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237182057 05/12/2010 4 45 PM

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

_				ear, or tax year beginning 7/01/08, and ending 6/30/09		Thiopeoticit
<u>A</u>						
В	Check if app		Please use IRS	C Name of organization	D Emp	loyer identification number
\sqcup	Address ch	ange	label or	Tampa JCC/Federation, Inc.	⊣	
X	Name chan	ige	print or	Doing Business As		-7182057
\Box	Initial return	,	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite		hone number
H			See Specific	13009 Community Campus Drive	81	3-264-9000
\sqcup	Termination	n	Instruc-	City or town, state or country, and ZIP + 4	G Gross red	ceipts\$ 9,845,944
	Amended r	etum	tions.	Tampa FL 33625		
\Box	Application	pendina	F Name	and address of principal officer.	H(a) Is the	s a group retum for
			Ga	ry Gould, CEO	affilia	
			13	009 Community Campus Drive	H(b) Are a	ded? Yes No
			Ta	mpa FL 33625	If "No	o," attach a list (see instructions)
1	Tax-exer	npt status	X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527		
J	Website	: ▶ j		htampa.org	H(c) Grou	p exemption number
ĸ	Type of org	ganization	X Co	poration Trust Association Other L Year of formati	on 1954	M State of legal domicile FL
7	Part I		mmai			_
_	1 B	nefly des	scпbe t	ne organization's mission or most significant activities:		
≅ "				auses and charities		
ປ ຸຂັ						
≃ £	1	•		·		
ž Š	2 c	heck this	s box	if the organization discontinued its operations or disposed o 宋面 语识别的	assets	
اَ يَ	3 N			members of the governing body (Part VI, line 1a)	3	20
ာ စွာ	4 N		_	endent voting members of the governing body (Part VI, line 1b)		20
ງ ≨ຼື	5 T			employees (Part V, line 2a)	5	195
fotc— JUL ⊿ I ∠UIU Activities & Governance	6 T			/olunteers (estimate if necessary)	SO-SX 6	400
4 €	7a T			ated business revenue from Part VIII, line 12, column (C) OGDEN, UT	7a	3,008,198
ζ				siness taxable income from Form 990-T, line 34		-382,155
Activit				P	rior Year	Current Year
	8 C	ontributi	ons an	· · · · · · · · · · · · · · · · · · ·	214,316	3,274,395
Revenue	9 P	rogram :	service	revenue (Part VIII, line 2g)	980,474	6,429,304
eve	10 lr	nvestmer	nt incon	ne (Part VIII, column (A), lines 3, 4, and 7d)	488	
Œ	11 0	ther rev	enue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,092	-260,947
	12 T	otal reve	enue—a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,370	9,518,911
	13 G	ants an	nd simila	ar amounts paid (Part IX, column (A), lines 1-3)	308,869	435,620
	14 B	enefits p	oaid to	or for members (Part IX, column (A), line 4)		
ģ	15 S	alanes,	other c	ompensation, employee benefits (Part IX, column (A), lines 5-10)	305,115	4,159,788
enses	16a P	rofessio	nal fund	draising fees (Part IX, column (A), line 11e)		
Expe	ьт	otal fund	draising	expenses (Part IX, column (D), line 25) 493,554		
Ú	i 17 C	ther exp	enses		414,947	3,891,850
	18 T	otal expe	enses.		028,931	8,487,258
_		levenue	less ex		-765,561	1,031,653
Net Assets or	200				nning of Year	End of Year
sset	를 20 T				958,770	10,741,940
F.	펌 21 ⊤		•		997,334	
_					961,436	4,539,953
_	Part li			re Block		
		Und	ler penal belief. it	ies of perjuny I declare that I have examined this leturn, including accompanying schedules and statement is true, confect, and complete. Declaration of preparer (other than officer) is based on all information of whi	s, and to the best ch preparer has a	of my knowledge ny knowledge
٥.				mules to	· · · //	M = I
	gn					My 13/2010
не	ere		-	re of officer Ty Gould CEO	Day	
_			Type or	print name and title		Preparer's identifying number
Ps	aid		parer's		Check if self-	(see instructions)
	eparer		ature	10.0	employed L	<u> </u>
	se Only		n's name	(or yours Gregory, Sharer & Stuart, PA	EIN	<u> </u>
<u> </u>	Omy	ıf se	If-emplo	_{red),} 100 2nd Ave South Ste 600	Phone	
_				Saint Petersburg, FL 33701-4336	no 🕨	
	-			turn with the preparer shown above? (see instructions)	·· <u>· · </u>	X Yes No
DA	A For P	rivacy A	ct and	Paperwork Reduction Act Notice, see the separate instructions.	1 .0	Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)	
1 Bnefly describe the organization's mission	
Jewish causes and charities	
	•
	
2 Did the organization undertake any significant program services during the year which were not listed on	□.,
the pnor Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O	l les Er lio
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 \$ 2,733,048 including grants of \$ 91,620) (Revenue \$	3,109,976)
JCC Child Care - Nonprofit preschool, young adults	
educational and social development causes.	
· · · · · · · · · · · · · · · · · · ·	
4b (Code:) (Expenses \$ 511,668 including grants of \$ 344,000) (Revenue \$	127,819)
JCC and Federation Other Programs - Various programs	127,819)
JCC and Federation Other Programs - Various programs associated with the Jewish Community Center Campus	127,819)
JCC and Federation Other Programs - Various programs associated with the Jewish Community Center Campus facility including pool, snack bar, tennis, exercise	127,819)
JCC and Federation Other Programs - Various programs associated with the Jewish Community Center Campus facility including pool, snack bar, tennis, exercise classes, children's camp, Film Festival, Book Month, large	127,819)
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Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?

- 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
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10
- 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
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 - 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
- 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
- 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
- Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- 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
- 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
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J
- 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.
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - 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?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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
 - 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
- 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
- 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

		Yes	No
	1	X	
	2	X	
	3_		x
	4		<u>x</u> _
	5		
	6_	-	х
	7		<u>x</u>
	8		х
	9		X
	10	Х	
	11	x	
	12	x	
•	13		Х
	14a		X
	14b		x
	15		X
	16		<u>x</u>
	17	-	Х
	18_	Х	v
	19		X
	20 21	Х	
	22	X	
	23	х	
	24a		х
	24b		
	24c		
	24d	<u> </u>	
	25a		х
	25b		X
	26		х
	27		х
	Forn	990	(2008)

Form 990 (2008) Tampa JCC/Federation, Inc. 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	1		
	employee), or an indirect business relationship through ownership of more than 35% in another entity	1		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
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	'	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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		X
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		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part			1
	VI .	37		X

Form **990** (2008)

Pa	int V Statements Regarding Other IRS Filings and Tax Compliance			
4-	Fater the number was aded in Day C of Farm 1000 Aprilai Comment and Transmitted of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	U S Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 32 1b 1	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┪		'
·	gaming (gambling) winnings to prize winners?	1c	x	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 195			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			,
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			ı
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1 -		х
a	Did the organization make any taxable distributions under section 4966?	9a		X
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
''a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Form 990 (2008) Tampa JCC/Federation, Inc. 23-7182057 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 20 Enter the number of voting members of the governing body 20 Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Δ 5 Did the organization become aware during the year of a material diversion of the organization's assets? X 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Яa The governing body? X Each committee with authority to act on behalf of the governing body? 8b X 9a Does the organization have local chapters, branches, or affiliates? 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 X 10 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 11 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12h rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a X 15b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL 17 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 X Another's website X Upon request Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the 20 Sally Benjamin 13009 Community Campus Drive organization. 813-769-4789 FL 33625

