines 1a-1f $ 291,078				
	h	**Total (Add lines 1a-1f)** ▶	3,356,146			
Program Service Revenue		Business Code				
	2a	LOCAL PUBLICATIONS 511,110	316,564		316,564	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 316,564				
	3	Investment income (including dividends, interest other similar amounts) ▶	688,963			688,963
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 9,866,094				
	b	Less cost or other basis and sales expenses: 10,900,895				
	c	Gain or (loss): -1,034,801				
	d	Net gain or (loss) ▶	-1,034,801			-1,034,801
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	3,326,872	0	316,564	-345,838

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,088,519	5,088,519		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	73,515	73,515		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	530,578	256,094	111,850	162,634
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	710,412	477,441		166,710
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,505	7,968	1,982	2,555
9 Other employee benefits	127,467	84,764	10,108	32,595
10 Payroll taxes	73,052	42,580	9,591	20,881
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	31,450	23,605	2,615	5,230
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	40,000	40,000		
g Other	75,491	57,181	3,608	14,702
12 Advertising and promotion				
13 Office expenses	161,246	128,895	4,851	27,500
14 Information technology				
15 Royalties				
16 Occupancy	64,671	40,031	7,437	17,203
17 Travel	12,182	11,683	49	450
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	18,340	12,777	1,691	3,872
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,065	23,404	5,000	10,661
23 Insurance	9,555	5,914	1,099	2,542
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBTS	104,325		104,325	
b COMMISSIONS	71,746	71,746		
c MARKETING & SPECIAL EVE	69,359	28,943		40,416
d CAMPAIGN	52,062			52,062
e COMMUNITY PROGRAM	42,720	42,720		
f All other expenses	54,383	35,417	4,247	14,719
25 **Total functional expenses.** Add lines 1 through 24f	7,462,643	6,553,197	334,714	574,732
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	45,678	1	25,482
	2	Savings and temporary cash investments	425,867	2	829,030
	3	Pledges and grants receivable, net	1,752,092	3	1,766,366
	4	Accounts receivable, net	148,952	4	148,319
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,501	9	30,725
	10a	Land, buildings, and equipment cost basis — 10a: 1,092,723			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 1,016,989	95,934	10c	75,734
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	50,287,282	12	36,463,454
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	149,740	15	137,603
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	52,939,046	16	39,476,713
Liabilities	17	Accounts payable and accrued expenses	163,119	17	158,662
	18	Grants payable	2,129,603	18	2,750,296
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	8,783,109	25	5,997,647
	26	**Total liabilities.** *Add lines 17 through 25*	11,075,831	26	8,906,605
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	35,963,186	27	25,115,009
	28	Temporarily restricted net assets		28	755,962
	29	Permanently restricted net assets	5,900,029	29	4,699,137
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	41,863,215	33	30,570,108
	34	Total liabilities and net assets/fund balances	52,939,046	34	39,476,713

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,725,199	5,753,665	5,690,506	4,266,376	3,341,872	23,777,618
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	4,725,199	5,753,665	5,690,506	4,266,376	3,341,872	23,777,618
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						961,785
6 **Public Support** subtract line 5 from line 4						22,815,833

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,725,199	504,348	5,690,506	4,266,376	3,341,872	23,777,618
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	926,978	504,348	688,896	819,299	688,963	3,628,484
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	43,455	34,284	50,482		186,170	314,391
11 **Total Support** (Add lines 7 through 10)						27,720,493

12 Gross receipts from related activities, etc (See instructions) — 12

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**82.310 %**
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**84.210 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	122	
2	Aggregate Contributions to (during year)	111,257	
3	Aggregate Grants from (during year)	797,014	
4	Aggregate value at end of year	9,748,985	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	6,256,642				
b Contributions	116,367				
c Investment earnings or losses	-1,295,790				
d Grants or scholarships	205,322				
e Other expenditures for facilities and programs					
f Administrative expenses	65,146				
g End of year balance	4,806,751				

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

- a Board designated or quasi-endowment ▶ 50 200 %
- b Permanent endowment ▶ 49 800 %
- c Term endowment ▶ 0 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,300			1,300
b Buildings		644,368	636,242	8,126
c Leasehold improvements				
d Equipment		136,324	86,185	50,139
e Other		310,731	294,562	16,169
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				75,734

