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DLN: 93493137052070

Form 990

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)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public . Inspection

A Fo	r the 2	2008 cale	ndar yea	, or tax year beginning 07-01-2008 ar	nd ending 06-30-200	9		·			
		[Please	C Name of organization	_		D Employer ider	tification number			
_	dress ch		ise IRS	B'NAI B'RITH			53-0179971				
_	me char	la	abel or orint or	Doing Business As		E Telephone number					
_		t	ype. See				(202) 857-6	600			
Ind —	tıal retur		pecific nstruc-	Number and street (or P O box if mail is not 2020 K STREET NW 7TH FLOOR	delivered to street addre	ss) Room/suite	G Gross receipts				
Te	mınatıo	on ti	ions.	2020 K SIREET NW 71H FLOOR				, ,			
– Am	nended r	return		City or town, state or country, and ZIP + 4		•					
– Ap	plication	pending		WASHINGTON, DC 20006							
			F Nam	ne and address of Principal Officer		W-> +					
				L S MARIASCHIN		affiliat	s a group return f tes?	or ┌Yes No			
				STREET NW 7TH FLOOR				, 100 , 110			
				NGTON,DC 20006		H(b) Are all	affiliates included	I?			
: Ia	x-exem	pt status	501(c)	(3) ◀ (insert no)	27	1	•	See instructions)			
W	eb site	e: 🟲 WWW	BNAIBR	ITH ORG		H(c) Grou	p Exemption Nun	nber 🟲 0947			
						<u> </u>					
∢ Тур	e of org	janization 🔽	Corporati	on trust association other 🕨		L Year of For	mation 1936 M S	tate of legal domicile DC			
Pa	rt I	Summ	arv								
	_			e organization's mission or most signific	ant activities						
υ		•		tional, the global voice of the Jewish co		n humanıtarıar	human rights :	and advocacy			
3				1843, BBI has worked for Jewish unity							
5				d the world	, , ,	, ,					
aoyemance	2	Check thi	s box 🖵	f the organization discontinued its oper	ations or disposed o	f more than 2	5% of its assets				
9 5	3	Number o	f voting n	nembers of the governing body (Part VI,	, line 1a)		3 _	172			
				dent voting members of the governing b				171			
Acumules &				pployees (Part V, line 2a)		,,		270			
Ş				lunteers (estimate if necessary)				275			
3				ed business revenue from Part VIII, lin			_	348,433			
•		-		ness taxable income from Form 990-T,		•	7a <u> </u>	540,433			
	l D	Net unreid	ateu busi	less taxable income nom Form 990-1,	ime 54			0			
						Prio	r Year	Current Year			
활	8	Contribu	itions and	grants (Part VIII, line 1h)			25,577,694	23,899,999			
Ĕ	9	Program	service	evenue (Part VIII, line 2g)			1,631,379	1,288,080			
Reven	10	Investm	ent incon	ne (Part VIII, column (A), lines 3, 4, an	d 7d)		421,544	-478,414			
#	11	O ther re	venue (P	art VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)		-211,143	-289,308			
	12		/enue—ad	ld lines 8 through 11 (must equal Part \	VIII, column (A), lın	e	27 410 474	24 420 257			
		12)					27,419,474	24,420,357			
	13			r amounts paid (Part IX, column (A), lin			13,602,027	14,800,956			
	14	Benefits	paid to o	r for members (Part IX, column (A), line	4)		3,000	2,750			
ø	15		, other co	mpensation, employee benefits (Part IX	(, column (A), lines!	5-	6,313,063	6,443,596			
99 184	16-	10)									
Expenses	16a			raising fees (Part IX, column (A), line 1		548,539	270,121				
ठ	b	•		enses, Part IX, column (D), line 25 <u>3,065,726</u>)						
	17	Otherex	penses (Part IX, column (A), lines 11a-11d, 11		7,714,410	6,442,971				
	18	Total ex	penses—	add lines 13–17 (must equal Part IX, lii	ne 25, column (A))		28,181,039	27,960,394			
	19	Revenue	less exp	enses Subtract line 18 from line 12			-761,565	-3,540,037			
88						Beginni	ng of Year	End of Year			
94	20	Total as:	sets (Par	t X, line 16)			11,806,113	8,687,680			
88	21			art X, line 26)			9,415,486	20,271,395			
net Assets or Fund Bafances	22		•	d balances Subtract line 21 from line 2	0		· · ·				
					<u> </u>		2,390,627	-11,583,715			
Рa	rt II	_	ture Blo								
				Jury, I declare that I have examined this return, orrect, and complete Declaration of preparer (o							
Plea	ise	*****	•		,	1	05-17	, y-			
Sigr			ire of office	r	UJ 11						
ler	е	KATE M	1ADCHAIL A	PFO.							
			1ARSHALL C r print nam								
		F			Т	Charle of	Dron /- PTTM /-	'aa Can Trot '			
		Preparer's signature	STEVE	Date I M BRAUNSTEIN		Check If self-	Preparer's PTIN (S	ee Gen Inst)			
Paid		agnatule	7			empolyed 🕨 🦵					
•	arer's	Firm's nam		Snyder Cohn PC	L		ETN F				
Jse (Only	ıf self-emp address, ar		4520 East West Highway Suite 520			EIN 🕨				
]	·	- '			Phone no ▶ (30	1) 652-6700			
	tha ID	C dia sirs	+h.o ==+-	Bethesda, MD 208143338	Inctrustions.\		1	Ves ENO			
idV '		.a. 0118 C 118 S	THITAL PRINT	TO WOLD THE INTERPRET SHOWN ANOVAY (SAA)							