Tampa

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100.000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if the o	rganization did not compe	nsate	any	offic	er, c	directo	or, tı	rustee, or key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	er					oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	ng g	orme	from the	from related organizations	other compensation
		Ctor to	tiona		평	st co	4	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		ruste	tru		yee	mpe		(11 2 1000 111100)		and related
		*	stee			nsat				organizations
<u></u>			L			ä				
Ann Rosenbac						1				
Director	1	X				\vdash		0	0	0
Bev Tannenba		١							•	•
Director	1	X			<u> </u>	\vdash		0	0	0
Brian Taub	1		İ						^	0
Vice Pres. Bruce Goldst		X	┢	┝		╀╌┤		0	0	0
•	ein	$ \mathbf{x} $						o	0	0
<u>Director</u> Carlos Del C	agtillo	┿		\vdash	┢	\vdash				
Director	1	$ \mathbf{x} $						О	0	0
Cathy Friedr		+^	 	\vdash	\vdash	┨				
Director	1	x		l		ll		О	0	0
Cindy Sper	<u> </u>	+	\vdash	┝╌		1 1				
Vice Pres.	1	x		İ				o	0	0
Herb Swarzma	n	+				11				
Director	1	x						0	0	0
Jack Ross										
Vice Pres.	1	X						0	0	0
Jonathan Ell	is									
President	3	X						0	0	0
Joseph Proba										
Treasurer	2	X				\sqcup		0	0	0
Joyce Tawil									_	_
Secretary	1	X	_		_			0	0	0
Karen Waksma		1							_	
Director	1	X	<u> </u>	_		1		0	0	0
Laura Kreitz										
Former Pres.	11	X		_		\vdash		0	0	0
Mark Sena	_								_	•
Director	1	X	_	-	_	╁╌╂		0	. 0	0
Michael Rice		1.						1	o	^
Director	11	X	 	\vdash	⊢	 		0	<u> </u>	0
Ronald Pros	1	x						o	o	0
Director		<u> </u>				Ц.,		<u> </u>	<u> </u>	5 000 (2000)

(E)

(D)

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

(F)

Name and title	Average hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Heportable compensation from the organization (W-2/1099-MISC)	Heportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sam Linsky									<u></u>	
Director	1	X		<u> </u>				0	0	0
Steven Spect										
Director	1	X	_	_	_	\vdash		0	0	0
Sue Schoenba		_v					`		o	0
Director Gary Gould	1	X	├	_	┝	\vdash		0	0	<u> </u>
CEO	40			x				221,222	o	4,252
Mark Segel		\vdash		^	-			221,222		7,232
Dir. of Ext.	40			x				105,505	o	4,252
Naomi Brooks			-		\vdash	H		203,303		
CFO	40			x				98,133	0	4,252
Emily Kupern										
Dir. of Fund	40			х				86,918	0	4,252
Barbara Gers	on									
Ex Dir WV	40			X				83,372	0	4,252
Cathy Gardne										
JCC Dir.	40	<u> </u>	<u> </u>	X		_		74,440	0	4,252
Pam Levensto										
Controller W	40	_	_	X	_			62,491	0	4,252
Leni Sack	4.0			۱,,				61 506		4 252
Dir. of Pre	40	┼	-	X				61,526	0	4,252
Peter Patera Dir Ops	40			x				55,721	o	4,252
DII Ops	30	\vdash		A				33,721		1,232
•										
1b Total					<u> </u>	·		849,328		38,268
	viduals (including those in	1a) v	vho i	recei	ved	more	tha	in \$100,000 in reportable co		
organization > 2	· · · · · · · · · · · · · · · · · · ·									
										Yes No
								ee, or highest compensate	d	
	17 If "Yes," complete Sched							and other componentian fo		3 X
								n and other compensation for s," complete Schedule J for		
ındividual				_				•		4 X
								unrelated organization for		
	the organization? If "Yes,"	" con	npiet	e Sc	nedi	ile J	tor s	such person	•	5 X
Section B. Independent		2000	end u	odon	ond	ant o	ontro	actors that received more th	200 \$100 000 of	
1 Complete this table compensation from	the organization	51 13a	eu II	iueh	CIIU	5111 6	Ulluc	actors that received more th		
	(A) Name and business address							Descrip	(B) stron of services	(C) Compensation
	112110 4110 00011100									
							Π			
						_	$oldsymbol{oldsymbol{oldsymbol{eta}}}$			
								·		
							L_			
	-	ıding	thos	se in	1) w	no re	eceiv	ved more than \$100,000 in		
compensation from DAA	rne organization ▶									0 Form 990 (2008)
DU.										, 5 555 (2000)

<u>ra</u>	<u>rt VI</u>	II Statement of Rev	enue						
3						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
တတ	1a	Federated campaigns	1a				revenue		512, 513, or 514
E		Membership dues	1b						t
P. E.		•	-	2	63,703				
ra i		Fundraising events	1c		63,703				ı
gi		Related organizations	1d		04 000				1
sis		Government grants (contributions)	1e		94,000	-			í
je je	T	All other contributions, gifts, grants, and similar amounts not included above		2.0	16 600				1
를 를					16,692				
등	-	Noncash contributions included in lines	1a-1f \$	•	12,733	3 274 205			E :
	n	Total. Add lines 1a-1f	·	-		3,274,395			
ğ	•				Busn. Code	3 100 076	3 100 076		
<u>8</u>	2a	JCC Child Care			602000	3,109,976	3,109,976	2 000 100	
<u>ا</u> ۾	b	Weinberg Village			623000	3,008,198	102 211	3,008,198	
ا يَ	С	Dues		•		183,311	183,311		
န္	d	JCC Other Programs	3			127,819	127,819		
<u>Ta</u>	e	A 11 11			 				
Program Service Revenue Contributions, gifts, grants and other similar amounts		All other program service rev	enue/		<u> </u>	6 400 304			r
-		Total. Add lines 2a–2f			.	6,429,304		··	!
	3	Investment income (including	g divider	ids, interes	st, and	100 000		İ	100 000
	_	other similar amounts)				100,080		-	100,080
ŀ	4	Income from investment of ta	ax-exem	pt bona pr	oceeas 🚩				
	5	5 Royalties (i) Real (ii) F		(₁) B	oroonal				
	٠.			(11) F	ersonar				
	6a	Gross Rents							
	b	Less rental exps							,
	C	Rental inc or (loss)		L					
	sales of assets			Other					
				Other					
		other than inventory		 					i
	b	Less cost or other			23,921				ſ
	_	basis & sales exps		 	-23,921			İ	
	_	Gain or (loss)		1	-23,321	-23,921	-	İ	-23,921
1	d	Net gain or (loss)	ronto	г .		-23,321			-25,521
	8a	•	.703						I I
ğ		of contributions reported on line 1							
ě		See Part IV, line 18	o) a	ŀ	40,875				
<u>بر</u>	ь.	Less. direct expenses	b		303,112				
Other Revenu		Net income or (loss) from fur	-	$\overline{}$	DUD , 122	-262,237	-262,237		= -
۲		Gross income from gaming activit	-	, 0,0,110			203,207		
	Ju	See Part IV, line 19	a						
	h	Less direct expenses	b						
- 1		Net income or (loss) from ga	_	tivities					
		Gross sales of inventory, les							
		returns and allowances	a						
	ь	Less: cost of goods sold	b						
		Net income or (loss) from sa	•		—		İ		
		Miscellaneous Reven			Busn. Code		-		
	11a	Miscellaneous Reven				1,290			1,290
	b			•					
	c	• •		•					
	d	All other revenue							
	e	Total. Add lines 11a-11d			<u> </u>	1,290			
	12	Total Revenue. Add lines 1	 1, 2a. 3	4, 5, 6d. 7	• • •	_,			
	-	9c, 10c, and 11e			▶	9,518,911	3,158,869	3,008,198	77,449

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).