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CASH MANAGEMENT ACCOUNT	96,184	F
Other US GOVERNMENT OBLIGATIONS	1,359,810	F
Other ISRAEL BONDS	1,561,431	F
Other MUTUAL FUNDS	16,303,976	F
Other LIMITED PARTNERSHIP & LIMITED LIABILITY COMPANIES	16,426,834	F
Other stocks	715,219	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	36,463,454	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	1,590,798
ENDOWMENT FUNDS HELD AS AGENT FOR OTHER COMMUNAL ENTITIES	4,406,849
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,997,647

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,326,872
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,462,643
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,135,771
4	Net unrealized gains (losses) on investments	4	-7,482,780
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	325,444
9	Total adjustments (net) Add lines 4 - 8	9	-7,157,336
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,293,107

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

1	Total revenue, gains, and other support per audited financial statements			1	-4,817,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-7,482,780		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-709,936		
e	Add lines **2a** through **2d**			2e	-8,192,716
3	Subtract line **2e** from line **1**			3	3,375,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-48,316		
c	Add lines **4a** and **4b**			4c	-48,316
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,326,872

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

1	Total expenses and losses per audited financial statements			1	6,475,579
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	119,518		
e	Add lines **2a** through **2d**			2e	119,518
3	Subtract line **2e** from line **1**			3	6,356,061
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,106,582		
c	Add lines **4a** and **4b**			4c	1,106,582
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,462,643

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 829454 SHARED ACCOUNTING SERVICES 79116 EMPLOYEE HEALTH INSURANCE CONTRIBUTIONS 40402
Part XII, Line 4b - Other Adjustments		GIFTS - FASB 136 REVERSAL 74856 INTEREST & DIVIDENDS INCOME - FASB 136 REVERSAL 97766 REALIZED GAIN - FASB 136 REVERSAL -154286 unREALIZED GAIN - FASB 136 REVERSAL 0 miscellaneous income - fasb 136 reversal -66652
Part XIII, Line 2d - Other Adjustments		SHARED ACCOUNTING SERVICES 79116 EMPLOYEE HEALTH INSURANCE CONTRIBUTIONS 40402
Part XIII, Line 4b - Other Adjustments		GRANT ALLOCATIONS - FASB 136 REVERSAL 1106582
		PART V, LINE 4 THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE AS FOLLOWS 1) PROFESSIONAL DEVELOPMENT OF JEWISH COMMUNAL PROFESSIONALS IN RHODE ISLAND 2) SUPPORT OF THE ORGANIZATION'S ANNUAL CAMPAIGN 3) SUPPORT OF THE BUREAU OF JEWISH EDUCATION OF RI'S EVENING OF JEWISH RENAISSANCE 4) SUBSIDIZE TRAVEL TO ISRAEL BY STUDENTS, TEENS AND YOUNG ADULTS 5) PAYMENTS OF THE ORGANIZATION'S UNEMPLOYEMENT CLAIMS, AND 6) SUPPORT OF THE URI HILLEL PART XI IINE 8 CHANGES IN VALUE OF SPLIT INTEREST AGREEMENT (829,454) FASB 136 REVERSAL- MISCELLANEOUS INCOME 66,652 FASB 136 REVERSAL- FUNDS HELD IN AGENCY 154,286 FASB 136 REVERSAL- INTEREST AND DIVIDENDS (97,766) FASB 136 REVERSAL- GIFTS (74,856) FASB 136 REVERSAL- GRANT ALLOCATIONS 1,106,582 TOTAL 325,444

