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

D Employer identification number

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

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck if ap	pplicable	Please	C Name of organization	CADEMY OF THE		D Employer id	entification number
_	lress ch	ange	use IRS	THE BET SHRAGA HEBREW AC CAPITAL DISTRICT	LADEMY OF THE		14-14702	
┌ _{Nar}	ne char	nge	label or print or	Doing Business As			E Telephone n	umber
┌ Inıt	ıal retur		type. See Specific	Number and street (or D.O. b	ox if mail is not delivered to street	addrass) Doom (suite	(518) 482-	0464
_	minatio		Instruc- tions.	54 SANDCREEK ROAD	ox ii maii is not delivered to street	address) Room/suite	G Gross receip	ots \$ 1,693,347
	ended r			City or town, state or country	. and 7IP + 4		ł	
_		pending		ALBANY, NY 12205	, and Li			
, ,,,,,	neation	Pending	F N		106		I	
			r Nan AMIRE	ne and address of Principal EVAN	Omicer	H(a) Is the affilia	s a group retur tes?	n for ┌ Yes
				ST RIDGE ROAD				, 105 / 100
	v-evem	pt status		ONVILLE, NY 12211) (3) ◀ (insert no)	(2)(1) or Γ 527		l affiliates includ	
		e: ► N/A	J• 301(c)) (3) ¬ (IIISELL IIO) 4947(o," attach a lis p Exemption N	t See instructions) umber >
K Type	e of ora	ianization [Corporat	tion trust association of	ther ▶	L Year of Fo	rmation 1962 M	State of legal domicile NY
		,,					1	
Pa	1 I			o organization's mission or	r most significant activities			
		•		-	TIVE CURRICULUM IN GEN	FRAL AND IUDA?	IC STUDIES E	NCOURAGING
Governance		INTELLE TRADITI	CTUAL C	CURIOSITY, CRITICAL TH RAH AND ISRAEL, AND IN	HINKING AND LOVE OF LEA ISPIRE ETHICAL GROWTH I T WE MUST EACH DO OUR	ARNING, CELEBRA ROOTED IN THE V	ATE THE RICH VALUES OF JU	NESS OF JEWISH STICE, KINDNESS
\$	2	Check th	iis box 🖵	ıf the organization disconti	inued its operations or dispos	sed of more than 2	5% of its asset	ts
	3	Number	of voting r	members of the governing b	oody (Part VI, line 1a)		3	23
Activities &	4	Number	of ındepen	ident voting members of th	e governing body (Part VI, lii	ne 1 b)	. 4	23
Ě	5	Total nur	mber of en	nployees (Part V , line 2a)			5	61
<u>5</u>	6	Total nur	mber of vo	olunteers (estimate if neces	ssary)		6	60
۹.					Part VIII, line 12, column (0	C)		0
	b	Net unre	lated busi	ness taxable income from	Form 990-T, line 34		7b	0
							or Year	Current Year
a)	8						479,706	476,817
eun	9	_			g)		905,285	1,013,991
Revenue	10				lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		135,360	147,901
	11 12		•	, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A		114,089	35,752
	12	12)				,, iiiie	1,634,440	1,674,461
	13			ar amounts paid (Part IX, c				0
	14			or for members (Part IX, co				0
82	15	Salaries	s, other co	ompensation, employee ber	nefits (Part IX, column (A), li	nes 5-	1,377,982	1,373,051
Expenses	16a	•	ıonal fund	Iraising fees (Part IX, colur	nn (A), line 11e)			0
÷	ь			penses, Part IX, column (D), line				
ш	17	•		(Part IX, column (A), lines	•		300,456	355,634
	18				ual Part IX, line 25, column ((A))	1,678,438	1,728,685
	19			penses Subtract line 18 fro		,	-43,998	-54,224
<u>क्ष</u> ह			<u>-</u>			Beginni	ng of Year	End of Year
9 4 4 4 4 4	20	Totalas	ssets (Par	rt X, line 16)			2,259,887	1,933,694
Ass 3 Ba	21			Part X, line 26)			215,973	194,555
Net Assets or Fund Balances	22		•	nd balances Subtract line 2	21 from line 20		2,043,914	1,739,139
	t II		ture Blo				, ,	, ,
Plea		Under per	nalties of pe f, it is true, o	erjury, I declare that I have exam	nined this return, including accompa on of preparer (other than officer) is	s based on all informat I		
Sign	1	II III	ture of office	er		Date		
Here	2			PRESIDENT OF FINANCE				
			or print nam					
		Preparer's			Date	Check If	Preparer's PTIN	(See Gen Inst)
Paid		signature				self- empolyed 🕨 🦵		
Prepa	arer's		ne (or yours	s K STULMAKER KOHN & RICHA	 Ardson llp		ETC. 5	
Use (Only	If self-emp	ployed), and ZIP + 4	7			EIN 🕨	
		l addicess a	IIIU ZIF T T	' 296 WASHINGTON AVENUE	EXTENSION			
	- · · · · ·	address, a	ma zir + +	296 WASHINGTON AVENUE ALBANY, NY 12203	EXTENSION		Phone no 🕨 (518) 436-1040

