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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED JEWISH FEDERATION OF PRINCETON		D Employer identification number 23-2215070
		Doing Business As		E Telephone number (609) 219-0555
		Number and street (or P O box if mail is not delivered to street address) Room/suite 4 PRINCESS ROAD 206		
		City or town, state or country, and ZIP + 4 LAWRENCEVILLE, NJ 08648		
		F Name and address of principal officer ANDREW FRANK, EXEC. DIRECTOR 4 PRINCESS ROAD, SUITE 206, LAWRENCEVILLE, NJ 08648		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		G Gross receipts \$ 7,627,640.		
J Website: WWW.UJFPMB.ORG		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1931 M State of legal domicile NJ		

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>TO SERVE AS THE COMMUNITY UMBRELLA ORGANIZATION DEDICATED TO THE PRESERVATION AND ENRICHMENT OF JEWISH LIFE IN OUR SERVICE AREA, ISRAEL AND THROUGHOUT THE WORLD.</u>			
2 Check this box <input type="checkbox"/> 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 69		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 68		
5 Total number of employees (Part V, line 2a)	5 10		
6 Total number of volunteers (estimate if necessary)	6 68		
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a NONE		
b Net unrelated business taxable income from Form 990-T, line 34	7b NONE		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year 4,399,252.	Current Year 1,816,933.
	9 Program service revenue (Part VIII, line 2g)	6,792.	45,606.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,655.	62,441.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-198,479.	-18,675.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,408,220.	1,906,305.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,403,509.
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		451,873.	725,352.
16a Professional fundraising fees (Part IX, column (A), line 11)		NONE	NONE
b Total fundraising expenses, Part IX, column (D), line 25		225,937.	
17 Other expenses (Part IX, column (A), lines 12-14, 11d, 11f-24f)		263,727.	332,408.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,119,109.	2,385,828.	
19 Revenue less expenses Subtract line 18 from line 12	2,289,111.	-479,523.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 12,814,526.	End of Year 13,003,046.
	21 Total liabilities (Part X, line 26)	2,286,119.	3,409,710.
	22 Net assets or fund balances Subtract line 21 from line 20.	10,528,407.	9,593,336.

Part II Signature Block

Sign Here	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			
	Signature of officer <u>Martin W. Schwartz</u>		Date <u>5/12/10</u>	
Paid Preparer's Use Only	Signature of preparer <u>[Signature]</u>		Date <u>5/12/2010</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>WITHUM SMITH + BROWN PC</u> <u>5 VAUGHN DR PRINCETON, NJ 08540-6313</u>		EIN <u>22-2027092</u>	Phone no <u>609-520-1188</u>

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

X Yes ☐ No ☐

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,781,962. including grants of \$ 1,328,068.) (Revenue \$)

SEE STATEMENT 2

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

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

4e Total program service expenses ► \$ 1,781,962. (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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
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 X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
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 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
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 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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	X
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	X
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	X
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	X
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	X

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)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Yes No

Form **990** (2008)

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**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 69	
b Enter the number of voting members that are independent	1b 68	
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 X	
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
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 X	
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	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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 X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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 ► NJ, PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KARIN MACBRIDE, CONTROLLER 4 PRINCESS ROAD, SUITE 206, LAWRENCEVILLE, NJ 0
609-219-0555

Part VIII Statement of Revenue

23-2215070

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	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	1,816,933.			
	g	Noncash contributions included in lines 1a-1f \$		103,740.			
h	Total. Add lines 1a-1f			1,816,933.			
Program Service Revenue				Business Code			
	2a	PROGRAM SERVICE FEES		900099	45,606.	45,606.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			45,606.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			124,384.		124,384.
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
					5,579,678.		
	b	Less cost or other basis and sales expenses			5,641,621.		
	c	Gain or (loss)			-61,943.		
	d	Net gain or (loss)			-61,943.		-61,943.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		50,888.		
	b	Less: direct expenses	b		79,714.		
	c	Net income or (loss) from fundraising events	STMT 4 . .		-28,826.		-28,826.
	9a	Gross income from gaming activities See Part IV, line 19	a		6,126.		
b	Less: direct expenses	b		NONE			
c	Net income or (loss) from gaming activities	STMT 5 . .		6,126.		6,126.	
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			NONE			
Miscellaneous Revenue				Business Code			
11a	MISCELLANEOUS INCOME		900099	4,025.	4,025.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			4,025.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,906,305.	49,631.		39,741.