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 27

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 There are 5 types of funds that we make The following describes our procedures in monitoring the use of the different grant funds disbursed Allocations These are monitored by having the recipient nonprofit organization provide us with quarterly financial statements and semi-annual outcome reports delineating progress on previously agreed upon objectives Grants from our unrestricted endowment income These grants are paid on a reimbursement basis Once the recipient nonprofit organization expends its funds for the items approved in their grant application, they submit reimbursement requests with supporting documentation After reviewing the documentation and reviewing outcomes of the grants, reimbursement is made to the recipient nonprofit organization Grants from donor advised funds After verifying that donor recommendations are to recognized U S nonprofit organizations, we issue checks to the indicated nonprofit organization In our check transmittal we indicate that by accepting the check, the nonprofit entity is certifying that (i) no tangible benefit, goods, or services are being received by any individual or entity connected with the donor advised grant and (ii) the grant will not be used to satisfy the payment of any pledge or other personal financial obligation Grants for scholarships Scholarships are awarded by various selection committees A number of scholarships are awarded by a selection committee of another nonprofit organization All scholarships are awarded on an objective nondiscriminatory basis based on pre-established criteria The scholarships are monitored to ensure that they are used for intended purpose Grants from restricted endowment funds Grants from restricted endowment funds are made in accordance with the underlying fund agreements and our organization's spending policy for restricted funds After the amount to be granted from each restricted endowment fund is computed, we verify that the nonprofit organization named in the underlying fund agreement is still in existence and, if applicable, that this organization is still operating the program specified in the underlying fund agreement Once these items are ascertained to our satisfaction, a disbursement is made to the nonprofit organization