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

1	LOVE OF LEARNING, CELEBRATE	NTEGRATIVE CURRICULUM IN GE THE RICHNESS OF JEWISH TRAD		DURAGING INTELLECTUAL CURIOSITY, NSPIRE ETHICAL GROWTH ROOTED IN VORLD A BETTER PLACE	
2	Did the organization unde	rtake any significant progra	am services during the year	which were not listed on	
	the prior Form 990 or 990				Yes ✓ No
	If "Yes," describe these n	ew services on Schedule O			
3	Did the organization ceas services?	e conducting or make signi	ficant changes in how it cond		Yes ✓ No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4) organizations and 4947 (a	_	argest program services by ex port the amount of grants and d	•
4a	(Code) (Expenses \$ 1,235	5,078 including grants of \$) (Revenue \$)
	INTELLECTUAL RIGOR, ETHIC, THE WISDOM OF THE WESTER SECULAR STUDIES AND PREP, PERSONS, COMMITTED TO TH AND POSSESSED OF A KEEN S PARTICIPATE AS ADULTS CLA	AL NORMS AND SPIRITUAL WARM RN INTELLECTUAL TRADITION TH ARED TO PURSUE BOTH AT MORE BE RELIGIOUS TRADITIONS AND Z SENSE OF CIVIC RESPONSIBILITY ISSES AT THE ADACEMY ARE SMA	ITH OF THE JEWISH TRADITION WI HE ACADEMY'S GOAL IS TO PRODUC E ADVANCED LEVELS, SENSITIVE TO ZIONIST ASPIRATIONS OF THE JEWI TOWARD THE VARIOUS COMMUNIT	ING PEOPLE WITH AN EDUCATION INT TH THE VALUES OF THE AMERICAN DI EE GRADUATES WHO ARE WELL GROU I ETHICAL AND MORAL DEMANDS IN T ISH PEOPLE, LOYAL TO THE AMERICAN ITES AMERICAN, JEWISH AND UNIVER EACHER-STUDENT RELATIONSHIP IN JAL	EMOCRATIC HERITAGE AND NDED IN JUDAIC AND HEIR DEALINGS WITH ALL I DEMOCRATIC WAY OF LIFE, SAL IN WHICH THEY WILL
4Ь	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	· •	(Describe in Schedule O)			
	(Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4e	Total program service ex	xpenses \$ 1,23	5,078 Must equal Part IX,	Line 25, column (B).	

art IV	Checklist of	Required	Schedules
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			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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		10	.,	
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part Value Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI. VII. IX, or X as applicable	10	Yes	
	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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
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		Νο
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		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		No
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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		Νο
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		N o
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		No

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			
а	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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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		Νο
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