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

1 See Ad	Briefly describe the organization's mission iditional Data Table				
2	Did the organization undertake any sig the prior Form 990 or 990-EZ? If "Yes," describe these new services of		rvices during the year		_ Yes
3	Did the organization cease conducting services?		changes in how it coi		_ Yes ☑ No
4	Describe the exempt purpose achiever Section 501(c)(3) and (4) organization others, the total expenses, and revenu	ments for each of th ns and 4947(a)(1) t	rusts are required to i	report the amount of grants an	•
4a	(Code) (Expenses \$ DISASTER SERVICES PROGRAMS, GENERAL/O YEAR, THE ORGANIZATION PROVIDED ASSIST. AND CUBA CONTINUED TO AID VICTIMS OF PROVIDED MILLIONS OF DOLLARS OF PHARMA	ANCE TO VICTIMS OF EA HURRICANE KATRINA AN	ARTHQUAKES AND TO VARI ID OTHER GULF HURRICAI	IOUS HUMANITARIAN PROJECTS IN P NES ALSO, THROUGH THE COMMUNI	ERU, ARGENTINA, PARAGUAY, TIES IN CRISIS PROGRAM,
4b	(Code) (Expenses \$ COMMUNITY, BUSINESS & INDUSTRY PROGRAMEMBERS OF B'NAI B'RITH CHAPTERS AND O' COMMUNITY, BUT INCLUDE PROJECT HOPE A PROGRAMMING, CHILDREN'S PROGRAMMING PROGRAMMING LIKE THE PROSTATE CANCER VOLUNTEERS LOCATED IN 17 B'NAI B'RITH RE	THER SUPPORTERS THR ND OTHER ACTIVITIES I INCLUDING TEDDY BEA AWARENESS PROJECT	OUGHOUT THE UNITED ST O HELP THE POOR, ENLIG RS FOR SICK KIDS AND TH VOLUNTEERS IN THE US A	ATES AND IN 50 OTHER COUNTRIES HTEN AMERICA ESSAY CONTESTS AN HE SMARTER KIDS, SAFER KIDS PRO	PROJECTS VARY BY D OTHER ANTI-HATE GRAM, HEALTH AWARENESS
4c	(Code) (Expenses \$ HUMAN RIGHTS, POLICY, SOCIAL ACTION & A POLICY ISSUES OF PARTICULAR INTEREST TO MERCOSUR, AND OTHER INTERNATIONAL BOI AND EXECUTIVE BODIES PREPARES AND DIST ON BEHALF OF SENIOR CITIZENS	THE JEWISH PEOPLE AT DIES, TO THE EXECUTIV	T THE UNITED NATIONS, E E AND LEGISLATIVE BRANC	UROPEAN UNION, ORGANIZATION OF CHES OF THE FEDERAL GOVERNMENT	AMERICAN STATES, , AND TO STATE LEGISLATIVE
	(Code) (Expenses \$	2,312,068	including grants of \$	201,977) (Revenue \$	915,424)
	(Code) (Lapenses \$	2,312,000	moleculary grants of \$	ZOIJIII (NEVENUE #	713,727)
4d	Other program services (Describe in	Schedule O) including grants of	· \$) (Revenue \$)
4e	Total program service expenses \$	21,531,842		, Line 25, column (B).	,

Part IV	Checklis	st of F	Required	Schedules

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

Part IV Checklist of Required Schedules (Continued)

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

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4-		NI -
2-	gaming (gambling) winnings to prize winners?	 I		1c		N o
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	270			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b		Νο
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country IS					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited		•			No
				5b		
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	. Entit	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	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 con more?	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			•		
	year?			8	<u> </u>	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		I		I	

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

Section A. Governing Body and Management
--

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	e cırcu	mstar	ices,			
1a	Enter the number of voting members of the governing body	1a				172			
Ь	Enter the number of voting members that are independent	1b				171			
2	Did any officer, director, trustee, or key employee have a family relationship or a bust other officer, director, trustee, or key employee?	•	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	fthe	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockhold		7b		Νo				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertak	ken du	rıng tl	ne			
а	the governing body?						8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?						8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				•	•	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				•		9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the						10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,					11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, RI, SC, TN, UT, VA, WA, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KATE MARSHALL 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006 (202) 857-6600

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Part VIII Continued

			() ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash	\vdash		\vdash			
1b Total							•	1,268,756	5 (38,870
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thar	n \$1	00.000 in reportabl	e	•

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					
	on title 1a* 11 Tes, complete schedule 3 for such mulvidual	3		N o		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BDI DEVELOPMENT 4311 WILSHIRE BLVD SUITE 300 LOS ANGELES, CA 90010	FUNDRAISING	417,547
AB DATA MARKETING 8050 N PORT WASHINGTON ROAD MILWAUKEE, WI 532172600	FUNDRAISING - DIRECT MAIL	326,154
HEWITT ASSOCIATES LLC PO BOX 95135 CHICAGO, IL 606945135	LEGAL SERVICES - SPIN OFF	170,842
CATHY A GRANTHAM 11411 ANGELTON TERRACE BURTONSVILLE, MD 20866	HUMAN RESOURCE CONSULTANT	130,023
2 Total number of independent contractors (including those in 1) who receive	red more than \$100,000 in compensation	