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 05-0259003
Name: JEWISH FEDERATION OF RHODE ISLAND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
URI Hillel6 Fraternity Circle Kingston, RI 02881	05-6019148	501(c)(3)	5,000				CULTURAL PROGRAMS
Beth Medrash GovohaThe Lakewood Yeshiva 617 Sixth Street Lakewood, NJ 08701	22-3487209	501(c)(3)	7,200				GENERAL OPERATIONS
Brown Hillel FoundationPO Box 1882 Providence, RI 02912	05-0258809	501(c)(3)	40,496				GENERAL OPERATIONS
Bureau of Jewish Education of Rhode Island130 Sessions Street Providence, RI 02906	11-3160032	501(c)(3)	692,712				GENERAL OPERATIONS
Camp JORIPO Box 5299 Wakefield, RI 02880	05-0268612	501(c)(3)	44,960				GENERAL OPERATIONS
Chabad Lubavitch of Greenwich75 Mason Street Greenwich, CT 06830	22-3616874	501(c)(3)	7,200				GENERAL OPERATIONS
Chabad of Barrington311 Maple Avenue Barrington, RI 02806	71-1005804	501(c)(3)	5,000				GENERAL OPERATIONS
Chabad of West Bay CHAI Center Inc3871 Post Road Warwick, RI 02886	05-0474132	501(c)(3)	5,451				GENERAL OPERATIONS
Congregation Agudas Achim 901 North Main Street Attleboro, MA 02703	04-2675103	501(c)(3)	12,000				GENERAL OPERATIONS
FJC520 Eighth Avenue 20th Floor New York, NY 10018	13-3848582	501(c)(3)	172,969				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Hadassah The Women's Zionist Organization of America Inc50 West 58th Street New York, NY 10019	23-7135845	501(c)(3)	50,300				GENERAL OPERATIONS
Holocaust Education & Resource Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0483511	501(c)(3)	18,937				GENERAL OPERATIONS
Jewish Community Center of Rhode Island 401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	508,593				GENERAL OPERATIONS
Jewish Community Day School of Rhode Island85 Taft Avenue Providence, RI 02906	05-0378703	501(c)(3)	260,121				GENERAL OPERATIONS
Jewish Family Service 959 North Main Street Providence, RI 02904	05-0258888	501(c)(3)	290,848				GENERAL OPERATIONS
Jewish Seniors Agency 100 Niantic Avenue Providence, RI 02907	05-0258889	501(c)(3)	84,438				GENERAL OPERATIONS
New England Rabbinical College262 Blackstone Boulevard Providence, RI 02906	05-0453955	501(c)(3)	18,856				GENERAL OPERATIONS
Providence Hebrew Day School450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(c)(3)	9,247				GENERAL OPERATIONS
Rhode Island Jewish Historical Association 130 Sessions Street Providence, RI 02906	05-6015436	501(c)(3)	7,200				GENERAL OPERATIONS
Sarasota Manatee Jewish Federation580 S Mcintosh Road Sarasota, FL 34232	59-1227747	501(c)(3)	6,000				GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Temple Beth-El70 Orchard Avenue Providence, RI 02906	05-0264805	501(c)(3)	13,300				GENERAL OPERATIONS
Temple Emanu-El99 Taft Avenue Providence, RI 02906	05-0259273	501(c)(3)	19,235				GENERAL OPERATIONS
Temple Sinai30 Hagen Avenue Cranston, RI 02902	05-0302745	501(c)(3)	7,050				GENERAL OPERATIONS
Temple Torat Yisrael330 Park Ave Cranston, RI 02905	05-0280733	501(c)(3)	11,057				GENERAL OPERATIONS
The Wolf School Inc215 Ferris Ave E Providence, RI 02916	05-0506471	501(c)(3)	15,000				GENERAL OPERATIONS
United Jewish CommunitiesPO Box 30 Old Chelsea Station New York, NY 10113	13-1624240	501(c)(3)	1,240,322				GENERAL OPERATIONS
URI Hillel Foundation6 Fraternity Circle Kingston, RI 02881	05-6019148	501(c)(3)	72,788				GENERAL OPERATIONS
Wheeler School216 Hope Street Providence, RI 02906	05-0259101	501(c)(3)	12,775				GENERAL OPERATIONS
Jewish Community Center of Rhode Island 401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	45,487				INTEREST SUBSIDY
Jewish Community Day School of RI85 Taft Avenue Providence, RI 02906	05-0378703	501(c)(3)	19,475				INTEREST SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JEWISH COMMUNITY CENTER OF RHODE ISLAND401 ELMGROVE AVE Providence,RI 02906	05-0258887	501(c)(3)	90,653				CAPITAL IMPROVEMENTS
NEW ENGLAND RABBINICAL COLLEGE 262 BLACKSTONE BLVD Providence,RI 02906	05-0453955	501(c)(3)	11,000				CAPITAL IMPROVEMENTS
PROVIDENCE HEBREW DAY SCHOOL450 Elmgrove Avenue Providence,RI 02906	05-0271953	501(c)(3)	7,745				CAPITAL IMPROVEMENTS
JEWish Community Center of Rhode Island 401 ELMGROVE AVE Providence,RI 02906	05-0258887	501(c)(3)	10,000				CULTURAL PROGRAMS
TEMPLE EMMANU-EL99 Taft Avenue Providence,RI 02906	05-0259273	501(c)(3)	12,500				CULTURAL PROGRAMS
BUReau of Jewish Education of Rhode Island 130 Sessions Street Providence,RI 02906	11-3160032	501(c)(3)	2,500				CULTURAL PROGRAMS
bureau of Jewish Education of Rhode Island 130 Sessions Street providence,RI 02906	11-3160032	501(c)(3)	34,909				AGENCY ENDOWMENT WITHDRAWAL
holocaust Education & Resource Center of Rhode Island401 ELMGROVE AVE providence,RI 02906	05-0483511	501(c)(3)	30,490				AGENCY ENDOWMENT WITHDRAWAL
jewish Community Center of Rhode Island401 ELMGROVE AVE providence,RI 02906	05-0258887	501(c)(3)	330,000				AGENCY ENDOWMENT WITHDRAWAL
Jewish Community Day School of Rhode Island85 Taft Avenue providence,RI 02906	05-0378703	501(c)(3)	577,864				AGENCY ENDOWMENT WITHDRAWAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
providence Hebrew Day School450 Elmgrove Avenue providence, RI 02906	05-0271953	501(c)(3)	100,020				AGENCY ENDOWMENT WITHDRAWAL
RHODE Island Jewish Historical Association 130 Sessions Street PROVidence, RI 02906	05-6015436	501(c)(3)	27,000				AGENCY ENDOWMENT WITHDRAWAL