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 . . .	1,328,068.	1,328,068.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	289,084.	166,132.	42,221.	80,731.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	350,273.	140,020.	133,160.	77,093.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	33,568.	16,543.	8,961.	8,064.
9 Other employee benefits	25,633.	4,715.	11,010.	9,908.
10 Payroll taxes	26,794.	11,378.	7,755.	7,661.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	8,852.		8,852.	
g Other	21,456.	3,342.	18,114.	
12 Advertising and promotion	NONE			
13 Office expenses	102,541.	61,887.	19,666.	20,988.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	88,171.	37,454.	30,220.	20,497.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	13,716.	3,359.	10,357.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	892.	379.	258.	255.
23 Insurance	14,944.		14,944.	
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 DUES	9,550.	8,685.	125.	740.
b BAD DEBT	72,286.		72,286.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,385,828.	1,781,962.	377,929.	225,937.
26 Joint Costs. Check here <input type="checkbox"/> 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	2,331,932.	1	1,226,069.
	2 Savings and temporary cash investments	331,035.	2	186,432.
	3 Pledges and grants receivable, net	1,674,762.	3	1,059,330.
	4 Accounts receivable, net	5,714.	4	5,379.
	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 STMT. 6	115,000.	7	115,000.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	12,946.	9	NONE
	10a Land, buildings, and equipment, cost basis 10a 3,473,628.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 61,547.	3,397,979.	10c	3,412,081.
	11 Investments - publicly traded securities STMT. 7	279,986.	11	348,371.
	12 Investments - other securities. See Part IV, line 11	3,349,109.	12	4,885,372.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,316,063.	15	1,765,012.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,814,526.	16	13,003,046.	
Liabilities	17 Accounts payable and accrued expenses	297,829.	17	388,304.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables 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	1,988,290.	25	3,021,406.
	26 Total liabilities. Add lines 17 through 25	2,286,119.	26	3,409,710.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,171,123.	27	7,366,115.
	28 Temporarily restricted net assets	4,357,284.	28	2,227,221.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	10,528,407.	33	9,593,336.
	34 Total liabilities and net assets/fund balances	12,814,526.	34	13,003,046.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to 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	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

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 **UNITED JEWISH FEDERATION OF PRINCETON**

Employer identification number

MERCER BUCKS, INC.

23-2215070

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (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?

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

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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")	3,208,711.	3,605,259.	4,484,898.	4,399,252.	1,816,933.	17,515,053.
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 lines 1-3	3,208,711.	3,605,259.	4,484,898.	4,399,252.	1,816,933.	17,515,053.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,070,395.
6 Public support. Subtract line 5 from line 4						14,444,658.

Section B. 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	3,208,711.	3,605,259.	4,484,898.	4,399,252.	1,816,933.	17,515,053.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,777.	28,914.	21,383.	173,569.	124,384.	359,027.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	6,126.	6,126.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	NONE	NONE	NONE	NONE	4,025.	4,025.
11 Total support. Add lines 7 through 10						17,884,231.
12 Gross receipts from related activities, etc. (See instructions)					12	482,229.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	80.77 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.93 %
16a 33 1/3% support 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 "fact-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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

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 Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. 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 June 30, 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 ☐

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 **UNITED JEWISH FEDERATION OF PRINCETON**
MERCER BUCKS, INC.