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		[
		5. Information Returns. Enter -0- if not applicable					
			1a	7			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.				
	Б ,		1b	1			
С		he organization comply with backup withholding rules for reportable payments tong (gambling) winnings to prize winners?	oven	ors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Stater	ments filed for the calendar year ending with or within the year covered by this	1 -	[
	returr		2a	61			
D		least one is reported in 2a, did the organization file all required federal employm :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during		ľ			
	returr	n ⁷			3a		Νο
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>		1	3b		
4a		ly time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		a financial account in a foreign country (such as a bank account, securities acc unt)?		, or other illiancial	4a		Νo
ь		es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.					
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Did ai	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> e	t Entit	y Regarding Prohibited			
_		helter Transaction?	•		5c		
6a		he organization solicit any contributions that were not tax deductible?			6a		N o
Ь		es," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).	=				
а		he organization provide goods or services in exchange for any quid pro quo conf	trıbutı	on of \$75 or	7a	Yes	
b		es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		Νο
		he organization sell, exchange, or otherwise dispose of tangible personal propei		ľ			
		orm 8282?			7c		No
d	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	lums on a personal			
Č		fit contract?			7e		Νο
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		Νο
g	For al	Il contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νo
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as			N
	•	red?	ا ماسم	-tion 500(-\/3\	7h		N o
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the		,	8		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			C-		
a L		he organization make any taxable distributions under section 4966?		ľ	9a ob		
10		he organization make a distribution to a donor, donor advisor, or related person on 501(c)(7) organizations. Enter	•		9b		
10		on 501(c)(7) organizations. Enter Ition fees and capital contributions included on Part VIII, line 12	10a				
		s receipts, included on Form 990, Part VIII, line 12	10a 10b				
D	facilit		TOD				
11	Section	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
	6		11a				
b		s income from other sources (Do not net amounts due or paid to other sources ist amounts due or received from them)	11b				
	-	, , , , , , , , , , , , , , , , , , ,					
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
Ь	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				

Section A. Governing Body and Management

No

9h

10

11

Nο

Νo

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe the circumstances,	
3	· · · · · · · · · · · · · · · · · · ·	1a	2	

must describe in Schedule O the process, if any, the organization uses to review the Form 990

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

	· · · · · · · · · · · · · · · · · · ·		_					l
а	Enter the number of voting members of the governing body	1a			23			
b	Enter the number of voting members that are independent	1b			23			
	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					2		No
	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•				. 3		No
	Did the organization make any significant changes to its organizational documents stilled? \cdot	since t	he prio	or Form	990 was	4		No
	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's a	ssets?		5		Νo
	Does the organization have members or stockholders?					6	Yes	
а	Does the organization have members, stockholders, or other persons who may elect governing body?					7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other	person	s?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertal	cen duri	ng the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?					9a		No
Ь	If "Yes," does the organization have written policies and procedures governing the a	ctıvıtı	es of s	uch cha	pters,			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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		Νο
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	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
Ь	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 NY
- 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. I another's website.
- 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 JESSICA BENSON

JESSICA BENSON 54 SANDCREEK ROAD ALBANY,NY 12205 (518) 482-0464

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

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

- * 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			1	(tion that a			all			(5)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima amount of compens from t rganizati relate organiza	fother ation he on and ed
											\pm		
											\pm		
1b	Total		'				<u> </u>	-	93,87	5	0		0
1b 2	Total	g those ın 1	a) who				e than	•			0		0
	Total number of individuals (includin	g those ın 1					e than	•			0	Yes	-
	Total number of individuals (includin	g those in 1 ►0 officer, direc	a) who	recei	ved	mor	employ	n \$1	00,000 in reportable or highest compens	le		Yes	No
2	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 O officer, direct le J for such s the sum of	a) who interest and individu	recei ruste <i>ual</i> •	ved e, k	ey e	employ	/ee,	or highest compens	sated employee	3	Yes	
3 4	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th	a) who returndividureporta	ruste ual ble c 0,00	ved e, k omp 0? 1	ey e	employ ation :	ee,	or highest compens other compensation lete Schedule J for su	sated employee		Yes	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, direct le J for such the sum of ns greater th o eive or accre	a) who	ruste ual ble c 0,00	ved e, k omp 0? 1	ey e ens fror	employ ation a	ee,	or highest compens other compensation lete Schedule J for su	sated employee from the ch for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sum of	a) who	ruste ual ble c 0,00	ved e, k omp 0? 1	ey e ens fror	employ ation a	ee,	or highest compens other compensation lete Schedule J for su	sated employee from the ch for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who distor or to individual reportations \$15 and \$1	ruste val ble c 0,00 censa	e, k omp 0? 1	ey e ens fr "Y from	employ ation : 'es," co many erson	\$1 \$1 and somp	or highest compens other compensation lete Schedule J for su elated organization	e sated employee in from the sich for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who istor or to individual reportations \$15	ruste val ble c 0,00 censa	e, k omp 0? 1	ey e ens fr "Y from	employ ation : 'es," co many erson	\$1 \$1 and somp	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	e sated employee in from the sich for services	3	Yes (C	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who istor or to individual reportations \$15	ruste val ble c 0,00 censa	e, k omp 0? 1	ey e ens fr "Y from	employ ation : 'es," co many erson	\$1 \$1 and somp	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	esated employee from the for services the than (B)	3	(c	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who istor or to individual reportations \$15	ruste val ble c 0,00 censa	e, k omp 0? 1	ey e ens fr "Y from	employ ation : 'es," co many erson	\$1 \$1 and somp	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	esated employee from the for services the than (B)	3	(c	No No No