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarship	1	2,800			
Scholarship	1	1,000			
Scholarship	1	1,750			
Scholarship	1	1,950			
Scholarship	1	1,750			
Scholarship	1	465			
Scholarship	1	1,800			
Scholarship	1	7,150			
Scholarship	1	800			
Scholarship	1	400			
Scholarship	1	2,000			
Scholarship	1	1,000			
Scholarship	1	750			
Scholarship	1	200			
Scholarship	1	1,150			
Scholarship	1	600			
Scholarship	1	2,800			
Scholarship	1	873			
Scholarship	1	2,000			
Scholarship	1	1,000			
Scholarship	1	4,000			
Scholarship	1	2,125			
Scholarship	1	1,000			
Scholarship	1	1,850			
Scholarship	1	1,300			
Scholarship	1	3,380			
Scholarship	1	1,800			
Scholarship	1	2,000			
Scholarship	1	600			
Scholarship	1	1,250			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarship	1	1,000			
Scholarship	1	1,600			
Scholarship	1	600			
SCHOLARSHIP	1	7,047			
SCHOLARSHIP	1	3,500			
SCHOLARSHIP	1	3,500			
SCHOLARSHIP	1	625			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	3,100			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN R SILBERFARB	(i) (ii)	187,326	11,625	17,195	8,760	18,590	243,496	115,645
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1b	The employment contract of the Executive Vice President provides for the organization to pay him 1/2 of the after tax cost of tuition for his 2 daughters Once this amount is determined at the beginning of the academic year, the Executive Vice President is paid this amount over the course of the organization's fiscal year Item 7 The employment contrtact of the Executive Vice President provides for the organization to pay him a bonus of up to $15,000 during the fiscal year ended 6/30/09 The criteria for this bonus is based on numerous goals that are agreed to by the employee and the President of our organization In evaluating the employee's achievement of these goals, a compensation committee reviews the employee's performance and recommends that the employee receive a certain amount of the eligible bonus For the fiscal year ended 6/30/09, the compensation committee determined that the Executive Vice President had attained 77 5% of his goals and accordingly, he was paid $11,625 during this fiscal year

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
DAVID YAVNER	OFFICER & DIRECTOR	2,400

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
EDWARD D FELDSTEIN	DIRECTOR	0	LEGAL SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	32	291,078	FAIR 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 (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Third Party Use	Part I, Line 32b	QUESTION 32A THE ORGANIZATION USES INDEPENDENT BROKERAGE FIRMS TO SELL THE PUBLICLY TRADED SECURITIES THAT IT RECEIVES