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			No venue		
ants ints	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b vents	4,355,379				
gifts lar a	d	Related organ	1c izations1d					
ans, simi	e	-	nts (contributions) 1e					
her	f		tions, gifts, grants, and not included above	18,180,166				
d it	g		1f ributions included in					
င်းမှ	h		14,402,728 es 1a-1f)	,	23,899,999			
				Business Code				
nne	2a	MEMBER INSURA	NCE PROGR	524,298	372,657			372,657
e Ke	ь	ADVERTISING SA	LES	541,800	348,433		348,433	
e. H	С	PROGRAM PARTI	CIPATION	900,099	340,779	340,779		
ž	d	LECTURE BUREAU	J	900,099	207,092	207,092		
Ž.	e	GENERAL PROGR	AM INCOME	900,099	19,119	19,119		
Program Serwce Revenue	f	All other prog	ram service revenue					
ጿ	g	Total. Add line ▶ \$ 1,288,080	es 2a-2f					
	3		come (including divid	dends, interest				
		other sımılar a	amounts)					
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .						
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)	▶				
	7a	Gross amount	(ı) Securities 2,038,377	(II) O ther				
		from sales of assets other						
	b	than inventory Less cost or other basis and	2,516,791					
		sales expenses Gain or (loss)	-478,414					
	d	Net gain or (lo	·		-478,414			-478,414
	8a		from fundraising	. •				
		events (not in						
пе		of contribution	ns reported on line					
Other Revenue		1c) See Part <i>Attach Schedul</i>	IV, line 18 <i>'e G if total exceeds</i>					
æ		\$15,000	а	1,542,309				
je.	b		xpensesb	691,817				
ᅙ	С	Net income or	(loss) from fundraisi	ng events	-685,094			-685,094
	9a	Gross income	from gaming part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	00 a					
	ь	Less directe	xpensesb					
	с	Net income or	(loss) from gaming a	activities •				
	10a	Gross sales o	f inventory, less	٠				
		recurris und ar	a	1,783				
	b	Less cost of	-	5,763				
	С		(loss) from sales of		-3,980			-3,980
		Miscellaneou		Business Code 900,099	320,768	320,768		
	11a	MISCELLANE		900,099	82,963			
	Ь		ERS FROM AFF	900,099	-3,965	-3,965		
	С		CHANGE ADJUS	900,099	-3,303	-3,903		
	d	All other reve						
	e	Total. Add line	es 11a-11d	\$ 399,766				
	12		Add lines 1h, 2g, 3		24,420,357	966,756	348,433	-794,831
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	128,304	128,304		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	103,349	103,349		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	14,569,303	14,569,303		
4	Benefits paid to or for members	2,750	2,750		
5	Compensation of current officers, directors, trustees, and key employees	701,029	378,988	252,088	69,953
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$,	·
7	Other salaries and wages	3,835,691	2,017,532		802,888
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	788,649	414,821	208,748	165,080
9	Other employee benefits	654,840	232,095	305,908	116,837
10	Payroll taxes	463,387	273,398	106,579	83,410
11	Fees for services (non-employees)				
а	Management				
b	Legal	117,394	11,339	96,486	9,569
c	Accounting	81,997		81,718	279
d	Lobbying				
e	Professional fundraising See Part IV, line 17	270,121			270,121
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	216,516	67,107	138,049	11,360
14	Information technology				
15	Royalties				
16	Occupancy	1,355,719	974,141	206,762	174,816
17 18	Travel	525,123	299,546	144,350	81,227
19	Conferences, conventions and meetings	734,336	656,475	38,652	39,209
20	Interest	7,766	,	7,766	
21	Payments to affiliates	.,. 50		.,	
22	Depreciation, depletion, and amortization				
23	Insurance	265,830		265,830	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BANK AND OTHER SERVICE	1,000,215	538,027	297,905	164,283
ь	PRINTING AND PUBLICATIO	981,122	386,404	62,323	532,395
c	POSTAGE AND SHIPPING	720,011	206,049	26,634	487,328
d	Advertising commissions	160,700	160,700		
e	TELEPHONE	114,372	65,925	32,047	16,400
f	All other expenses	161,870	45,589	75,710	40,571
25	Total functional expenses. Add lines 1 through 24f	27,960,394	21,531,842	3,362,826	3,065,726
26	Joint Costs. Check 🔽 if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,266,938	1	845,193
	2	Savings and temporary cash investments	474,593	2	661,053
	3	Pledges and grants receivable, net	,	3	,
	4	Accounts receivable, net	3,359,323	4	2,559,754
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L.</i>		5	<u>·</u>
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	4,977
	8	Inventories for sale or use	46,103	8	49,067
S	9	Prepaid expenses and deferred charges	317,508	9	194,146
et	10a	Tropala expenses and described enarges	,		
Assets	100	Land, buildings, and equipment cost basis			
	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities	5,702,370	11	4,062,476
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	639,278	12	311,014
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,806,113	16	8,687,680
	17	Accounts payable and accrued expenses .	1,849,299	17	1,930,197
	18	Grants payable		18	<u> </u>
	19	Deferred revenue	964,821	19	853,959
	20	Tax-exempt bond liabilities	·	20	<u>`</u>
S.	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
্ট্		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	1,000,000
	24	Unsecured notes and loans payable		24	.,
	25	Other liabilities Complete Part X of Schedule D	6,601,366	25	16,487,239
	26	Total liabilities. Add lines 17 through 25	9,415,486		20,271,395
		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27	5, 110, 100		25,211,655
Š.		through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	1,155,734	27	-12,813,115
80	28	Temporarily restricted net assets	1,234,893	28	1,229,400
豆	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
٥	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,390,627	33	-11,583,715
Net	34	Total liabilities and net assets/fund balances	11,806,113	34	8,687,680
		Financial Statements and Penorting			