	All other organizations must				
	not include amounts reported on lines 6b, 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		ехрепзез	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	344,000	344,000		
2	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22	91,620	91,620		Į.
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	887,594	573,864	168,469	145,261
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.440.000		550 440	15 050
7	Other salaries and wages	2,449,390	1,873,094	560,443	15,853
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	577 AAA	405 104	F7 007	24 422
9	Other employee benefits	577,444	485,124	57,887	34,433 19,910
10	Payroll taxes	245,360	163,407	62,043	19,910
11	Fees for services (non-employees):				
a	Management	3,871	2,751	1,120	
0	Legal	55,020	13,020	42,000	
4	Lobbying		13,020	12,000	
u	Professional fundraising services See Part IV, line 17				
f	Investment management fees	71,965		71,965	
g	Other	123,148	112,367	10,548	233
12	Advertising and promotion				
13	Office expenses	188,290	98,872	72,929	16,489
14	Information technology			·	
15	Royalties				
16	Occupancy	436,526	313,487	108,520	14,519
17	Travel	35,848	27,874	7,801	173
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	280,709	215,163	57,664	7,882
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	260,386	174,803	81,293	4,290
23	Insurance .	62,987	34,469	24,926	3,592
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.) COGS	1,566,119	1,566,119		
a	Bad Debt Expense	234,408	1,500,119	34,099	200,309
b		140,031	140,031	34,033	200,302
c	Insurance Contract Services	139,569	77,649	61,920	
d	Miscellaneous Expense	85,152	57,772	27,380	
e f	All other expenses	207,821	269,583	-92,372	30,610
25	Total functional expenses. Add lines 1 through 24f	8,487,258	6,635,069	1,358,635	493,554
26		<u> </u>			
_0	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	remembering annumentation	·			Form 990 (2008)

<u> Pa</u>	art X	Balance Sheet				<u> </u>					
	•					(A) Beginning of year			(B) End of		
$\overline{}$	•	Cook per interest because				207,045	1	<u> </u>		25,	024
	1 2	Cash—non-interest bearing Savings and temporary cash investments		•	·	207,013	2			<u>.,,</u>	723
	3	Pledges and grants receivable, net			†	966,479		-	1,8	51	177
	4	Accounts receivable, net		•	•	95,609				46,	
	5	Receivables from current and former officers, directors, tr	netooc	kov	<u> </u>	33,003				10,	<u>. , o</u>
	"	employees, or other related parties Complete Part II of S					5				
	6	Receivables from other disqualified persons (as defined to					-	 			
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(E									
		Part II of Schedule L	<i>5)</i> . Con	iibieie			6	<i>-</i>	-		
"	7	Notes and loans receivable, net		•	ŀ	_	7	 			
Assets	8	Inventories for sale or use			ŀ	7,215	_	 		8.	563
88	9	Prepaid expenses and deferred charges			ļ	54,405		 	1 '	74,	
٩	10a		10a	1	7,957,916	31,103	-	 		, . ,	5 5 0
		3-,	IUa	<u> </u>	7,557,510						
	"	Less ⁻ accumulated depreciation. Complete Part VI of Schedule D	10b		3,006,898	5,103,569	10c		4,9	51 -	018
			100	L	3,000,000	3,103,303	11	 		52,	
	11	Investments—publicly traded securities Investments—other securities See Part IV, line 11			ļ		12		<u> </u>	<i>,</i>	, , ,
	12		•		•		13	 			
	13	Investments—program-related. See Part IV, line 11			ነ		14			_	
	14 15	Intangible assets Other assets. See Part IV, line 11			-	6,524,448	-	 	2,3	31	509
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1		 	12,958,770			0,7		
_	17		'			695,442				33,	
	18	Accounts payable and accrued expenses Grants payable			· •	451,019			_	32,	
	19	Deferred revenue			 	666,707				47,	
	20	Tax-exempt bond liabilities	 		20				<u> </u>		
S	21	Escrow account liability Complete Part IV of Schedule D	.		21						
iŧie	22	Payables to current and former officers, directors, trustee									
Liabilities	22	employees, highest compensated employees, and disqua									
L:		persons. Complete Part II of Schedule L	imeu				22				
_	23	Secured mortgages and notes payable to unrelated third	nartice	•		3,847,441		 	4,3	80.	000
	24	Unsecured notes and loans payable	paraco	•	•	5,017,111	24		-,-		
	25	Other liabilities. Complete Part X of Schedule D			·	336,725			2	09,	120
	26	Total liabilities. Add lines 17 through 25			ŀ	5,997,334	•		6,2		
<u></u>	20	Organizations that follow SFAS 117, check here	and			5,55.,05.				<u>-,</u>	
ces		complete lines 27 through 29, and lines 33 and 34.	<u> </u>	'							
Balan	27	Unrestricted net assets				1,120,678	27		3	91,	398
3al	28	Temporarily restricted net assets			ľ	2,907,455			1,8		
5	29	Permanently restricted net assets			ļ	2,933,303			2,2		
Fund	-~	Organizations that do not follow SFAS 117, check here	e ▶ ĺ	٦			 				
ш		and complete lines 30 through 34.		_							
s or	30	Capital stock or trust principal, or current funds					30	i -			
Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund .	•			31				
155	32	Retained earnings, endowment, accumulated income, or	•	funds			32				
	33	Total net assets or fund balances			·	6,961,436	+		4,5	39,	953
Net	34	Total liabilities and net assets/fund balances			Ì	12,958,770		1	0,7		
	art)				_		_ = -				
										Yes	No
1	Ac	counting method used to prepare the Form 990.	ash	X	Accrual Ot	her					
2		ere the organization's financial statements compiled or revi	ewed t	_	ndependent account	ant?			2a	_	X
Ŀ		ere the organization's financial statements audited by an in		•	•		٠	•	2b	X	
		Yes" to lines 2a or 2b, does the organization have a comm				or oversight of					
		e audit, review, or compilation of its financial statements ar			· · · · · · · · · · · · · · · · · · ·	*			2c	X	Ĺ_
3		a result of a federal award, was the organization required				•		•			
		e Single Audit Act and OMB Circular A-133?				_			3a		X
	o If "	Yes, did the organization undergo the required audit or au	ıdıts?					·	3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Tampa JCC/Federation, Inc.