Employer identification number
23-2215070

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

b If "Yes," explain the arrangement in Part 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 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	5,952.				
b Contributions					
c Investment earnings or losses	-2,482.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,470.				

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ 1.0000 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		3,408,644.		3,408,644.
b Buildings				
c Leasehold improvements				
d Equipment		64,984.	61,547.	3,437.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,412,081.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>CERTIFICATES OF DEPOSIT</u>	4,885,372.	FMV
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	4,885,372.	

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
<u>GIFT ANNUITY</u>	3,470.
<u>INTEREST RECEIVABLE</u>	NONE
<u>SECURITY DEPOSITS</u>	10,263.
<u>CONSTRUCTION IN PROGRESS</u>	1,751,279.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	1,765,012.

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

(a) Description of liability	(b) Amount
Federal income taxes	
<u>REFUNDABLE ADVANCES</u>	1,812,315.
<u>ALLOCATIONS PAYABLE</u>	1,209,091.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	3,021,406.

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	1,906,305.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,385,828.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-479,523.
4	Net unrealized gains (losses) on investments	4	-64,089.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-388,977.
8	Other (Describe in Part XIV)	8	-2,482.
9	Total adjustments (net) Add lines 4-8	9	-455,548.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-935,071.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,910,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-64,089.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-2,482.
e	Add lines 2a through 2d	2e	-66,571.
3	Subtract line 2e from line 1	3	1,977,167.
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	8,852.
b	Other (Describe in Part XIV)	4b	-79,714.
c	Add lines 4a and 4b	4c	-70,862.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,906,305.

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

1	Total expenses and losses per audited financial statements	1	2,456,690.
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	79,714.
e	Add lines 2a through 2d	2e	79,714.
3	Subtract line 2e from line 1	3	2,376,976.
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	8,852.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	8,852.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,385,828.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN48 PROVISION

SCHEDULE D, PART X

THE FEDERATION, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) STAFF POSITION FIN 48-3, HAS DEFERRED THE APPLICATION OF FIN 48

"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNTIL ITS FIRST FISCAL YEAR

BEGINNING AFTER DECEMBER 15, 2008. THE FEDERATION'S ACCOUNTING POLICY IS

TO EVALUATE UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB NO. 5

"ACCOUNTING FOR CONTINGENCIES".

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN GIFT ANNUITY VALUE: (\$2,482)

REVENUE ON AUDITED FINANCIAL STATEMENTS, NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

CHANGE IN GIFT ANNUITY VALUE: (\$2,482)

REVENUE ON RETURN, NOT ON AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XII, LINE 4C

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS INCOME ON FORM 990:

(\$79,714)

Part XIV Supplemental Information *(continued)*

EXPENSES ON AUDITED FINANCIAL STATEMENTS, NOT ON RETURN

SCHEDULE D, PART XIII, LINE 2D

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS INCOME ON FORM 990:

(\$79,714)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
	KICKOFF (event type)	DINNER (event type)	10 (total number)	
Revenue				
1 Gross receipts	26,052.	11,624.	13,212.	50,888.
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)	26,052.	11,624.	13,212.	50,888.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	12,287.	4,432.	4,045.	20,764.
7 Other direct expenses	24,225.	17,175.	17,551.	58,951.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(79,715.)
9 Net income summary. Combine lines 3 and 8 in column (d)				-28,827.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **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 ► \$ _____

SCHEDULE I
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED JEWISH FEDERATION OF PRINCETON

MERCER BUCKS, INC.