ParitXI	Financial	Statements	and Reporting

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

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

		e organizat i	on					Em	ployer ide	nt if icat io	n number
DINAL	B'RITH							53	-017997:	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
The	organız			ation because it is (Please						•	
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section :	170(b)(1)	(A)(i).		
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)					
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Γ		medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the ospital's name, city, and state								
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	l hv a dove	rnmental	unit desci	rihed in
_	•	-	·	(Complete Part II)		,		,			
6	\vdash			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	<u></u>	-		ally receives a substantial p						n the gene	ral public
_	•	=		o)(1)(A)(vi) (Complete Par			 			9	
8	Г		-	ped in Section 170(b)(1)(A)	•	oplete Par	tII)				
9	,		•	ally receives (1) more than		•	•	ontribution	ıs. membe	rship fees	. and gross
	·	-		ated to its exempt functions					•	•	
		•		•	-		•	,	•	•	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III.)									
10	Г		<u>-</u>	and operated exclusively to			•		•	ee instruct	tions)
11	Г _	one or more the box tha a T	e publicly support describes the ype I b		d in section tion and c Type III	on 509(a) omplete li - Functioi	(1) or sec ines 11e t nally Integ	tion 509(a hrough 11 grated	a)(2) See h d	Section 50	09(a)(3). Chec III - Other
e f	l	other than section 50 If the organ	foundation man 9(a)(2) nization receive	rtify that the organization is agers and other than one or d a written determination fro	more publ	ıcly suppo	orted orga	nizations :	described	ın section	509(a)(1) or
		check this		as the organization accepted	d any gift i	or contrib	ution from	any of the			ļ
g		following pe		as the organization accepted	a any gne	or contrib	ation nom	any or the	•		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	oove?				11g(iii)
h		Provide the	following inform	mation about the organizatio	ns the org	anızatıon	supports				
		me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	1	ou notify		s the	(vii) A mount o
	Supp			(described on lines 1-9	_	ation in	_	inization		ation in	support?
	Organ	ızatıon		above or IRC section (See Instructions))	yourgo	listed in verning		i) of your port?		rganized US?	
document?											
	Yes No Yes No										

Total

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

	(Complete only if you check	keu the box of	1 lille 5, 7, 01	o or Part 1.)				
	iblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	16 510 110	12 400 504	17 207 057	25 577 604		22 800 000	06 702 272
	membership fees received (Do not	16,518,119	13,400,504	17,397,057	25,577,694		23,899,999	96,793,373
_	include any "unusual grants ")						+	
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
_	The value of services or facilities						-	
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	16,518,119	13,400,504	17,397,057	25,577,694		23,899,999	96,793,373
5	The portion of total contribution by each		,,	,,				,,
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							06 702 272
	4							96,793,373
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	16,518,119	391,471	17,397,057	25,577,694		23,899,999	96,793,373
8	Gross income from interest, dividends,							
-	payments received on securities loans,	343,901	391,471	448,979	415,010			1,599,361
	rents, royalties and income from similar	343,901	391,471	440,979	413,010			1,399,301
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in	592,015	92,760	323,428	71,923		399,766	1,479,892
	Part IV)							
	Total Support (Add lines 7 through 10)							99,872,626
12	Gross receipts from related activities, etc	(See instructions	5)			12		12,832,829
13	First Five Years. If the Form 990 is for the o	organization's fir	st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(
	organization, check this box and stop here	_						▶ ┌
Co	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) divide	ed by line 11 co	lumn (f))		14		96.920 %
15	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, lıne 26f			15		96.150 %
16a	33 1/3% Test - 2008. If the organization did	I not check the h	ox on line 13 a	nd line 14 is 33	1/3% or more		this hox	
	and stop here. The organization qualifies as				1,570 01 111010,	CITCON	tills box	▶ ▽
Ь	33 1/3% Test - 2007. If the organization did		-		.5 is 33 1/3% o	r more	. check thi	•
	box and stop here. The organization qualifie						,	▶□
17a	10% Facts and Circumstances Test - 2008. I				3, 16a, or 16b a	nd lin	e 14 is 10	% or
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst	ances" test The	organization qu	ialifies as a pub	licly supported	organı	zation	► □
Ь	10% Facts and Circumstances Test - 2007. I							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did i	not check the bo	x on line 13, 16	a, 16b, 17a or :	17b, check this	box a	nd see	. -
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