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

Employer identification number 23 - 7182057

1		A church, con	vention of churches, or ass	ociation of churches described in	n section	170(b)(1)	(A)(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a	a cooperative hospital servi	ce organization described in <mark>sec</mark>	tion 170(t	o)(1)(A)(ii	i). (Attac	h Sched	dule H)				
4		A medical res	earch organization operate	d in conjunction with a hospital d	escribed i	n section	170(b)	(1)(A)(iii). Enter	the hos	pital's name,		
		city, and state)										
5	\Box	An organization	on operated for the benefit of	of a college or university owned	or operate	d by a go	vernmei	ntal unit	describe	ed ın			
	_	section 170(b	o)(1)(A)(iv). (Complete Part	II.)									
6		A federal, sta	te, or local government or g	overnmental unit described in se	ection 170	(b)(1)(A)((v).						
7		An organization	on that normally receives a	substantial part of its support fro	m a gover	nmental ı	unit or fr	om the g	eneral j	public			
		described in s	section 170(b)(1)(A)(vi). (C	omplete Part II)									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part I	1)								
9	X	An organization	on that normally receives (I) more than 33 1/3 % of its supp	ort from c	ontributio	ns, men	nbership	fees, a	nd gros	s		
		receipts from	activities related to its exer	npt functions—subject to certain	exceptions	s, and (2)	no more	e than 3	3 1/3 %	of its			
		support from	gross investment income ar	nd unrelated business taxable inc	come (less	s section	511 tax)	from bu	sınesse	s			
		acquired by th	ne organization after June 3	0, 1975. See section 509(a)(2).	(Complete	Part III.)							
10		An organization	on organized and operated	exclusively to test for public safe	ty See se	ction 509	9(a)(4). (see inst	ructions)			
11		An organization	on organized and operated	exclusively for the benefit of, to p	erform the	e function	s of, or	to carry	out the				
		purposes of o	ne or more publicly support	ed organizations described in se	ction 509	(a)(1) or s	ection 5	09(a)(2)	See se	ection			
		509(a)(3). Ch	eck the box that describes t	he type of <u>su</u> pporting organization	n and con	nplete line	es 11e tl	hrough 1	1h.				
	_	a Type	ı bo.∐Typell	c Type III–Functions	ally Integra	ated	d	∐ Тур	e III–Ott	ner			
е	\sqcup	By checking t	his box, I certify that the org	anızatıon ıs not controlled directl	y or indire	ctly by on	e or mo	re disqu	alified				
		persons other	r than foundation managers	and other than one or more pub	licly suppo	orted orga	anızatıor	ıs descri	bed in s	ection			
		509(a)(1) or s	section 509(a)(2)										
f		•		ermination from the IRS that it is	a Type I, T	Type II, or	Type III	support	ing				
			check this box										Ш
9		Since August	17, 2006, has the organiza	tion accepted any gift or contribu	ition from	any of the	•						
		following per											
		(i) A person	who directly or indirectly co	ontrols, either alone or together v	vith persor	ns descrit	oed in (11)				Yes	No
		. ,		f the supported organization?			•				11g(i)		-
			member of a person describ	•••	•						11g(iı)		
		• •	•	described in (i) or (ii) above?	-						11g(ııı)	
<u>h</u>		Provide the f	ollowing information about t	he organizations the organizatio	n supports	S.	,		,				
(i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify	(vi) !:		(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizati (i) organiz		sup	роп	
				(see instructions))	gerog			port?	`´ us				
					Yes	No	Yes	No	Yes	No		_	
					<u> </u>	ļ	ļ		igsquare				
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Tota													

Sche	edule A (Form 990 or 990-EZ) 2008 Tan	npa JCC/Fe	ederation,	Inc.	23	-7182057	Page 2
	art ii Support Schedule for O	rganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you ch	ecked the box	on line 5, 7, o	r 8 of Part I.)	<u> </u>	<u> </u>	
Sec	tion A. Public Support						
Ca	lendar 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			<u> </u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		<u></u>				
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)						
6	Public support. Subtract line 5 from line 4	<u> </u>					
	tion B. Total Support				,		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts 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 carned on				,		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					1	
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax year	as a section 501 (c)(3)	_
	organization, check this box and stop her			<u> </u>			
Sec	tion C. Computation of Public Su	ipport Percen	tage			т	
14	Public support percentage for 2008 (line 6	, column (f) divide	d by line 11, colum	n (f))		14	%
15	Public support percentage from 2007 Sch	edule A, Part IV-A,	line 26f			15	%
16a	33 1/3 % support test—2008. If the organ	izatıon did not che	ck the box on line	13, and line 14 is 3	3 1/3 % or more, o	heck this box	
	and stop here. The organization qualifies		•				▶ ∟
Ь	33 1/3 % support test—2007. If the organ				5 is 33 1/3 % or m	ore, check this	. –
	box and stop here. The organization qual		• • •				▶∟
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa				-		, _
	organization meets the "facts-and-circums		-			- ·	▶∟
Ь	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa			-	•		. ┌
	organization meets the "facts-and-circums		•		-	•	₹
18	Private foundation. If the organization did	i not check a box o	on iine 13. 16a. 16b). 1/a. or 17b. chec	ck this box and see	INSTRUCTIONS	▶∟

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support

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

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")	1,693,651	2,242,751	2,63 <u>4,4</u> 48	2,410,721	3,457,706	12,439,277
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	2,015,645	2,421,073	2,516,690	2,978,243	3,237,795	13,169,446
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	3,709,296	4,663,824	5,151,138	5,388,964	6,695,501	25,608,723
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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 Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	3,709,296	4,663,824	_5,151,138	5,388,964	6,695,501	25,608,723
Sec	tion B. Total Support	1				1	23,000,123
	lendar year (or fiscat year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	3,709,296	4,663,824	5,151,138	5,388,964	6,695,501	25,608,723
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278	353	1,195	488	100,080	102,394

- Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
 - Add lines 10a and 10b
- Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on .
- Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- Total support. (Add lines 9, 10c, 11, 13 and 12)

256,528	445,884	479,938	338,191	42,165	1,562,706
3,966,102	5,110,061	5,632,271	5,727,643	6,837,746	
					27,273,823

488

100,080

15

17

18

1,195

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) 14 organization, check this box and stop here

278

Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15

93.8949 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 64.8974 16

353

Section D. Computation of Investment Income Percentage

- Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17
- Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18
- 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
 - 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
- Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 20

0.3754

0.0001

102,394

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Tampa JCC/Federation, Inc. Page 4 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) Part III, Line 12 - Other Income Detail Special Event gross receipts 1,561,416 1,290 Other revenue \$

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

Employer identification number Name of the organization 23-7182057 Tampa JCC/Federation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 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 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? 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 an historically important land area Preservation of land for public use (e.g., recreation or pleasure) 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 a Total number of conservation easements 2b Total acreage restricted by conservation easements 2¢ Number of conservation easements on a certified historic structure included in (a) 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 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 Amount 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 Tampa JCC	/Federation,	Inc.		182057	Page 2
Pa	rt III Organizations Maintaining					ets (continued)
3	Using the organization's accession and other items (check all that apply).	records, check any of the f	ollowing that are a s	ignificant use of its	collection	
а	Public exhibition	d Loan o	or exchange program	ns		
b	Scholarly research	e Other	0.0			
c	Preservation for future generations	_			-	-
4	Provide a description of the organization's co	lloctions and explain how th	ney further the organ	uzation's evernt ou	rnose in	
•	Part XIV	nections and explain now in	ley lartiler the organ	nzation o exempt pa	iipose iii	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	ne organization's col	lection?		Yes No
Pa	rt IV Trust, Escrow and Custod				red "Yes" to	Form 990,
	Part IV, line 9, or reported					
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or othe	er assets not		Пу Пи.
	included on Form 990, Part X?		4-61-	•		∐ Yes ☐ No
D	If "Yes," explain the arrangement in Part XIV	and complete the following	table.			Amount
_	On the same halones				1c	ranodite
С.	Beginning balance				· 10	
a	Additions during the year	•			1e	
e	Distributions during the year	•		•	1f	
f	Ending balance Did the organization include an amount on Fo	orm 000 Part V line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	Jilli 550, Falt X, Illie 21.	•		•	☐ res ☐ No
	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes" t	o Form 990. Pa	art IV. line 10	0.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	
1a	Beginning of year balance	3,478,827	<u> </u>			
ь.	Contributions	162,532				
c	Investment earnings or losses	-371,919	-			
d	Grants or scholarships					
	Other expenditures for facilities	-				
	and programs	-247,362			l	
f	Administrative expenses	-71,965				
g	End of year balance	2,950,113				
2	Provide the estimated percentage of the year	r end balance held as				
а	Board designated or quasi-endowment	<u>22.13</u> %				
b	Permanent endowment ▶_ 77.87%					
c	Term endowment ▶ %					
За	Are there endowment funds not in the posses	ssion of the organization tha	at are held and admi	nistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organizations	s listed as required on Sche	edule R?			_3b
4	Describe in Part XIV the intended uses of the					
Pa	rt VI Investments—Land, Build			· r		
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1 ''	epreciation	(d) Book value
		(investment)	basis (other		·	600 400
	Land .			,408	003 005	682,408
	Buildings		5,838	,835 1,	<u>,993,097</u>	3,845,738
	Leasehold improvements		1 224	602	006 531	220 161
	Equipment		1,234		906,531	
	Other .			,981	107,270	
Tota	I. Add lines 1a-1e (Column (d) should equal f	orm 990, Part X, column (I	3), IINE 1U(C).)			4,951,018