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FAMILY RELATIONSHIPS BETWEEN OFFICERS AND BOARD MEMBERS DORIS FEINBERG (PRESIDENT) AND ALAN FEINBERG (DIRECTOR) ARE SPOUSES RICHARD LICHT (VICE PRESIDENT) AND SUSAN LEACH DEBLASIO (DIRECTOR) ARE COUSINS MELVIN G ALPERIN (DIRECTOR) AND DAVID M HIRSCH (DIRECTOR) ARE BROTHERS-IN-LAW HARRIS N ROSEN (DIRECTOR) AND MYRNA K ROSEN (DIRECTOR) ARE SPOUSES ALAN HASSENFELD (DIRECTOR) AND ROBERT D MANN (DIRECTOR) ARE COUSINS BUSINESS RELATIONSHIPS BETWEEN OFFICERS AND BOARD MEMBERS EDWARD D FELDSTEIN (DIRECTOR) IS ASSOCIATED WITH THE LAW FIRM OF ROBERTS CARROLL FELDSTEIN & PIERCE, INCORPORATED FROM TIME TO TIME, THIS LAW FIRM MAY PROVIDE LEGAL SERVICES TO A NUMBER OF BOARD MEMBERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ANY INDIVIDUAL THAT IS AT LEAST 18 YEARS OF AGE AND HAS CONTRIBUTED AT LEAST $18 TO OUR ORGANIZATION'S ANNUAL CAMPAIGN IS CONSIDERED A MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ANNUALLY, THE MEMBERS OF THE ORGANIZATION MEET AND ELECT THE OFFICERS AND DIRECTORS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MAJOR ORGANIZATIONAL CHANGES (SUCH AS CHANGES IN BY-LAWS) REQUIRE THE APPROVAL OF THE MEMBERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO THE FILING OF THIS RETURN, THE ORGANIZATION'S FINANCE COMMITTEE REVIEWED FORM 990 IN DETAIL AND RECOMMENDED TO THE BOARD THAT IT ACCEPT THIS RETURN THE BOARD APPROVED THIS ACTION A COPY OF FORM 990 WAS MADE AVAILABLE TO EVERY BOARD MEMBER BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY, OFFICERS AND DIRECTORS ARE REQUIRED TO REVIEW THE WRITTEN CONFLICT OF INTEREST POLICY AND PROVIDE THE ORGANIZATION WITH A SIGNED STATEMENT DISCLOSING ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OR DISCLOSING THAT THEY HAVE NO INTERESTS THAT WOULD GIVE RISE TO CONFLICTS THE ORGANIZATION RETAINS THE SIGNED STATEMENTS AND THE SECRETARY MONITORS COMPLIANCE WITH THIS POLICY CONFLICTS ARE PERIODICALLY REPORTED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		IN THE CURRENT FISCAL YEAR, THE ORGANIZATION AND THE EXECUTIVE VICE PRESIDENT/CEO EXECUTED A NEW EMPLOYMENT AGREEMENT TO REPLACE AN EXPIRING EMPLOYMENT AGREEMENT IN DETERMINING THE COMPENSATION FOR THIS INDIVIDUAL, THE ORGANIZATION APPOINTED A COMPENSATION COMMITTEE TO REVIEW RELEVANT FACTORS THE COMMITTEE PERFORMED A COMPENSATION SURVEY OF NUMEROUS OTHER ORGANIZATIONS INCLUDING OBTAINING INFORMATION FOR THE COMPENSATION OF OTHER EXECUTIVE VICE PRESIDENTS IN OUR FEDERATED SYSTEM AFTER PROLONGED DELIBERATION, REVIEW OF DATA OBTAINED FROM THEIR SURVEY, AND CONSIDERATION OF THE NEEDS OF THE ORGANIZATION, THE COMMITTEE SET THE EXECUTIVE'S COMPENSATION BASED ON THE COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS DOCUMENTATION SUPPORTING THIS DECISION WAS RETAINED BY THE ORGANIZATION THE MATTER WAS REPORTED TO THE BOARD FORM 990, PAGE 6, PART VI, GOVERNANCE, SECTION B, QUESTION 15b NO KEY EMPLOYEES WERE HIRED DURING THE FISCAL YEAR WHEN A KEY EMPLOYEE IS HIRED, THE FOLLOWING IS OUR ORGANIZATION'S PRACTICE IN CONNECTION WITH DETERMINING COMPENSATION THE EXECUTIVE VICE PRESIDENT OBTAINS COMPARABLE SALARY INFORMATION AVAILABLE VIA THE EXAMINATION OF RELEVANT 990'S AND FROM SALARY DATA INFORMATION AVAILABLE FOR COMPARING POSITIONS IN OUR FEDERATED SYSTEM THE EXECUTIVE VICE PRESIDENT THEN CONSULTS WITH THE PRESIDENT AND APPROPRIATE OFFICERS IN SETTING THE COMPENSATION FOR THIS POSITION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE - 130 SESSIONS STREET, PROVIDENCE, RI 02906

Identifier	Return Reference	Explanation
FORM 990, PG 6, PART VI, GOVERNANCE, SECTION B POLICIES QUESTIONS 13 & 14	WHISTLEBLOWER POLICY AND DOCUMENT RETENTION POLICY	AS OF 6/30/09, THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTEBLOWER POLICY OR A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY ON JANUARY 7, 2010, THE BOARD OF DIRECTORS OF THIS ORGANIZATION APPROVED A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

Identifier	Return Reference	Explanation
SCHEDULE L, PART III	GRANTS BENEFITTING INTERESTED PERSONS	THE SON OF ONE OF THE ORGANIZATION'S OFFICERS AND DIRECTORS RECEIVED A $2,400 SCHOLARSHIP FOR STUDY IN ISRAEL THE SCHOLARSHIP IS AWARDED BY A SELECTION COMMITTEE OF ANOTHER NONPROFIT ORGANIZATION ON AN OBJECTIVE NONDISCRIMINATORY BASIS BASED ON PRE-ESTABLISHED CRITERIA