> **EIN:** 53-0179971 Name: B'NAI B'RITH

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DANIELS MARIASCHIN , EXECUTIVE VP	38 00	Х		х		х		324,795	0	5,598
MOISHE SMITH , PRESIDENT	16 00	Х		Х				0	0	0
DENNIS GLICK , CHAIRMAN OF THE EXECUTIV	12 00	Х		х				0	0	0
HAROLD SHULMAN , TREASURER	8 00	Х		Х				0	0	0
JOHN ROFEL , SENIOR VP	7 00	Х		Х				0	0	0
SEYMOUR G SAIDEMAN , SENIOR VP	4 00	Х		Х				0	0	0
HAROLD STEINBERG , SENIOR VP	4 00	Х		Х				0	0	0
JACOBO WOLKOWICZ , SENIOR VP	7 00	Х		Х				0	0	0
JOEL KAPLAN , HONORARY PRESIDENT	2 00	Х						0	0	0
GERALD KRAFT , HONORARY PRESIDENT	2 00	Х						0	0	0
SEYMOUR D REICH , HONORARY PRESIDENT	2 00	Х						0	0	0
KENT E SCHINER , HONORARY PRESIDENT	4 00	Х						0	0	0
TOMMY BAER , HONORARY PRESIDENT	2 00	Х						0	0	0
RICHARD D HEIDEMAN , HONORARY PRESIDENT	2 00	Х						0	0	0
SIDNEY M CLEARFIELD , HONORARY EXECUTIVE VP	2 00	Х						0	0	0
RICARDO M ABRAHAM , DIRECTOR	2 00	Х						0	0	0
ISRAEL ABRAMOWITZ , DIRECTOR	2 00	Χ						0	0	0
JAMES ALTMAN , DIRECTOR	2 00	Χ						0	0	0
GARY WANDERSON, DIRECTOR	2 00	Х						0	0	0
YVONNE ATTIE , DIRECTOR	2 00	Х						0	0	0
ARMAND AZOULAI, DIRECTOR	2 00	Х						0	0	
SHELDON BADZIN , DIRECTOR	2 00	X	-					0	0	
IRA BARTFIELD , DIRECTOR	2 00	X	-					0	0	
GERALD J BATT , DIRECTOR	2 00	X	-					0	0	
DANIEL BELOZERCOVSKY, DIRECTOR	2 00	X	-					0	0	
GILBERT BENJAMIN , DIRECTOR	2 00	X	-					0	0	
EDDA MAYER BERGMANN , DIRECTOR IAN M BERKOWITZ , DIRECTOR	2 00	X						0	0	0
LEON BIRBRAGHER , DIRECTOR	2 00	X						0	0	
ARLINE P BITTKER , DIRECTOR	2 00	X						0	0	
AMELIAET BITTREN, BIRECTOR	1 200	^	<u> </u>	<u> </u>	l	I	I	<u> </u>		ı

Form 990, Part VII - Section Aaa	·									1
		Posit	(C tion (hat a	chec		I			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
CLAUDE BLOCH , DIRECTOR	2 00	Х						0	0	0
JAMES R BLUMBERG , DIRECTOR	2 00	Х						0	0	0
JOSEPH BOGOROCH , DIRECTOR	2 00	Х	İ					0	0	0
ERIC M BOOK , DIRECTOR	2 00	Х						0	0	0
PNINA BOR , DIRECTOR	2 00	Х						0	0	0
WILLIAM B BRAM , DIRECTOR	2 00	Х						0	0	0
NANCY A BRAUN , DIRECTOR	2 00	Х						0	0	0
ROBERT H CHICOTSKY , DIRECTOR	2 00	Х						0	0	0
BRUCE A COANE , DIRECTOR	2 00	Х						0	0	0
ALAN D COHEN , DIRECTOR	2 00	Х						0	0	0
LEON COHEN, DIRECTOR	2 00	Х						0	0	0
PEARL COHEN , DIRECTOR	2 00	Х						0	0	0
STANLEY G COHEN , DIRECTOR	2 00	Х						0	0	0
STEWART S COHEN , DIRECTOR	2 00	Х						0	0	0
KAREN COOPER, DIRECTOR	2 00	Х						0	0	0
STUART B COOPER , DIRECTOR	2 00	Х						0	0	0
HAROLD DAVIS , DIRECTOR	2 00	Х						0	0	0
SHIRLEY R DIAMOND , DIRECTOR	2 00	Х						0	0	0
JOSEPH H DOMBERGER , DIRECTOR	2 00	Х						0	0	0
SHALOM P DORON , DIRECTOR	2 00	Х						0	0	0
MICHAEL L EASLEY , DIRECTOR	2 00	Х						0	0	0
LEON ESKENAZI, DIRECTOR	2 00	Х						0	0	0
AARON ETRA , DIRECTOR	2 00	Х						0	0	0
EDWARD FEINBERG , DIRECTOR	2 00	Х						0	0	0
TED M FELIX , DIRECTOR	2 00	Х						0	0	0
HERNAN FISCHMAN , DIRECTOR	2 00	Х						0	0	0
JACK FLEISCHMAN , DIRECTOR	2 00	Х						0	0	0
PAOLO FOA , DIRECTOR	2 00	Х						0	0	0
MARLENE Z FRANKLIN , DIRECTOR	2 00	Х						0	0	0
JULIO FROIMOVICH , DIRECTOR	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa								ı		
			(C) Position (check all that apply)						(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LUIS GAJ , DIRECTOR	2 00	X						0	0	0
MATTHEW GLICK , DIRECTOR	2 00	Х						0	0	0
MARGARETE GOLDBERGER , DIRECTOR	2 00	X						0	0	0
ABRAHAM GOLDSTEIN , DIRECTOR	2 00	Х						0	0	0
DAVID C GOLDSTEIN , DIRECTOR	2 00	Х						0	0	0
DENNIS GOLDSTEIN , DIRECTOR	2 00	Х						0	0	0
IRENE SAUNDERS GOLDSTEIN , DIRECTOR	2 00	×						0	0	0
FRANCISCO GOTTHILF , DIRECTOR	2 00	Х						0	0	0
TED GREENFIELD , DIRECTOR	2 00	Х						0	0	0
PABLO SERGIO GRINSTEIN , DIRECTOR	2 00	X						0	0	0
JULES GROSSWALD , DIRECTOR	2 00	Х						0	0	0
MATILDE GROISMAN GUS , DIRECTOR	2 00	×						0	0	0
JOSEPH E HARARI , DIRECTOR	2 00	Х						0	0	0
PHYLLIS G HEIDEMAN , DIRECTOR	2 00	Х						0	0	0
DENIS HERRNSTADT , DIRECTOR	2 00	Х						0	0	0
ISAAC M HOCHMAN , DIRECTOR	2 00	Х						0	0	0
RALPH HOFMANN , DIRECTOR	2 00	Х						0	0	0
RICARDO HOLZER , DIRECTOR	2 00	Х						0	0	0
JOSE IACOBESCU , DIRECTOR	2 00	Х						0	0	0
ADAM H JACOBS , DIRECTOR	2 00	X			_			0	0	
ALLAN J JACOBS , DIRECTOR	2 00							0	0	0
ANDREW JACOBS, DIRECTOR	2 00							0	0	0
ENRIQUE JINCHUK, DIRECTOR	2 00	Х						0	0	0
MARK E JOSEPH , DIRECTOR	2 00	X						0	0	0
BORIS KALNICKI, DIRECTOR	2 00	X						0	0	0
HAIM V KATZ, DIRECTOR	2 00			_	-			0	0	0
ROBERT S KAUFMAN , DIRECTOR	2 00				\vdash			0	0	0
JEREMY B KAY, DIRECTOR	2 00							0	0	0
ROLF D KEMPER, DIRECTOR	2 00			-	\vdash			0	0	0
PHILIP KERSHNER , DIRECTOR	2 00	Х			l			ا ا	U	U