Schedule D (Form 990) 2008 Tampa JCC/Federation,	Inc.	23-7182057	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r 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)		- .	
Part VIII Investments—Program Related. See Form 990	D. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
,, ,	,,	Cost or end-of-year	
	-		
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
Beneficial Interest Hel	d-Foundation		2,297,378
Other Assets			34,231
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		>	2,331,609
Part X Other Liabilities. See Form 990, Part X, line 25	5.	•	`
(a) Description of liability	(b) Amount		
Federal income taxes			
Security Deposits	152,995		
Obligation under capital lease	56,125		
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	209,120		
In Part XIV, provide the text of the footnote to the organization's financial state	ments that reports the organ	nization's liability for	
uncertain tax positions under FIN 48.			

	dule D (Form 990) 2008 Tampa JCC/rederation, Inc. 23-/18		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 1	9,518,911
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,487,258
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,031,653
4	Net unrealized gains (losses) on investments	. 4	-545,681
5	Donated services and use of facilities .	5	
6	Investment expenses .	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-545,681
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	485,972
Pa	art XII : Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	9,003,887
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -545,	681	
b	Donated services and use of facilities 2b 58,	096	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV) 2d 95,	822	
е		2e	-391,763
3	Subtract line 2e from line 1	3	9,395,650
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		
b	Other (Describe in Part XIV) 4b 123,	261	
C	Add lines 4a and 4b	4c	123,261
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	9,518,911
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1 1	8,517,915
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:		- 0,52.,,525
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 58.	096	
a	Donated services and use of facilities 2a 58,	096	
a b	Donated services and use of facilities Prior year adjustments 2a 58, 2b	096	0,01.,010
a b c	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 2a 58, 2b 2c		0,01.,010
a b c d	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 2a 58, 2b 2c 95,	822	
a b c d	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d	822 2e	153,918
a b c d	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	822	
a b c d	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	822 2e	153,918
a b c d e 3 4 a	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	822 2e 3	153,918
a b c d e 3 4 a b	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 2a 58, 2b 2b 2c 4a 95, 4a Other (Describe in Part XIV)	822 2e 3	153,918 8,363,997
a b c d e 3 4 a b	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	822 2e 3	153,918 8,363,997 123,261
a b c d e 3 4 a b c	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	822 2e 3	153,918 8,363,997
a b c d a b c 5	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information	822 2e 3 261 4c 5	153,918 8,363,997 123,261
a b c 3 4 a b c 5 Pa	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1.	822 2e 3 261 4c 5	153,918 8,363,997 123,261
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	822 2e 3 261 4c 5	153,918 8,363,997 123,261
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1.	822 2e 3 261 4c 5	153,918 8,363,997 123,261
a b c d a b c 5 Pa Compand 2	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	261 4c 5	153,918 8,363,997 123,261 8,487,258
a b c d a b c 5	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation,
a b c d a b c 5 Pa Compand 2	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas Inc. (TOP), which is a financially interrelated organization.	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation,
a b c d e 3 4 a b c 5 Pa Compand 2	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas Inc. (TOP), which is a financially interrelated organization.	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation,
a b c d e 3 4 a b c 5 Pa Compand 2	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas Inc. (TOP), which is a financially interrelated organization.	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation,
a b c d e 3 4 a b c 5 Pa Compand 2	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas Inc. (TOP), which is a financially interrelated organization.	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation,
a b c d a b c 5 Pa Compand 2	Donated services and use of facilities Pror year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 12b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Part V, Line 4 - Intended Uses for Endowment Funds All investments are held by the Tampa, Orlando, Pinellas Inc. (TOP), which is a financially interrelated organization.	822 2e 3 261 4c 5	153,918 8,363,997 123,261 8,487,258 Foundation, tablished by

Part XIV Supplemental Information (continued)
_distributing,_and_investing_the_principal_and/or_income_for_charitable,
_educational_and_religious_purposes_within_the_Jewish_communityEach_of_the_
_three_federations_appoints_trustees_to_the_board_of_TOP. The funds_raised
_for_which_TOP_is granted variance_power_are_distributed_based_upon_the
_direction_of_each_community's_appointed_trustees
_The_Organization's beneficial_interest_includes_those_assets_held_by_TOP
_for_which_the_Organization_is_specified_as_a_beneficiaryThese_assets
_include_endowment_funds_from_which_the_Organization_receives_annual
_distributions_as specified by the donor
In addition to the above, the Organization is also specified as the
_beneficiary_for_the_residual_interest_in_certain_philanthropic_funds_held
by TOP. The Organization will receive the balance remaining in these funds,
_if any, upon the death of the donor. However, during the donor's life, TOP _
_has_the_ability_to_distribute_these_funds_to_beneficiaries_other_than_the
_OrganizationA_value_for_the_Organization's interest_in_these_funds_cannot_
_be_determined_because_of_the_contingent_nature_and_because_future_cash
_flows_cannot_be_reasonably_measured. Therefore, the Organization's
_beneficial interest in these funds is not recorded
_Part X - Liability Under FIN 48 Footnote
In June 2006, the Financial Accounting Standards Board released new
_accounting guidance_on_accounting_for_uncertainty_in_income_taxes. Under
_the_new_guidance,_reporting_entities_will_utilize_different_recognition
thresholds and measurement requirements when compared to prior technical
_literature

Page 5

Part XIV Supplemental Information (continued)
The Organization is not required to implement the provisions of the new
guidance on accounting for uncertainty in income taxes until fiscal years _
_beginning_after_December 15, 2008. As_such, the Organization has not
_implemented_these_provisions in the accompanying 2009 financial_statements
Since_the_provisions have_not_been implemented in_accounting for uncertain _
_tax_positions, the Organization_continues_to utilize its prior policy_of
_accounting for these positionsDisclosure is not required for a loss
_contingency_involving_an_unasserted_claim_or_assessment_when_there_has_been_
_no manifestation by a potential claimant of an awareness of a possible
_claim_or_assessment, unless_it_is_considered_probable_that_a_claim_will_be_
_asserted and there is_a_reasonable possibility that the outcome_will be
_unfavorable. Using that guidance, as of June 30, 2009 the Organization has _
<u>no uncertain tax positions that qualify for either recognition or </u>
_disclosure_in_the_accompanying_financial_statements
Part XI, Line 8 - Reconcilation of Changes - Other
_Special_Events
_Grants Revenue \$51,296
_Investment Management_Fees \$71,965
_Special_Events_Expenses\$\$\$\$
_Grants Revenue \$51,296
_Investment Management Fees \$ 71,965
Part XII, Line 2d - Revenue Amounts Included in Financials - Other
_Special_Events_Expenses\$95,822

Schedule D (Form 990) 2008 Tampa JCC/Federation, Inc.	23-7182057	Page 5
Part XIV Supplemental Information (continued)		
		
Part XII, Line 4b - Revenue Amounts Included on	Return - Other	
_Grants Revenue	\$	_51,296
	<u>.</u>	51 065
_Investment Management Fees	§	_7 <u>1,965</u>
Part XIII, Line 2d - Expense Amounts Included i	<u>n Financials - Ot</u>	h <u>er</u>
	<u>.</u>	05 000
_Special_Events_Expenses	S	_9 <u>5,822</u>
	-	
_Part XIII, Line_4b - Expense Amounts Included_o	on Return - Other	
	<u>.</u>	E4 006
_Grants Revenue	S	_5 <u>1,296</u>
_Investment Management_Fees	\$	_71,965
		