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
	1a	Federated campaigns 1a	179,672		Revenue		312, 313, 01 314
執稿	ь	Membership dues					
Other Revenue Contributions, gifts, grants and other similar amounts		1b					
	С	Fundraising events 1c	239,659				
	d	Related organizations1d					
	e	Government grants (contributions) 1e	27,486				
ा इं	f	All other contributions, gifts, grants, and	30,000				
e j		similar amounts not included above					
달	g	Noncash contributions included in					
ပ္ပန	١.	lines 1a-1f \$		476,817			
	<u>"</u>	Total (Add lines 1a-1f)	<u>▶</u>				
æ			Business Code				
nua		TUITION	611,600		·		
Program Service Reven		MEMBERSHIP	611,710	56,225	56,225		
	_						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other sımılar amounts)		147,901			147,901
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents	, ,				
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
			▶				
	7a	(1) Securities Gross amount	(II) O ther				
		from sales of assets other					
		than inventory Less cost or					
	"	other basis and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	_				
	92		. ▶				
	oa	Gross income from fundraising events (not including					
Φ		\$18,886					
듔		of contributions reported on line 1c) See Part IV, line 18					
eve		Attach Schedule G if total exceeds					
ű.		\$15,000 a	45,138				
the		Less direct expensesb Net income or (loss) from fundraisi	18,886				
0			▶				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less	•				
h 2a b c d e f g 3 4 5 6a b c d 7a b c d 8a b c 9a b c	returns and allowances . a						
	Less cost of goods sold b						
		Net income or (loss) from sales of	ınventory►				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	611,710	35,752	35,752		
	Ь						
	С						
	а	All other revenue					
		Total. Add lines 11a-11d					
	12	Total Povenue Add Imag 41: 2002	\$ 35,752	1,674,461	1,049,743	0	147,901
	**	Total Revenue. Add lines 1h, 2g, 3 8c,		1,074,401	1,010,713	O .	147,501
		9c, 10c, and 11e	. ►				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do ı	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	117,447		117,447	
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	1,026,016	829,672		_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,400	36,570	13,830	
9	Other employee benefits	91,037	66,056	24,981	
10	Payroll taxes	88,151	63,963	24,188	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	10,885		10,885	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,112	856		1,256
13	Office expenses	19,729		19,729	
14	Information technology				
15	Royalties				
16	Occupancy	99,810	99,810		
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	922		922	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,632	17,700	932	
23	Insurance	30,135	30,135		
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)				
а	BAD DEBTS	66,940		66,940	-
b	SUPPLIES & BOOKS	44,103	44,103		
c	STUDENT PROGRAMS	21,163	21,163		
d	OTHER EXPENSES	12,211			12,211
е	SCHOOL EQUPMENT	9,513	9,513		_
f	All other expenses	19,479	15,537	3,942	
25	Total functional expenses. Add lines 1 through 24f	1,728,685	1,235,078	480,140	13,467
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	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			100.976		58,930
	2	Savings and temporary cash investments	•		100,010	2	
	3	Pledges and grants receivable, net	• •		17,500		
	4	Accounts receivable, net	• •		100.188	_	95.762
	5	Receivables from current and former officers, directors, trustees		mployees or	100,100	_	50,752
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) <i>Complete Part II of S</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
\$	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	10a	739,931			
_	b	Less accumulated depreciation Complete Part VI of					
	_	Schedule D	10b	470,715	273,485	10c	269,216
	11	Investments—publicly traded securities			1,741,169	11	1,491,645
	12	Investments—other securities See Part IV, line 11 $\it Complete Paschedule D$	rt VII c	of		12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		26,569	15	18,141	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,259,887	16	1,933,694		
	17	Accounts payable and accrued expenses .			123,896	17	133,880
	18	Grants payable	120,000	18			
	19	Deferred revenue			58,775	19	40,740
	20	Tax-exempt bond liabilities			55,115	20	10,1 10
<u>ن</u> ش	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key	•				
į		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	22		•	29,622		16,435	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable			25,522	24	10,433
	25	Other liabilities Complete Part X of Schedule D			3,680		3,500
	26	Total liabilities. Add lines 17 through 25			215,973	26	194,555
	20	Organizations that follow SFAS 117, check here ► ✓ and complete	ata lin	oc 27	213,373	20	194,555
φ		through 29, and lines 33 and 34.	ere iiu	C3			
Balance	27	Unrestricted net assets			332,212	27	287,273
<u> </u>	28	Temporarily restricted net assets			40,702	28	4,989
=	29	Permanently restricted net assets			1,671,000	29	1,446,877
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	d comp	let e			
9	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
ets.	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
Assets	32				32		
	33	Total net assets or fund balances	d earnings, endowment, accumulated income, or other funds				
Net	34	Total liabilities and net assets/fund balances			2,043,914	33 34	1,739,139 1,933,694
	J-4	Total nabilities and het assets/fully baldifees			2,239,007	J#	1,955,094
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