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JEWISH COMMUNITY CENTER OF RHODE ISLAND 401 ELMGROVE AVE PROVIDENCE, RI02906 05-0258887	PROVIDE EDUCATIONAL SERVICES	RI	501(C)3	9	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	JEWISH COMMUNITY CENTER OF RHODE ISLAND	B	654,733
(2)	JEWISH COMMUNITY CENTER OF RHODE ISLAND	D	2,492,771
(3)	JEWISH COMMUNITY CENTER OF RHODE ISLAND	J	2
(4)	JEWISH COMMUNITY CENTER OF RHODE ISLAND	N	77,685
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 05-0259003
Name: JEWISH FEDERATION OF RHODE ISLAND

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
DORIS FEINBERG , PRESIDENT	4 00	X		X				0	0	0
SHARON GAINES , VP GOVERNANCE & LEADERSH	1 00	X		X				0	0	0
BONNIE STEINBERG JENNIS , VP WOMEN'S ALLIANCE	1 00	X		X				0	0	0
RICHARD LICHT , VP FINANCIAL RESOURCE DE	1 00	X		X				0	0	0
ALAN LITWIN , VICE PRESIDENT AT LARGE	1 00	X		X				0	0	0
JAMES PIOUS , VP PLANNING, PRIORITIES	1 00	X		X				0	0	0
BARBARA SOKOLOFF , VP COMMUNITY RELATIONS C	1 00	X		X				0	0	0
LAWRENCE HERSHOFF , SECRETARY/TREASURER	1 00	X		X				0	0	0
ALAN FEINBERG , AREA VP NEWPORT COUNTY	1 00	X		X				0	0	0
HAROLD FOSTER , AREA VP EAST BAY	1 00	X		X				0	0	0
SCOTT LIBMAN , AREA VP SOUTHERN RHODE I	1 00	X		X				0	0	0
GARY SIPERSTEIN , AREA VP WEST BAY	1 00	X		X				0	0	0
SUSAN SUSSMAN , AREA VP NORTHERN RHODE I	1 00	X		X				0	0	0
DAVID YAVNER , ARE VP PROVIDENCE/PAWTUC	1 00	X		X				0	0	0
RANDI BERANBAUM , DIRECTOR	50	X						0	0	0
SUSAN LEACH DEBLASIO , DIRECTOR	50	X						0	0	0
LINN FREEDMAN , DIRECTOR	50	X						0	0	0
MARC GERTSACOV , DIRECTOR	50	X						0	0	0
ALAN HASSENFELD , DIRECTOR	50	X						0	0	0
RALPH POSNER , DIRECTOR	50	X						0	0	0
MICHAEL SCHAFFER , DIRECTOR	50	X						0	0	0
KENNETH SCHNEIDER , DIRECTOR	50	X						0	0	0
RABBI PETER STEIN , DIRECTOR	50	X						0	0	0
ROBERT STOLZMAN , DIRECTOR	50	X						0	0	0
MINDY WACHTENHEIM , DIRECTOR	50	X						0	0	0
MELVIN G ALPERIN , DIRECTOR	50	X						0	0	0
MARK R FEINSTEIN , DIRECTOR	50	X						0	0	0
EDWARD D FELDSTEIN , DIRECTOR	50	X						0	0	0
DAVID M HIRSCH , DIRECTOR	50	X						0	0	0
MARVIN HOLLAND , DIRECTOR	50	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
ROBERT D MANN , DIRECTOR	50	X						0	0	0
HARRIS N ROSEN , DIRECTOR	50	X						0	0	0
HERBERT B STERN , DIRECTOR	50	X						0	0	0
DAVID A COHEN , DIRECTOR	50	X						0	0	0
STANLEY GROSSMAN , DIRECTOR	50	X						0	0	0
MYRNA K ROSEN , DIRECTOR	50	X						0	0	0
MATHEW D SHUSTER , DIRECTOR	50	X						0	0	0
MELVIN L ZURIER , DIRECTOR	50	X						0	0	0
STEPHEN R SILBERFARB , EXECUTIVE VICE PRESIDENT	40 00					X		216,146	0	27,350
MANUEL E DAROSA , CHIeF FINANCIAL OFFICER/	40 00					X		100,077	0	14,122
BRADLEY S LAYE , CHIEF PHILANTHROPY OFFIC	40 00					X		132,148	0	6,212