		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service		18, or 19, and by	organizations that ente	r more	than \$	15,000 on Form 990-EZ, line	6a	Inspection
Name of the organization	ampa JCC	:/Federati	on, Inc.				Employer ident 23 - 7182	ification number
Part I Fundrai	sing Activiti	es. Complete	if the organizati	ion a	nsw	ered "Yes" to For	m 990, Part IV, I	ine 17.
1 Indicate whether the	organization rai	sed funds through	any of the following	activi	ties (Check all that apply.	-	
a Mail solicitations			e Solicitation	of no	n-gov	ernment grants		
b Email solicitation	ıs		f Solicitation	of go	vernm	nent grants		
c Phone solicitatio	ns		g Special fur	ndraisi	ng ev	ents		
d In-person solicità	ations				_			
2a Did the organization	have a written o					icers, directors, trustee fundraising services?	es	Yes No
b If "Yes," list the ten h to be compensated a	ighest paid indiv at least \$5,000 b	riduals or entities (y the organization	fundraisers) pursua Form 990-EZ filers	nt to a are n	green ot req	nents under which the uired to complete this	fundraiser is table.	
(i) Na	me of individual		(ii) Activity		d fund- have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or en	tity (fundraiser)			custo	ody or rol of utions?	from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
•				Yes	No			
_	-							
	<u>,</u>					<u> </u>		
				<u> </u>				
		<u></u>						
		•						
			<u> </u>					
				 				-
				-				
				<u> </u>				
Total .					•			
		on is registered or	licensed to solicit fu	nds o	has	been notified it is exem	pt from	
•	•				•	•		
	•	•	• •	•	•	• • •	•	• •
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	• •	• • • •		••	•		•	

Page 2

P	art I	I Fundraising E more than \$15											porte	ed
	•	more than \$10		(a) Event	"#1 c's Din	(b) E Film Fe	vent #2	8	(c) Other Events		(d)	Total i d col. (a col () throu	gh
Revenue	1	Gross receipts			130,621		44,460		129,	497	•	3	04,	578
Œ	2	Less: Charitable contributions		· · · · · · · · · · · · · · · · · · ·	89,746		44,460		129,	497		2	63,	703
	3	Gross revenue (line 1 minus line 2)			40,875								40,	875
	4	Cash prizes												
ses	5	Non-cash prizes												
Direct Expenses	6	Rent/facility costs												
Direc	7	Other direct expenses		.	99,431		49,220		154,	461		3	03,	112
	8 9	Direct expense summary Net income summary. Co	mbin	e lines 3 and 8	3 in column (d)					>		-2	62,	112 ₎ 237
_P	art l	II Gaming. Com than \$15,000 c				swered "Yes	to Form 990,	Pai	π IV, line 19,	or rep	ortea	more	•	
Revenue		· _ ·		(a) Bing	-	, ,	abs/Instant essive bingo		(c) Other gaming			otal gam		
Rev	1	Gross revenue			_ 				_					
ses	2	Cash prizes												
Direct Expenses	3	Non-cash prizes												
Direct	4	Rent/facility costs							·					
	5	Other direct expenses						_						
	6	Volunteer labor		Yes No	. %	Yes No	%		Yes No	%			_	
	7	Direct expense summary	Add	lines 2 throug	h 5 in column ((d) .			-	>)
	8	Net gaming income sumi	mary	Combine lines	s 1 and 7 in col	umn (d)				•				
9 a b	ls t	ter the state(s) in which the the organization licensed to No," Explain	_	=		•						9a	Yes	No_
				•		•								
10a b		ere any of the organization Yes," Explain.	's gan	ning licenses i	revoked, suspe	ended or terminat	ed during the tax y	ear?	·			10a		<u> </u>
							· ·							
11 12	ls t	es the organization operat the organization a grantor,	bene	ficiary or truste			 artnership or other	entit	 y			11		
	101	med to administer charitat	ne yai	mily'	·		· ·	•	Schedi	ule G (F	orm 990		0-EZ)	2008

Sche	edule G (Form 990 or 990-EZ) 2008 Tampa JCC/Federation, Inc.	23-71820	57	P	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	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 events books				
	and records				,
	Name ▶				'
					l
	Address ▶				
					,
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a	-	<u> </u>
b	·	and the		·	· '
	amount of gaming revenue retained by the third party ▶ \$				l ,
С	If "Yes," enter name and address:				
	Name ▶	•			
	A.L N				
	Address ▶		1		
16	Gaming manager information				
.0	daning manager mormation				
	Name ▶				i
	· · · · · · · · · · · · · · · · · · ·				Ι,
	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		<u> </u>
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 ▶ \$	·····	-	<u> </u>	<u> </u>

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Tampa JCC/Federation, Inc.

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

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

OMB No 1545-0047

Open to Public Inspection 2008

Employer identification number 23-7182057

Part I Gen	General Information on Grants and Assistance	l Assistance							
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ne amount of the gra	ints or ass	istance, the grantees' e	ligibility for the grants of	or assistance, and		X Yes	<u> </u>
2 Describe in Part	ille selection Criteria used to award in grants of assistance. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nitoring the use of g	rant funds	in the United States.					
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	ernments and	Organi	zations in the Uni	ted States. Comp	olete if the orga	anization answ	ered "Yes" on	
Forr	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	ecipient that red)) if additional s	ceived more tha pace is needed	nore than \$5,000. needed	Check this box if	no one recipie	nt received mo	ore than \$5,000. Use	▲
1 (a) Name	(a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	_
	or government		if applicable		assistance	other)	non-cash assistance	or assistance	
Hillel at Uni	at University of South								
13102 N 50th Street	Street							Contribution	
Tampa	FL 33617	59-1292840	3	6,175					
Hillel School	_								
2020 W. Fletcher Avenue	ther Avenue							Contribution	
Tampa	FL 33612	59-1292840	3	89,171					
Tampa Jewish	Jewish Family Services								
13009 Communi	Community Campus Drive							Contribution	
Tampa	FL 33625	59-1549670	3	101,474					
United Jewish	n Communities								
25 Broadway								Contribution	
New York	NY 10004	13-1624240	3	126,000					
Hillel The Fo	Foundation for Jewish								
800 8th Street	at	_						Contribution	
Washington	DC 20001	52-1844823	3	19,600					į
	·								
:	:								
•									
		,							
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	organizations						2 ▲	
3 Enter total numb	Enter total number of other organizations							0	

Schedule I (Form 990) 2008

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Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule | (Form 990) 2008 Tampa JCC/Federation, Inc. Part III

23-7182057

Use Schedule I-1 (Form 990) if additional space is needed.

	USE SCHEUUIE 1-1 (FOITH 330) II AUGINOHAI SPACE IS HEEDEN.	li additioniai space is	וובבתבת.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Schola	Scholarships	53	91,620			
						!
Part IV	Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information.	complete this part to p	provide the information	n required in Part I. I	ine 2. and any other addition	onal information.

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

Procedures for Monitoring the Use of Grant Funds

Part I, Line 2

The organization provides scholarships for the child care programs and

grants to 501(c)3 organizations to help achieve the organizations'

missions

Schedule I (Form 990) 2008

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

Open To Public Inspection

Name of the organization

Tampa JCC/Federation, Inc.

Employer identification number 23-7182057

Questions Regarding Compensation Yes No 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 Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or X 1b provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all X officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a. X a Receive a severance payment or change of control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X payments not described in lines 5 and 6? If "Yes," describe in Part III 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 X in Part III

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Schedule J (Form 990) 2008

Part II

Page 2

Schedule J (Form 990) 2008 Tampa JCC/Federation, Inc.