As Filed Data -

DLN: 93493134027550

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

	SET SHR AL DIST		ACADEMY OF THE					14	- -1470222)	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio				
				ation because it is (Please					monace	101107	
1	Ē	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Ţ.	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)						e H)			
4	<u>'</u>	-	·				-				•
-	'	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	г	•		or the benefit of a college or	universit	v owned o	r onerated	l hy a dove	rnmental	unit desci	rihed in
•	'			(Complete Part II)	amversie	, omica o	Горегисси	i b, a gove	. minericar	unit deser	indea iii
6	г			overnment or governmental	unit descr	nhad in Sa	ction 170	(b)(1)(A)	(v)		
7	<u>'</u>	•	· -	ally receives a substantial p						n the gene	ral nublic
•	,			o)(1)(A)(vi) (Complete Par		зарроге пе	oni a gove	i i i i i i i i i i i i i i i i i i i		i the gene	Tal public
8	г		-	ed in Section 170(b)(1)(A)	•	nnlete Par	+				
9	<u>'</u>		•	ally receives (1) more than		•	•	antrihiitior	s mamha	rchin faas	and aross
	,	_		ated to its exempt functions						•	· -
		•		estment income and unrelate	-		•		•		
			=	on after June 30, 1975 See			-			() HOIH bu.	311163363
10	г			and operated exclusively to						a instruct	tions)
11	<u>'</u>	=	=	· · · · · · · · · · · · · · · · · · ·	-		-				
	,	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									
				type of supporting organiza							
		а Г⊤	ype I b	Type II c	Type III	- Function	nally Integ	grated	d	ГТуре	III - Other
е		•		rtify that the organization is			•			•	•
		other than section 50		agers and other than one or	more publ	licly suppo	orted orga	nizations (described	in section	1509(a)(1) or
f				d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Type III	supportin	ıq orqanızatıon.
		check this					,, ,	, ,	, ,		ř
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following pe		r indirectly controls, either a	alona or to	anther wi	th narcons	doscribo	dun (u)		Yes No
			•	ng body of the the supported		_	tii persons	describe	u III (II)	11g	-
			· -	erson described in (i) above	_	tion.				11g(
		• • • • • • • • • • • • • • • • • • • •	•	ty of a person described in (hovo?				11g(
h				nation about the organizatio			cupporte			119(,
		i iovide tile	: lollowing illion	nation about the organizatio	iis the org	janization	Supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(, ==	(described on lines 1-9		ation in	1	inization	1	ation in	support?
	Organ	nization		above or IRC section		listed in		i) of your		rganızed	
				(See Instructions))		verning	supp	ort?	ın the	US?	
						ment?					
					Yes	No	Yes	No	Yes	No	
				i i	1		1		1		1