Employer identification number

23-2215070

OMB No. 1545-0047

2008

Open to Public
Inspection

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 (Form 990) 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
JC YOUTH FOUNDATION							
707 ALEXANDER ROAD PRINCETON, NJ 08540	21-0634563	501(C)(3)	58,054.	NONE	N/A	N/A	CHARITABLE PURPOSE
ABRAMS HEBREW ACADEMY							
31 WEST COLLEGE AVE YARDLEY, PA 19067	21-6001415	501(C)(3)	8,000.	NONE	N/A	N/A	CHARITABLE PURPOSE
SHALOM TORAH CENTER							
639 ABBINGTON DRIVE EAST WINDSOR, NJ 08520	22-2259792	501(C)(3)	10,500.	NONE	N/A	N/A	CHARITABLE PURPOSE
GREENWOOD HOUSE							
53 WALTERS ROAD TRENTON, NJ 08691	21-0639867	501(C)(3)	6,000.	NONE	N/A	N/A	CHARITABLE PURPOSE
BETH EL SYNAGOGUE							
50 MAPLE STREAM ROAD EAST WINDSOR, NJ 08520	22-1909456	501(C)(3)	9,000.	NONE	N/A	N/A	CHARITABLE PURPOSE
JEWISH FAMILY & CHILDREN'S SERVICES							
707 ALEXANDER ROAD PRINCETON, NJ 08540	21-0364563	501(C)(3)	19,000.	NONE	N/A	N/A	CHARITABLE PURPOSE
GREENWOOD HOUSE							
53 WALTERS ROAD TRENTON, NJ 08691	21-0639867	501(C)(3)	124,734.	NONE	N/A	N/A	CHARITABLE PURPOSE
JEWISH COMMUNITY CENTER							
4 PRINCESS ROAD, SUITE 206	21-0637383	501(C)(3)	127,243.	NONE	N/A	N/A	CHARITABLE PURPOSE
JEWISH FAMILY AND CHILDREN'S SERVICES							
707 ALEXANDER ROAD PRINCETON, NJ 08540	21-0364563	501(C)(3)	224,946.	NONE	N/A	N/A	CHARITABLE PURPOSE
ABRAMS HEBREW ACADEMY							
31 WEST COLLEGE AVE YARDLEY, PA 19067	21-6001415	501(C)(3)	43,615.	NONE	N/A	N/A	CHARITABLE PURPOSE
UNITED JEWISH COMMUNITIES							
25 BROADWAY NEW YORK, NY 10004	13-1624240	501(C)(3)	646,850.	NONE	N/A	N/A	CHARITABLE PURPOSE
CENTER FOR JEWISH LIFE							
70 WASHINGTON ROAD PRINCETON, NJ 08540	21-6008282	501(C)(3)	9,000.	NONE	N/A	N/A	CHARITABLE PURPOSE

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

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

Schedule I (Form 990) 2008

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

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

MONITORING OF GRANTS

SCHEDULE I, PART I, LINE 2

THERE IS AN ALLOCATIONS COMMITTEE. THE CHARGE OF THIS COMMITTEE WILL BE

TO UNDERSTAND THE GOALS AND PROGRAMS OF OUR LOCAL BENEFICIARY AGENCIES

OVER THE COURSE OF THIS YEAR, AND IN THE SPRING, REVIEW THEIR REQUESTS

FOR ALLOCATIONS FOR RECOMMENDATION TO THE FEDERATION BOARD OF DIRECTORS.

THEY ALSO SET UP SMALL SUB-COMMITTEES TO PERSONALLY MEET WITH SOME OF OUR

AGENCIES. THE AGENCIES MAKE PRESENTATIONS ON THE USE OF FUNDS IN THE

PAST AND WHAT THEY REQUIRE FUNDS FOR IN THE COMING YEAR. THE COMMITTEE

THEN MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL. DESIGNATED FUNDS

**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 **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer identification number
23-2215070

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations 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 | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

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.

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **UNITED JEWISH FEDERATION OF PRINCETON**

Employer Identification number

MERCER BUCKS, INC.