23-7182057

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

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Deferred	(D) Nontaxable	-	(F) Compensation
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
Gary Gould (0)	8	221,222	0	0	0	4,25	225,474	0
	€	0	0	0	0	0	0	0
(n) (n)	E E	:				:		
(1)	€ €					:		
©) (E)							
(b)	: <u>(E</u>		•					
(n) (o)	€ €	•				:		
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(ii)	€€							
(II)	E E							
(n) (n)	(E)	•						
(n) (n)	(E)						·	
(n) (n)	€ €							
(1)	(E)			:				
							Schedule	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Tampa JCC/Federation, Inc.

23-7182057

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.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

Severance Nonqualified Equity-based

Naomi Brooks

0

0

Part III - Other Additional Information

:

Schedule J, Part I, Line 4.a.:

The severance payment reported in Part III was paid in calendar year ending

This amount is not included in 990, Part VII, Column D. 12/31/2009. Schedule J (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2008 Open to Public

Inspection

OMB No 1545-0047

Employer identification number 23 - 7182057

Tampa JCC/Federation, Inc.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of the organization pay dues for the use of facilities and

discounts on the preschool. Facilities include pool, sports and programs.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
The organization has a Board of Directors.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The Board of Directors elects new members and votes on any decisions of the board.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Each member of the board of directors will receive a copy of the 990. The President and Treasurer will review the 990. They will report back to the Board of Directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The organization compares salaries with other Federations with similar
revenues and program services.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The organization compares salaries with other Federations with similar revenues and program services.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Employer Identification number Name of the organization Tampa JCC/Federation, Inc. 23-7182057

The governing documents and the financial statements are available to the public upon request.

Schedule O - Additional Information

Part IV - Governance, Management, and Disclosure

Section B. Policies

Questions 12-14

The board of directors is in the process of creating a written conflict of interest policy, a written whistleblower policy and written document retention and destruction policy.

Schedule R (Form 990) 2008 **Employer identification number** 23-7182057 1,510,860 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 3,008,198 (D) Exempt Code section (D) Total income Related Organizations and Unrelated Partnerships (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) FL See separate instructions. Asst Live Primary activity Primary activity <u>e</u> For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations : : : : : Tampa JCC/Federation, Inc. (A)Name, address, and EIN of related organization Identification of Disregarded Entities (A)Name, address, and EIN of disregarded entity FL 33625 13009 Community Campus Drive Tampa FL 3 Weinberg Village, LLC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R : : (Form 990) Part II Part I :

(F)
Direct controlling
entity

Open to Public Inspection

(F)
Direct controlling
entity

2008

OMB No 1545-0047

237182057 05/12/2010 4·46 PM

Schedule R (Form 990) 2008

Page 2

23-7182057

Tampa JCC/Federation, Inc.

(J)
General or
managing
partner? Yes No Schedule R (Form 990) 2008 Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (H)
Disproportionate Yes No (G) Share of end-of-year assets Share of total income Œ (F) Share of total income (C corp, S corp, or trust) Type of entity Ē (E)
Predominant
income (related,
investment,
unrelated) Direct controlling entity <u>@</u> Identification of Related Organizations Taxable as a Corporation or Trust (D)
Direct controlling Legal domicile (state or foreign country) Identification of Related Organizations Taxable as a Partnership (C)
Legal
domicile
(state or
foreign Primary activity (B) Primary activity <u>@</u> Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization Part IV Part III ĕ

Schedule R (Form 990) 2008 Tampa JCC/Federation, Inc. Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes
		,	_
a Heceipt of (1) interest (11) annurities (11) royatties (11) fent from a controlled entity	•	=	
b Gift, grant, or capital contribution to other organization(s)			
c Giff, grant, or capital contribution from other organization(s)		5	
d Loans or loan quarantees to or for other organization(s)	-	P	
		ءِ	
e Loans of loan guarantees by other organization(s)	•	2	
		*	transfer c
T Sale of assets to other organization(s)	: :	-	1
g Purchase of assets from other organization(s)		<u>6</u>	\downarrow
h Exchange of assets		=	
i Lease of facilities, equipment, or other assets to other organization(s)		=	1
		arrows to	
j Lease of facilities, equipment, or other assets from other organization(s)		-	
k Performance of services or membership or fundraising solicitations for other organization(s)		*	
l Performance of services or membership or fundraising solicitations by other organization(s)	٠	=	
m Sharing of facilities, equipment, maılıng lısts, or other assets		± E	
n Sharing of paid employees		두	
 Reimbursement paid to other organization for expenses 		위	
p Reimbursement paid by other organization for expenses		9	
		Ę	-
q Other transfer of cash or property to other organization(s)		₽	
r Other transfer of cash or property from other organization(s)		+	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	thresholds		
(A)	(B)	9	
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved
(1)			
(2)			
(3)			
		_	
(5)			
(9)			
		Schedule R (Form 990) 200	т 990) 20

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23-7182057

· Page 4

Schedule R (Form 990) 2008 Tampa JCC/Federation, Inc.

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.

(H) General or managing partner?	ક					İ			
(H) General or managing partner?	Yes								
(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									
) rrtonate rons?	No		-			-			_
(F) Disproportionate allocations?	Yes								
(E) Share of end-of-year assets									
artners on (3) (3)	No								
(D) Are all partners section 501(c)(3) organizations?	Yes	-				·			
(C) Legal domicile (state or foreign country)									
(B) Primary activity									
(A) Name, address, and EIN of entity		:			:		:		

Schedule R (Form 990) 2008

<u>(7)</u> (8)

(8) (9) (10) Totals

3718	2057 05/12/2010 4 46 PM						
	90 / 990-PF		ortgages and Oth		_	/20/00	2008
		For calendar year 200	8, or tax year beginning	7/01/08	, and ending 6	/30/09	hookon Number
Nam	е					Employer Identif	ication Number
T	ampa JCC/Fed	eration, Inc.	•			23-71820	57
F	orm 990, Par	t X, Line 23	- Additional	Information	on		
	Danie of Man	Name of lender			Relationship to dis	squalified person	
1)	Bank of Tar		<u> </u>				
(2) (3)	SunTrust Ba		·			-	
<u>(4)</u>	SunTrust Ba		····			<u>-</u>	
5)	SunTrust Ba	··· ·					
6)	SunTrust					- ·	
7)						_	
8)							
9)							
(10)			·				
	O		Motorbo				Interest
	Original amount borrowed	Date of loan	Maturity date		Repayment terms		Interest rate
(1)	150,0			On deman			4.500
2)		6/05/09			Payments		6.950
(3)		6/10/04			payment of		5.490
(4)		5/19/04			payment of		7.210 8.310
(5)	750,0	11/20/07 00 6/10/04			payment of interest p		7.820
(6) (7)	7,50,0	00 0/10/04	0/01/05	Monenty	Incerese i	oaymenes	7.020
(8)						 -	
(9)							
(10)							
	_						
41		ecunty provided by borrow ty and Fixtu			Purpose o	of loan	
(1) (2)		ty and Assign		-			· · · · · · · · · · · · · · · · · · ·
<u>2)</u> (3)	Real proper				_	···	
(4)	Real proper		_		-		
(5)_	Motor Vehic		<u> </u>				
(6)	Real proper	ty				· <u> </u>	
(7)							
(8)						<u>-</u>	
(9)							·
(10)				L			
				Polono	o duo ot	Polon	oo duo ot
	Conside	eration furnished by lender	·		e due at ng of year	end	ce due at of year
(1)							150,000
(2)				<u></u>		4,	230,000
(3)					25,304	 	
(4)		·· 		1,2	26,685		
(5) (6)				 	40,907	 	
(3)							

3,847,441

4,380,000

BBKL&M

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FILED

06 SEP 15. AH 10: 18

SECRETARY OF STATE

ARTICLES OF AMENDMENT TO THE LLAHASSEE, FLORIDA

AMENDED AND RESTATED ARTICLES OF INCORPORATION:

OF THE TAMPA ICC/FEDERATION, INC.