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name of the organization **Employer identification number** THE BET SHRAGA HEBREW ACADEMY OF THE CAPITAL DISTRICT 14-1470222 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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,

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

► \$

Par	Organizations Maintaining Collection	is of Art, F	<u>listor</u>	ical Treasui	res, or Other	r Similar Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and other records, items (check all that apply)	check any of	f the fo	lowing that are	a sıgnıfıcant us	se of its collection	า	
а	Public exhibition	C	d	Loan or exch	ange programs			
b	Scholarly research	•	• _	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections Part XIV	and explain l	how the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mair						Yes	┌ No
Pai	t IV Trust, Escrow and Custodial Arrange				nization answe	ered "Yes" to Fo	orm 9	90,
	Part IV, line 9, or reported an amount on	•		•				
1a	Is the organization an agent, trustee, custodian or oth included on Form 990, Part X?		ary for o	contributions o	rotherassets n		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the fol	lowing table				-		
_						A mou	Int	
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 2	1?				Yes	No
b	If "Yes," explain the arrangement in Part XIV				000 B-			
Рa	rt V Endowment Funds. Complete if the org	ganization a ent Year	nswer (b)Prioi		orm 990, Pari Years Back (d)		\ Four Ye	ears Back
1a	Beginning of year balance	1,834,392	(D) Ho	rear (c)	rears back (a)	Thee rears back (e	ji odi 10	dis back
b	Contributions							
c	Investment earnings or losses	-98,309						
d	Grants or scholarships							
e	Other expenditures for facilities	127,361						
	and programs							
f	Administrative expenses	4.600.700						
g	End of year balance	1,608,722						
2	Provide the estimated percentage of the year end bala							
а	Board designated or quasi-endowment 🕨 10 000	%						
Ь	Permanent endowment ► 90 000 %							
C	Term endowment ► 0 %							
3a	Are there endowment funds not in the possession of the organization by	ne organizatio	on that	are held and ac	lmınıstered for t	the	Yes	No
	(i) unrelated organizations					3a(i)	Yes	110
						3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organizations listed	as required o	n Sche	dule R?		3b		
4	Describe in Part XIV the intended uses of the organize							
Par	t VI Investments—Land, Buildings, and E	quipment	See I	- orm 990, Pa	rt X, line 10.			
	Description of investment			a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land				31,000			31,000
b	Buildings				708,931	470,715		238,216
c	Leasehold improvements							
d	Equipment							
e	Other		1					

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

269,216

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Dawl VIII Investments Descript Polisted Co	o Form 000 Dort V line	12	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		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, III			
(a) Descrip	otion		(b) Book value
Tabal (Calumn (b) about agual Farm 000 Part V cal (B) line 1	(F.)	<u>.</u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(C) mount		
DEPOSITS HELD IN CUSTODY FOR OTHERS	3,500		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,500		
		1	

2	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
		_	1,674,461
	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,728,685
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-54,224
4	Net unrealized gains (losses) on investments	4	-243,805
5	Donated services and use of facilities	5	
6	Investment expenses	6	-6,746
7	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	-250,551
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-304,775
Part)		er R	
1	Total revenue, gains, and other support per audited financial statements	1	1,442,796
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-224,919
3	Subtract line 2e from line 1	3	1,667,715
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 6,746		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	6,746
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,674,461
Part >		per	
1	Total expenses and losses per audited financial statements	1	1,747,571
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	18,886
3	Subtract line 2e from line 1	3	1,728,685
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,728,685

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

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		SPECIAL EVENT - HERITAGE AWARD DINNER EXPENSE 18886
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT - HERITAGE AWARD DINNER EXPENSE 18886
	+	