23-2215070

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL BRENT PRESIDENT	1.	X		X				NONE		
MARK MERKOVITZ VICE PRESIDENT	1.	X		X				NONE		
RYSLA DE RAVEL VICE PRESIDENT	1.	X		X				NONE		
HOWARD COHEN VICE PRESIDENT	1.	X		X				NONE		
MORTON COHEN VICE PRESIDENT	1.	X		X				NONE		
LISA SMUKLER VICE PRESIDENT	1.	X		X				NONE		
SETH JOSEPHSON VICE PRESIDENT	1.	X		X				NONE		
ANDREA DEDRICK TREASURER	1.	X		X				NONE		
KAREN ANDERSON SECRETARY	1.	X		X				NONE		
DONALD LEIBOWITZ IMMEDIATE PAST PRESIDENT	1.	X						NONE		
STACEY WASSERMAN WOMEN'S CAMPAIGN CHAIR	1.	X						NONE		
DARLENE PASZAMANT WOMEN'S CAMP PRESIDENT	1.	X						NONE		
ANDREW FRANK FEDERATION EXECUTIVE DIRECTOR	35.	X		X				137,189.	NONE	19,266.
ADAM FELDMAN BOARD OF RABBIS PRESIDENT	1.	X						NONE		
BERNICE ABRAMOVICH BOARD MEMBER	1.	X						NONE		
ADELE AGIN BOARD MEMBER	1.	X						NONE		
MARVIN ANZEL BOARD MEMBER	1.	X						NONE		
MARGIE ARETZ BOARD MEMBER	1.	X						NONE		
GEOFFREY BERMAN BOARD MEMBER	1.	X						NONE		
ARTHUR BLICK BOARD MEMBER	1.	X						NONE		
JILL SCHWARTZ CHEVLIN BOARD MEMBER	1.	X						NONE		

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

Schedule J-2 (Form 990) 2008

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **UNITED JEWISH FEDERATION OF PRINCETON**

Employer Identification number

MERCER BUCKS, INC.

23-2215070

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT DAVIDSON										
BOARD MEMBER	1.	X						NONE		
JOSEPH FATH										
BOARD MEMBER	1.	X						NONE		
MICHAEL FELDSTEIN										
BOARD MEMBER	1.	X						NONE		
DEBORAH FREEDMAN										
BOARD MEMBER	1.	X						NONE		
ELIOT FREEMAN										
BOARD MEMBER	1.	X						NONE		
MARSHA FREEMAN										
BOARD MEMBER	1.	X						NONE		
JONATHAN FRIEDER										
BOARD MEMBER	1.	X						NONE		
BENJAMIN GENEK										
BOARD MEMBER	1.	X						NONE		
VICTOR GIUFFRE										
BOARD MEMBER	1.	X						NONE		
ELLIOT GURSKY										
BOARD MEMBER	1.	X						NONE		
MERRY SHAVEL HUDIS										
BOARD MEMBER	1.	X						NONE		
EMILY JOSEPHSON										
BOARD MEMBER	1.	X						NONE		
LIONEL KAPLAN										
BOARD MEMBER	1.	X						NONE		
MICHAEL KATZ										
BOARD MEMBER	1.	X						NONE		
RICHARD KOHN										
BOARD MEMBER	1.	X						NONE		
JEROME KURSHAN										
BOARD MEMBER	1.	X						NONE		
ROBERT LEVINE										
BOARD MEMBER	1.	X						NONE		
LISA LIEBERMAN										
BOARD MEMBER	1.	X						NONE		
BOB LIPSKY										
BOARD MEMBER	1.	X						NONE		
KENNETH MACK										
BOARD MEMBER	1.	X						NONE		
IRA MAGOD										
PAST PRESIDENT	1.	X						NONE		

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

Schedule J-2 (Form 990) 2008

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer Identification number
23-2215070