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ROSALIND KLEIN , DIRECTOR	2 00	Х						0	0	0
EDUARDO KLESTORNY, DIRECTOR	2 00	X						0	0	0
JAIME KOPEC , DIRECTOR	2 00	Х						0	0	0
HANS KYCHENTHAL , DIRECTOR	2 00	Х						0	0	0
URSULA KYCHENTHAL , DIRECTOR	2 00	Х						0	0	0
JOSHUA M LAKIN , DIRECTOR	2 00	X						0	0	0
PHILIP LAX , DIRECTOR	2 00	X						0	0	0
RENE LEVY MADURO , DIRECTOR	2 00	Х						0	0	0
DAVID LEVY-BENTOLILA , DIRECTOR	2 00	X						0	0	0
GLEN LEWY , DIRECTOR	2 00	X						0	0	0
JORGE LOEFF , DIRECTOR	2 00	Х						0	0	0
REBECCA LUFT SINCLAIRE , DIRECTOR	2 00	×						0	0	0
MARC LUMBROSO , DIRECTOR	2 00	X						0	0	0
JOHN MANHEIM , DIRECTOR	2 00	X						0	0	0
SHEL MARCUS , DIRECTOR	2 00	Х						0	0	0
ANNA MARKS , DIRECTOR	2 00	X						0	0	0
DAVID MATAS , DIRECTOR	2 00	Х						0	0	0
ITZCHAK MAYER , DIRECTOR	2 00	Х						0	0	0
WAYNE J MEISELS , DIRECTOR	2 00	X						0	0	0
BENT MELCHIOR , DIRECTOR	2 00	X						0	0	0
DANIEL MERMELSTEIN , DIRECTOR	2 00	X						0	0	0
ROBERT METH , DIRECTOR	2 00	X						0	0	0
HANK MEYER , DIRECTOR	2 00	Х						0	0	0
HAROLD MILLER , DIRECTOR	2 00	X						0	0	0
BENTON S MIRMAN , DIRECTOR	2 00	Х						0	0	0
ALAN H MORGAN , DIRECTOR	2 00	X						0	0	0
RICHARD MORRIS , DIRECTOR	2 00	X						0	0	0
STUART NOVICK , DIRECTOR	2 00	X						0	0	0
ROBERTO NUL, DIRECTOR	2 00	X						0	0	0
WARNER BEIN OBERNDOERFER , DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DVORAH OCHERT , DIRECTOR	2 00	Х						0	0	0
S BRUCE PASCAL , DIRECTOR	2 00	Х						0	0	0
ROBERT H PASTON , DIRECTOR	2 00	Х						0	0	0
ZIPORA PEER , DIRECTOR	2 00	Х						0	0	0
WILLIAM K PEIREZ , DIRECTOR	2 00	Х						0	0	0
ADRIENNE PERCH , DIRECTOR	2 00	Х						0	0	0
JOELLE A PERELBERG , DIRECTOR	2 00	Х						0	0	0
ROBERT E POLLACK , DIRECTOR	2 00	Х						0	0	0
GERALD PRIEBAT , DIRECTOR	2 00	Х						0	0	0
DAVID L RAVICH , DIRECTOR	2 00	Х						0	0	0
ARTHUR J RECHT , DIRECTOR	2 00	Х						0	0	0
JACOB RECKESS , DIRECTOR	2 00	Х						0	0	0
JOHN PETER REEVES , DIRECTOR	2 00	Х						0	0	0
AARON D ROSE , DIRECTOR	2 00	Х						0	0	0
JEFFREY S ROSS , DIRECTOR	2 00	Х						0	0	0
STEVEN B ROTENBERG , DIRECTOR	2 00	Х						0	0	0
HOWARD ROTHMAN , DIRECTOR	2 00	Х						0	0	0
GARY P SALTZMAN , DIRECTOR	2 00	Х						0	0	0
STEPHEN R SATISKY , DIRECTOR	2 00	Х						0	0	0
PETER SCHIFF , DIRECTOR	2 00	Х						0	0	0
DANIEL M SCHYDLOWSKY , DIRECTOR	2 00	Х						0	0	0
RENEE SHARON , DIRECTOR	2 00	Х						0	0	0
JEFFREY R SHER , DIRECTOR	2 00	Х						0	0	0
ZELMAR B SHRELL , DIRECTOR	2 00	Х						0	0	0
MURRAY H SHUSTERMAN , DIRECTOR	2 00	Х						0	0	0
MARVIN M SIFLINGER , DIRECTOR	2 00	Х						0	0	0
IRVING SILVER , DIRECTOR	2 00	х						0	0	0
REINOLD SIMON , DIRECTOR	2 00	Х						0	0	0
STEVEN I SMIGA , DIRECTOR	2 00	Х						0	0	0
LAWRENCE SORIA , DIRECTOR	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa										
			(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MARK B SPERLING , DIRECTOR	2 00	Х						0	0	0
ROBERT B SPITZER , DIRECTOR	2 00	Х						0	0	0
JORGE STAINFELD , DIRECTOR	2 00	Х						0	0	0
FRIEDA STANGLER , DIRECTOR	2 00	Х						0	0	0
ALLAN A STOCK , DIRECTOR	2 00	Х						0	0	0
FRITS VAN COEVORDEN , DIRECTOR	2 00	Х						0	0	0
JACK S VENTURA , DIRECTOR	2 00	Х						0	0	0
MATT WAAS , DIRECTOR	2 00	Х						0	0	0
JASON WACHS , DIRECTOR	2 00	Х						0	0	0
AVIGDOR WARSHA , DIRECTOR	2 00	Х						0	0	0
GRAHAM WEINBERG , DIRECTOR	2 00	Х						0	0	0
GERRY WEINSTEIN , DIRECTOR	2 00	Х						0	0	0
ROCHELLE WILNER , DIRECTOR	2 00	Х						0	0	0
FRANK D WINSTON , DIRECTOR	2 00	Х						0	0	0
LARRY L WYMOR , DIRECTOR	2 00	Х						0	0	0
EDUARDO YAEL , DIRECTOR	2 00	Х						0	0	0
ANDRES YUSUPOFF , DIRECTOR	2 00	Х						0	0	0
SUSANA ZOLKWER , DIRECTOR	2 00	Х						0	0	0
STEPHEN B ZORN , DIRECTOR	2 00	Х						0	0	0
GWEN ZUARES , DIRECTOR	2 00	Х						0	0	0
ISAAC ELIAS ZVIKLICH , DIRECTOR	2 00	Х						0	0	0
WITOLD ZYSS , DIRECTOR	2 00	Х						0	0	0
KATE MARSHALL , CHIEF FINANCIAL OFFICER	38 00			х		Х		127,209	0	2,970
MARK OLSHAN , ASSOCIATE EXECUTIVE VP	38 00			х		х		175,649	0	5,598
HENRY ROSENBAUM , VP OF DEVELOPMENT	38 00					х		180,846	0	3,792
DANIEL HECKELMAN , DEPUTY EXECUTIVE VP	38 00					х		138,538	0	6,942
RHONDA LOVE , VP OF PROGRAMMING	38 00					х		92,390	0	6,942
DAVID VOLZ , CHIEF OF TECH SERV	38 00					Х		128,027	0	6,942
DEBORAH AUERBACH-DEUTSCH , VP OF COMMUNICATIONS	38 00					x		101,302	0	86