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public

	ET SHRAGA HEBREW ACADEMY OF THE AL DISTRICT 14-1470222			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaw other governing instrument, or in a resolution of its governing body?	ws, 1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	POLICIES ARE DESCRIBED IN THEIR ADVERTISEMENTS WHEN ADVERTISING IS DONE IN THE GENERA COMMUNITY			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminato basis?	4 b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	_5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement	5h		No
_				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	N ~
D	If you answered "Yes" to either 6a or b, please explain using an attached statement	00		Νo
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 09	5		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	l

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection	
Name of the organization					Employer iden	ntification number	
THE BET SHRAGA HEBREW A	CADEMY OF THE				14 1470222		
CAPITAL DISTRICT			_		14-1470222		
Part I Fundraising Ac	ctivities. Complet	e if the oi	rganızat	ion answered "Yes" i	to Form 990, Part IV	, line 17.	
1 Indicate whether the orga	ınızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply		
a Mail solicitations		е 🗀 :			non-government grants		
b Email solicitations				f Solicitation of a	government grants		
c Phone solicitations				g Special fundrais	sing events		
d In-person solicitation	S						
2a Did the organization have or key employees listed in	n Form 990, Part VII) or entity	ın connec	ction with professional f	fundraising activities?	Г Yes Г No	
b If "Yes," list the ten higher to be compensated at lea							
		(iii) fundrais			() 0		
(i) Name of individual		custo		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to	
or entity (fundraiser)	I (III) A ctivity	control of		from activity	fundraiser listed in	(or retained by)	
		contribu	ıtıons?	1	col (i)	organization	
		Yes	No				

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col		
			(event type)	(event type)	(total number)	co	l (c))	
₽	1	Gross receipts	64,024				64	4,024
Revenue	2	Less Charitable	45,138				4 !	5,138
	3	Gross revenue (line 1 minus line 2)	18,886				18	8,886
	4	Cash Prizes						
90	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
型	7	Other direct expenses	18,886				18	3,886
Drea	8	Direct expense summary Add line	es 4 through 7 in column	(d)			18	8,886
Δ	9	Net income summary Combine lin	-	• •				0
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
œ.	1	Gross revenue						
ses	2	Cash prizes						
tbeut	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
٥	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes%			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9	E n t	er the state(s) in which the organiza	tion operator gaming act	tuutiaa			Yes	No
a		the organization licensed to operate			-	. 9a		
b	If"	No," Explain						
10a	— We r	re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
b	If"	Yes," Explain						
44		os the organization energy	ctivities with accessing	re 2				
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11	1	
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization THE BET SHRAGA HEBREW ACADEMY OF THE CAPITAL DISTRICT Employer identification number
14-1470222

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SCHOOL HAS ONE CLASS OF MEMBERS WHICH CONSIST OF EACH PARENT OR LEGAL GUARDIAN OF THE CHILD ENROLLED IN THE SCHOOL ANY BY LAW ADOPTED BY THE BOARD MAY BE AMENDED OR REPEALED BY THE MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BOARD OF TRUSTEES WILL CONSIST OF BETWEEN 20-25 MEMBERS OF WHICH (A) 12-17 MUST BE DULY ELECTED AT LARGE TRUSTEES, (B) 7 OFFICERS, AND (C) THE MOST RECENT PAST PRESIDENT WILLING TO SERVE WHO HAS NOT BEEN OTHERWISE DETERMINED BY THE BOARD OF TRUSTEES TO BE INELIGIBLE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		ANY BYLAW ADOPTED BY THE BOARD MAY BE AMENDED OR REPEALED BY THE MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE SCHOOL'S ACCOUNTANT WILL REVIEW THE FORM 990 AND THEN IT WILL BE PRESENTED AT THE EXECUTIVE COMMITTEE WHO WILL REVIEW AND APPROVE THE FORM 990 THE EXECUTIVE COMMITTEE PRESENTS FINDINGS TO THE BOARD HOWEVER THIS GENERALLY IS NOT DONE PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO INFORM THE BOARD OF ANY CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S TAX FILINGS, ANNUAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990 PART XI, LINE 2C		THE ORGANIZATION HAS A FINANCE COMMITTEE THAT REVIEWS THE FINANCIAL STATEMENT AND THEN PRESENTS THE FINANCIAL STATEMENT TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL THE BOARD APPROVES THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM

DLN: 93493134027550

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization THE BET SHRAGA HEBREW ACADEMY OF THE		Employer identification number			
Part I Identification of Disregarded Entities				14-1470222	
(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 Organizat	tions				
(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 star (if section 501(c)(tus Direct controlling entity
HEBREW ACADEMY OF THE CAPITAL DISTRICT PARENT ORGANIZATION 54 SAND CREEK ROAD ALBANY, NY12205	OPERATING EXCLUSIVELY FOR THE CHARITABLE PURPOSE OF SUPPORTING SCHOOL	NY	501(C)(3)	TYPE 1 SUPPORT C	DRGAN

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
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Pel	τν	Transactions with Related Organizations						
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No		
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T		
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No		
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No		
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No		
d	Loans	or loan guarantees to or for other organization(s)			1d	No		
e	Loans	or loan guarantees by other organization(s)			1e	No		
f	Sale o	f assets to other organization(s)			1f	No		
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No		
h	Excha	nge of assets		<u>:</u>	1h	No		
i 1	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)		<u> </u>		No		
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No		
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No		
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No		
n	Sharır	ng of paid employees		<u>:</u>	1n	No		
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No		
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No		
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No		
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds				
		(A)	(B) Transaction	(C)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
<u> </u>								
(3)								
(4)								
(+)								
(5)								
(6)	k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations by other organization (s) Performance of services or membership or fundraising solicitations by other organization (s) Performance of services or membership or fundraising solicitations by other organization (s) Performance of services or membership or fundraising solicitations by other organization (s) Performance of services or membership or fundraising solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations by other organization (s) Performance of services or membership solicitations or services or membership solicitations or services or services or services or s							

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 o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 14-1470222

Name: THE BET SHRAGA HEBREW ACADEMY OF THE

CAPITAL DISTRICT

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										1	
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MARTA KOBLENZ, PRESIDENT	20 00	X		Х				0	0	0	
IRA ZACKON, PRESIDENT-ELECT	5 00	Х		Х				0	0	0	
ROBERT KOVACH , VP OF JEWISH LIFE	5 00	Х		х				0	0	0	
LAURA SEGAL , PAST PRESIDENT	5 00	Х		Х				0	0	0	
AMIR EVAN , VP OF FINANCE	5 00	Х		Х				0	0	0	
WENDY SCHAFFER , VP OF DEVELOPMENT	5 00	Х		x				0	0	0	
RUTH HELLER , SECRETARY	5 00	X		Х				0	0	0	
MARCI GALINKIN , TRUSTEE	5 00	X						0	0	0	
D'VORA HECKELMAN , TRUSTEE	5 00	X						0	0	0	
SHALOM KIEVAL , TRUSTEE	5 00	Х						0	0	0	
ANNA ROSEN , TRUSTEE	5 00	Х						0	0	0	
KAREN SETZEN , TRUSTEE	5 00	Х						0	0	0	
SHERRY ASHERY , tRUSTEE	5 00	Х						0	0	0	
STEVE HUZ , TRUSTEE	5 00	Х						0	0	0	
CAROLYN LEVINE , TRUSTEE	5 00	Х						0	0	0	
LOUIS JACK POZNER , TRUSTEE	5 00	Х						0	0	0	
GARY WEISKOPF, TRUSTEE	5 00	X						0	0	0	
RICH DRUCKER , TRUSTEE	5 00	Х						0	0	0	
BRENDA ECKSTEIN , TRUSTEE	5 00	Х						0	0	0	
JUDY GOLDMAN , TRUSTEE	5 00	X						0	0	0	
DALE KATZ , TRUSTEE	5 00	Х						0	0	0	
RABBI BEVERLY MAGIDSON , TRUSTEE	5 00	Х						0	0	0	
CAROL RASOWSKY , TRUSTEE	5 00	Х						0	0	0	
RABBI RAMI STROSBERG , HEAD OF SCHOOL	40 00			х				88,833	0	0	
JESSICA BENSON , ACCOUNTANT	14 00			Х				5,042	0	0	