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER MILLNER BOARD MEMBER	1.	X						NONE		
ELAINE RUBIN MOORIN BOARD MEMBER	1.	X						NONE		
MARK NEMIROFF BOARD MEMBER	1.	X						NONE		
DAVID NEUFELD BOARD MEMBER	1.	X						NONE		
JERRY NEUMANN BOARD MEMBER	1.	X						NONE		
RONALD PERL BOARD MEMBER	1.	X						NONE		
KIM JENSEN PIMLEY BOARD MEMBER	1.	X						NONE		
CAROL POLLARD PAST PRESIDENT	1.	X						NONE		
MARK POLLARD BOARD MEMBER	1.	X						NONE		
ALLEN PORTER BOARD MEMBER	1.	X						NONE		
BETTY RAAM BOARD MEMBER	1.	X						NONE		
BETSY ROSEN BOARD MEMBER	1.	X						NONE		
MORDECHAI ROZANSKI BOARD MEMBER	1.	X						NONE		
JERI SCHAEFER BOARD MEMBER	1.	X						NONE		
SCOTT SCHAEFER BOARD MEMBER	1.	X						NONE		
PAUL SCHINDEL BOARD MEMBER	1.	X						NONE		
MARTIN SCHWARTZ BOARD MEMBER	1.	X						NONE		
WILLIAM SEGAL BOARD MEMBER	1.	X						NONE		
MARC SHEGOSKI BOARD MEMBER	1.	X						NONE		
STEPHEN SILVERMAN BOARD MEMBER	1.	X						NONE		
GARY SMOTRICH BOARD MEMBER	1.	X						NONE		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
JSA

Schedule J-2 (Form 990) 2008

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer Identification number	23-2215070
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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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 **UNITED JEWISH FEDERATION OF PRINCETON**
MERCER BUCKS, INC.

Employer identification number
23-2215070

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	10	103,740.	FMV
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 ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

		Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

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

Schedule M (Form 990) 2008

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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.

[illegible]

**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

UNITED JEWISH FEDERATION OF PRINCETON

Employer identification number

MERCER BUCKS, INC.

23-2215070

BOARD MEMBER FAMILY RELATIONSHIPS

PART VI, SECTION A, LINE 2

THE FOLLOWING BOARD MEMBERS ARE RELATED BY MARRIAGE: ELIOT & MARSHA

FREEMAN, SETH & EMILY JOSEPHSON, IRA & CAROL MAGOD, MARK & CAROL POLLARD

AND SCOTT & JERI SCHAEFER.

Name of the organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer identification number
23-2215070

BOARD MEMBERS

PART VI, SECTION A, LINES 6, 7A AND 7B

INDIVIDUAL MEMBERS - ANY JEWISH PERSON OVER 18 YEARS OF AGE WHO HAS MADE

A CURRENT YEAR CONTRIBUTION OF AT LEAST \$18 TO THE FEDERATION OR IS THE

DESIGNATED PRINCIPAL IN OR OFFICER OF A NON-INDIVIDUAL CONTRIBUTOR OF AT

LEAST \$18 TO THE FEDERATION. THIS CLASS OF MEMBERS HAS THE RIGHT TO VOTE,

ATTEND ANY BOARD OF DIRECTORS MEETINGS (UNLESS CLOSED) AND HOLD OFFICE.

ASSOCIATE MEMBERS - ANY OTHER INDIVIDUAL CONTRIBUTOR TO THE FEDERATION.

THIS CLASS OF MEMBERS HAS THE RIGHT TO ATTEND ANNUAL MEETINGS BUT SHALL

POSSESS NO VOTING OR OTHER RIGHTS OR POWERS.

A NUMBER OF MEMBERS OF THE BOARD OF DIRECTORS (MEMBERS AT LARGE), TO BE

DESIGNATED BY THE BOARD, ARE ELECTED AT THE ANNUAL MEETING BY THE GENERAL

MEMBERSHIP.

MANAGEMENT AND ADMINISTRATION OF THE AFFAIRS OF THE FEDERATION ARE VESTED

IN THE BOARD OF DIRECTORS.