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MEMBER INSURANCE PROGR	524,298	372,657			372,657
b ADVERTISING SALES	541,800	348,433		348,433	
c PROGRAM PARTICIPATION	900,099	340,779	340,779		
d LECTURE BUREAU	900,099	207,092	207,092		
e GENERAL PROGRAM INCOME	900,099	19,119	19,119		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

B'nai B'rith International, the global voice of the Jewish community, is a Jewish humanitarian, human rights, and advocacy organization. Since 1843, BBI has worked for Jewish unity, security, continuity, and tolerance. BBI's reach extends to more than 50 countries around the world. Today B'nai B'rith International is a national and global leader in the fight against anti-Semitism and anti-Israel bias; provides senior housing and advocacy on issues of vital concern to seniors and their families; helps communities in crisis; and promotes Jewish identity through cultural activities. The work of B'nai B'rith International is focused in its centers. These centers provide the framework for intensive study of issues and thoughtful responses through the combined efforts of dedicated volunteer leaders and professional staff.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

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

If th	, ,, ,	t have NOT filed Form 5/68 (election s," to Form 990, Part IV, Line 5 (I		(h)) Complete Part IFB Do n	iot comp	olete Part	: II-A		
Na	ame of the organization	zations complete Fait III		Employer iden	itificatio	n numbe	er		
B.N	IAI B'RITH			53-0179971	53-0179971				
Par		oy all organizations exemple the instructions for Schedule			527				
1		ganızatıon's dırect and ındırect poli		tivities in Part IV					
2	Political expenditures				\$		C		
3	V olunteer hours						C		
Par	rt I-B To be completed befor Schedule C for de	oy all organizations exempe etails.)	t under section	n 501(c)(3). (See the	ınstruc	tions			
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$		C		
2	Enter the amount of any excise	e tax incurred by organization mana	agers under section	n 4955	\$		c		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	٠٦		┌ Yes	┌ No		
4a	Was a correction made?					☐ Yes	┌ No		
ь	If "Yes," describe in Part IV								
Par		y all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sect	ion 50)1(c)(3	3).		
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities	\$				
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	outed to other orga	nizations for section	\$				
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	es 1 and 2 and ent	ter here and on Form	\$				
4	Did the filing organization file i	Form 1120-POL for this year?				☐ Yes	┌ No		
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	I funds (s a sepa	or were	nents		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	contr and direct	ibutions d prompt tly deliv parate po	ered to a olitical If none,		
					ļ				