Pursuant to Section 617.1006 of the Florida Statutes, the Amended and Restated Articles of Incorporation (the "Articles of Incorporation") of THE TAMPA JCC/FEDERATION, INC., a Florida not for profit corporation (the "Corporation"), are hereby amended as follows:

- 1. The name of the Corporation is THE TAMPA JCC/FEDERATION, INC.
- 2. Article II of the Articles of Incorporation of the Corporation is hereby amended to read as follows:

"ARTICLE II ADDRESS

The address of the principal office and the mailing address of the Corporation is 13009 Community Campus Drive, Tampa, Florida 33625."

3. Article VIII of the Articles of Incorporation of the Corporation is hereby amended to read as follows:

"<u>ARTICLE VII</u> BOARD OF DIRECTORS

The business affairs of the Corporation shall be managed and all the corporate powers thereof shall be vested in and exercised by a Board of Directors consisting of not less than seventeen (17) and not more than twenty-three (23) individuals. The Board of Directors shall be appointed as provided in the Bylaws of the Corporation."

4. The foregoing amendments were adopted by the members on August 31, 2006, and the number of votes cast for the amendments was sufficient for approval.

IN WITNESS WHEREOF, the undersigned President of the Corporation has executed these Articles of Amendment to the Articles of Incorporation of THE TAMPA JCC/FEDERATION, INC. on the 31st day of August, 2006.

THE TAMPA JOC/FEDERATION, INC.,

awar

reciclem

Form **8868**

Application for Extension of Time To File an

(Rev April 2009)		Exempt Organization Return		OMB No 1545-1709
Department of the Treasur Internal Revenue Service	у	File a separate application for each return.		
	an Automatic 3-Month Extension,	complete only Part I and check this box		▶ X
•		onth Extension, complete only Part II (on page 2 of this form)	, =
Do not complete Part	Il unless you have already been gra	inted an automatic 3-month extension on a previously filed Fo	m 8868	
Part I 💢 Auto	matic 3-Month Extension of	Time. Only submit original (no copies needed)		
A corporation required	to file Form 990-T and requesting ar	automatic 6-month extension—check this box and complete		
Part I only				▶ 🗌
All other corporations (time to file income tax		s, REMICs, and trusts must use Form 7004 to request an exte	nsion of	ACCEPTED
Electronic Filing (e-fil	e). Generally, you can electronically	file Form 8868 if you want a 3-month automatic extension of ti	me to file	
one of the returns note	d below (6 months for a corporation	required to file Form 990-T) However, you cannot file Form 8	368	NOV 0 4 2009
		3-month extension or (2) you file Forms 990-BL, 6069, or 8870		-
retums, or a composite	or consolidated Form 990-T Instea	d, you must submit the fully completed and signed page 2 (Pa	rt II) of 🛊	orm
8868 For more details	on the electronic filing of this form, v	risit www.irs.gov/efile.and.click.on.e-file.for.Charities & Nonpro	fits	
Type or Name	of Exempt Organization		Employ	er identification number
·	<u>pa Jewish Federati</u>	on, Inc.	23-7	182057
filing your 130	er, street, and room or suite no. If a F	, , , , , , , , , , , , , , , , , , , ,		
etuin see		le For a foreign address, see instructions		
Tam	pa	FL 33625		
	o be filed (file a separate application			
X Form 990		Form 990-T (corporation)		Form 4720
Form 990-BL		Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
Form 990-EZ		Form 990-T (trust other than above)		Form 6069
☐ Form 990-PF		☐ Form 1041-A		☐ Form 8870
Telephone No If the organization If this is for a Group, charity with the names are	p Retum, enter the organization's founce of this box The Eins of all members the extension of the extension	FAX No Fusiness in the United States, check this box air digit Group Exemption Number (GEN) Inforpart of the group, check this box	f this Is Itach	. • 🗆
unti 2/15	m/10 , to file the exempt organizat	ion return for the organization named above. The extension is		
for the organizati	on's return for			
calendar		- 100 100		
► X tax year	beginning $7/01/08$, and er	nding 6/30/09		
2 If this tax year is	for less than 12 months, check reaso	on Initial return Final return Change in	accoun	ting period
3a If this application	is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, enter the tentative tax,		
less any nonrefu	ndable credits. See instructions	· · · · · · · · · · · · · · · · · · ·	За	s
b If this application	is for Form 990-PF or 990-T, enter a	any refundable credits and estimated tax		
payments made	Include any prior year overpayment	allowed as a credit.	3ь	\$
c Balance Due. Su	ibtract line 3b from line 3a Include y	our payment with this form, or, if required,		
deposit with FTD	coupon or, if required, by using EFT	PS (Electronic Federal Tax Payment	•	
System) See ins	tructions		3c	s
	-	awal with this Form 8868, see Form 8453-EO and Form 8879-	EO	
or payment instruction				
Drivacy Act and Dr	enerwork Boduction Act Notice so	A landamentina		Form 8868 (Day 4 2000)

Form 8868 (R	ev. 4-2009)										ı	Page 2
 If you are 	filing for an	Additional	(Not Automat	ic) 3-Month Extensio	n, complete	only Part II	and	check this box				X
				n granted an automati			a pre	viously filed Form	8868			
- 10:				nsion, complete only								
Part II	Additio	nal (Not	<u>Automatic</u>	3-Month Extens	sion of Tin	ne. Only f	ile t	he original (no	copies	needed	l)	
Type or	Name of 8	Exempt Org	anization					5,475,5 5,51	Employe	r identifica	ation numb	er
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X Form 99		-	Form 990-				Ц	Form 1041-A			om 6069	
Form 99		-	-	T (sec 401(a) or 408	• •		Н	Form 4720		<u></u>	orm 8870	
Form 99	-			T (trust other than abo				Form 5227				
				eady granted an auto	omatic 3-moi	nth extension	on or	n a previously file	d Form 8	868.		
				Benjamin								
•	e No ▶ _8		• • •		X No ▶							_
•				ace of business in the		•		٠.				▶ 📙
If this is fo	or a Group R	etum, enter	the organizat	ion's four digit Group	Exemption N	umber (GEN	1)	If this	IS			
for the whole o	•	•	▶ [If it is for part of	the group, ch	eck this box		▶ ∐ aı	nd attach	a		
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•		ial 3-month	extension of t	•		_						
	endar year			year beginning				6/30/09				
	•		2 months, che	ck reason. 📙 Initi	ial return	Final re	turn	Change in	account	ng penod		
	detail why y					,						
				uested to	gatner	iniori	nat	ion to pr	epar	e a co	omblet	e
and	accura	ice Le	curn.			•			•			
•	•			, 990-T, 4720, or 6069	, enter the te	ntative tax,			1 1			
			See instruction						8a	\$		
•	•			4720, or 6069, enter a	•				4			
				nor year overpayment	allowed as a	credit and a	any					
	paid previou								8b	_\$		
				nclude your payment v		•		•				
with FTE	O coupon or,	if required.	by using EFT	PS (Electronic Federa				instructions	8c	\$		
				•	ure and Ve							
Under penalties of it is true, correct,	of perjury, I de and complete	clare that I ha , and that I ar	ive examined thi in authorized to p	s form, including accompa prepare this form	anying schedule	es and stateme	ents, a	and to the best of my	knowledge	and belief,		
Signature >	13 x C	<u> </u>	۷.	<u> </u>	Title >	CPA				Date	> 2.5	.10
										Form (8868 (Rev	4-2009)

V