Name of the organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer identification number
23-2215070

REVIEW OF FORM 990

PART VI, SECTION A, LINE 10

THE EXECUTIVE COMMITTEE WILL REVIEW THE FINAL DRAFT OF THE FORM 990 PRIOR
TO ITS FILING. ALL BOARD MEMBERS WILL THEN BE MADE AWARE THAT THE FORM IS
AVAILABLE FOR REVIEW UPON REQUEST PRIOR TO ITS FILING.

Name of the organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer identification number
23-2215070

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE FEDERATION HAS A CONFLICT OF INTEREST POLICY THAT WAS APPROVED BY OUR
GOVERNING BODY. AS THE NOMINATING COMMITTEE PREPARES CANDIDATES FOR
SELECTION, WE REVIEW THEIR KNOWN AFFILIATIONS PRIOR TO OPENING POSITIONS
TO THEM. THE POLICY IS PERIODICALLY DISCUSSED AT BOARD MEETINGS, AND
SHARED WITH BOARD MEMBERS.

Name of the organization **UNITED JEWISH FEDERATION OF PRINCETON
MERCER BUCKS, INC.**

Employer identification number
23-2215070

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINE 15

THE FEDERATION HAS AN ADMINISTRATION AND PERSONNEL COMMITTEE. ONE OF THE
CHARGES OF THIS COMMITTEE IS TO UNDERSTAND THE ROLES AND RESPONSIBILITIES
OF THE STAFF AND TO DETERMINE IF THE COMPENSATION PAID IS APPROPRIATE.
THE COMMITTEE MEETS TO DISCUSS COMPENSATION ON AN ANNUAL BASIS. THEY
UTILIZE DATA COMPILED ON SIMILAR SIZED FEDERATIONS/ORGANIZATIONS IN THEIR
DECISION MAKING PROCESS. THEY MAKE A RECOMMENDATION TO THE BOARD FOR
APPROVAL IF NECESSARY.

Name of the organization	UNITED JEWISH FEDERATION OF PRINCETON MERCER BUCKS, INC.	Employer identification number	23-2215070
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AVAILABILITY OF ORGANIZATION DOCUMENTS

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization **UNITED JEWISH FEDERATION OF PRINCETON**
MERCER BUCKS, INC.

Employer identification number
23-2215070

GRANTS/ASSISTANCE TO ORGANIZATIONS LOCATED OUTSIDE OF US

PART IV-QUESTION 15

THE FEDERATION ALLOCATES MONIES TO UJC IN NEW YORK WHICH IN TURN

DISTRIBUTES FUNDS TO ISRAEL.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE UNITED JEWISH FEDERATION OF PRINCETON MERCER BUCKS, INC., LOCATED IN LAWRENCEVILLE, NEW JERSEY, SERVES AS THE UMBRELLA ORGANIZATION DEDICATED TO THE PRESERVATION AND ENRICHMENT OF JEWISH LIFE IN THE GREATER MERCER BUCKS AREA, IN ISRAEL AND THROUGHOUT THE WORLD. THE FEDERATION'S GOAL IS TO FURTHER THE EDUCATIONAL, RELIGIOUS AND CHARITABLE NEEDS OF THE COMMUNITY AND ASSIST LOCAL AND INTERNATIONAL AGENCIES IN THE DEVELOPMENT, IMPLEMENTATION AND COORDINATION OF THE PROGRAMS DESIGNED TO MEET THOSE NEEDS BY FUNDRAISING AND PARTICIPATING IN JEWISH INSTITUTIONS AND SOCIAL AGENCIES AT HOME, IN ISRAEL AND AROUND THE WORLD. THE FEDERATION ALSO OPERATES A SECOND DIVISION, CAMPUS. THE CAMPUS DIVISION'S PURPOSE IS FOR THE CONSTRUCTION OF A NEW JEWISH COMMUNITY CAMPUS.

FORM 990, PART III - PROGRAM SERVICES

=====

4A PROGRAM SERVICE

FEDERATION IS THE SINGLE LARGEST JEWISH FUNDRAISING ENTITY IN THE COMMUNITY. HUNDREDS OF VOLUNTEERS REACH OUT TO THOUSANDS OF RESIDENTS IN THE PRINCETON MERCER BUCKS AREA TO SECURE FUNDS THAT PROVIDE NECESSARY SUPPORT TO LOCAL, NATIONAL AND INTERNATIONAL AGENCIES. THESE AGENCIES IN TURN REACH OUT TO MILLIONS OF PEOPLE IN NEED. THE FUNDS WE PROVIDE, IN CONCERT WITH FEDERATIONS AND OUR COUNTERPARTS THROUGHOUT THE DIASPORA, ARE OF CRITICAL IMPORTANCE TO MEET THE EVER-INCREASING CHALLENGES THAT LIE BEFORE US. OUR ABILITY TO REACH OUT AND PROVIDE IMPORTANT FUNDING ENABLES US TO "BRING TO THE TABLE" INDIVIDUALS AND GROUPS TO DISCUSS ISSUES, SHARE EXPERTISE AND PLAN COURSES OF ACTION. THIS TYPE OF EXCHANGE IS AT THE CORE OF OUR SURVIVAL AS A PEOPLE. OUR NETWORK OF COOPERATION IS GLOBAL AND ALLOWS US NOT ONLY TO REACT TO EVENTS, BUT ALSO PLAN AND SHAPE OUR COLLECTIVE FUTURE.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

PERKINS EASTMAN ARCHITECTS, PC
115 FIFTH AVENUE
NEW YORK, NY 10003

ARCHITECTURAL SVCS

203,837.

TOTAL COMPENSATION

203,837.

=====

FORM 990, PART VIII - FUNDRAISING EVENTS
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DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
SPECIAL EVENTS	50,888.	79,714.	-28,826.
TOTALS	50,888.	79,714.	-28,826.
	=====	=====	=====

FORM 990, PART VIII - GAMING ACTIVITIES
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
RAFFLES	6,126.	NONE	6,126.
TOTALS	6,126.	NONE	6,126.
	=====	=====	=====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====

BORROWER: JEWISH FAMILY & CHILDREN'S SERVICES
ORIGINAL AMOUNT: 115,000.
REPAYMENT TERMS: TO BE REPAYED UPON SALE OF PROPERTY
SECURITY PROVIDED: PROPERTY LOCATED IN WEST WINDSOR, NJ
PURPOSE OF LOAN: PURCHASE OF PROPERTY
RELATIONSHIP: NONE

BEGINNING BALANCE DUE	115,000.
ENDING BALANCE DUE	115,000.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	115,000.
	=====

TOTAL ENDING NOTES AND LOANS RECEIVABLES	115,000.
	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
MERRILL LYNCH INVESTMENTS	279,986.	348,371.	FMV
	-----	-----	
TOTALS	279,986.	348,371.	
	=====	=====	

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

OMB No 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	UNITED JEWISH FEDERATION OF PRINCETON	Employer identification number
		MERCER BUCKS, INC.	23-2215070
	Number, street, and room or suite no. If a P.O. box, see instructions	4 PRINCESS RD STE 206	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	LAWRENCEVILLE, NJ 08648	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ MANAGEMENT

Telephone No ▶ 609 219-0555

FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year _____ or▶ ☒ tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	UNITED JEWISH FEDERATION OF PR	Employer identification number
		MERCER BUCKS, INC.	23-2215070
	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
		4 PRINCESS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
		LAWRENCEVILLE, NJ 08648	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☒ **MANAGEMENT,**

Telephone No ☒ 609 219-0555

FAX No ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is

for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/2010

5 For calendar year ☐ , or other tax year beginning 07/01/2008 , and ending 06/30/2009

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ *Robert T. Dwyer*

Title ☒ CPA

Date ☒ 2/12/10

WITHUM SMITH + BROWN PC
5 VAUGHN DR
PRINCETON, NJ 08540-6313

Form 8868 (Rev 4-2009)