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	5768 (election under section 501(h)). (See the instructions for Schedule C	for detail	s.)			
		(a	1)		(b)	
		Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes			9	90,96
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				9	90,96
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912					
C	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). (See the instructions for Schedule C for details.)	section	501(c	:)(5)), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		

Part III-B	To be completed by all organizations exempt under section $501(c)(4)$, section $501(c)(4)$	c)(5), or
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part	: III-A	۸,
	question 3 is answered "Yes." (See the instructions for Schedule C for details.)		

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number**

B'N	AI B'RITH		52.0470074
Ρa	rt I Organizations Maintaining Donor Ac	lvised Funds or Other Similar F	53-0179971 Funds or Accounts, Complete if the
	organization answered "Yes" to Form 99		and of Accounts, complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		noradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beninpermissible private benefit?		·
Рa	rt II Conservation Easements. Complete	ıf the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation protection of natural habitat	on or pleasure)	n historically importantly land area ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the fori	n of a conservation easement
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	S	2b
c	Number of conservation easements on a certified his		2c
d	Number of conservation easements included in (c) a	, ,	2d
	Number of conservation easements modified, transfe	•	
	the taxable year	rred, released, extinguished, or terminat	ed by the organization during
	•		
	Number of states where property subject to conserva		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lations, and Yes No
	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during th	e year 🕨
	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the y	/ear ►\$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction Yes No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia	
a [t III Organizations Maintaining Collectio Complete If the organization answered "		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, line 1		F \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶- \$

Cat No 52283D

3	Organizations Maintaining Co	Hections of Art,	піэ		cai ileasui	cs, or othe	1 311111110	A33C	LS (CC	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e fol	owing that are	a sıgnıfıcant u	se of its o	ollection	1	
а	Public exhibition		d	Γ	Loan or excha	nge programs				
ь	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how	v the	y further the org	janization's ex	empt pur	pose in		
5	Part XIV During the year, did the organization solicit of	or receive donations	of art	t. hıs	torical treasure	s or other sım	ıılar			
	assets to be sold to raise funds rather than t								Yes	☐ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ızatıon answ	ered "Ye	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontributions or	other assets I	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9							
								A mou	nt	
C _ı	Beginning balance					1c				
d	Additions during the year	1d								
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete								NE aux V	aara Daali
1a	Beginning of year balance	(a)Current Year 11,885,972	(D) Prior	rear (c) iwo	Years Back (d)	inree Years	васк (е)Four Ye	ears back
b	Contributions	1,229,645								
c	Investment earnings or losses	-1,575,998								
d	Grants or scholarships	733,742								
e	Other expenditures for facilities	531,874								
	and programs									
f	Administrative expenses	177,342								
g	End of year balance	10,096,661								
2	Provide the estimated percentage of the yea	r end balance held a:	5							
а	Board designated or quasi-endowment 🕨	49 000 %								
ь	Permanent endowment 🕨 49 000 %									
С	Term endowment ► 2 000 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat a	are held and adı	mınıstered for	the			
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i)		No
								3a(ii)		No
h	(ii) related organizations				ula D2			1 2L	l v	I
	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on S	ched				3b	Yes	
4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	ns listed as required e organization's end	on S owme	ched ent fu	nds	t X. line 10.		3b	Yes	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par	l '	· · ·			
4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	ns listed as required e organization's end	on S owme	ched ent fu ee F	nds	t X, line 10. (b)Cost or othe basis (other)	r (c) Dep	3b preciation		ook value
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par a) Cost or other	(b)Cost or othe	r (c) Dep			look value
4 Par 1a	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings Description of investment	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par a) Cost or other	(b)Cost or othe	r (c) Dep			ook value
4 Par 1a b	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the total triangle of triangle of the total triangle of the triangle of the total triangle of triangle of the total triangle of triangl	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par a) Cost or other	(b)Cost or othe	r (c) Dep			sook value
Par 1a b	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment Land	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par a) Cost or other	(b)Cost or othe	(c) Dep			iook value
Par la b c d	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the total Investments—Land, Buildings Description of investment Land	ns listed as required e organization's end	on S owme	ched ent fu ee F	inds orm 990, Par a) Cost or other	(b)Cost or othe	r (c) Dep			look value

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 1	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		The second of th
Closely-held equity interests		
Other		
o their		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I		
(a) Descr		(b) Book value
Total (Column (b) should equal Form 000, Part V, sel (R) line	15)	
Part X Other Liabilities. See Form 990, Part X, col.(B) line		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	(B) Amount	
ACCRUED PENSION BENEFIT COST, FASB 158	16,487,239	
ACCROLD I ENGION DENEITH COST, FASD 150	10,407,239	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	16,487,239	

Sche	dule D (Form 990) 2008		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,420,357
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,960,394
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,540,037
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,434,305
9	Total adjustments (net) Add lines 4 - 8	9	-10,434,305
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,974,342
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	25,068,686
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	809,029
3	Subtract line 2e from line 1	3	24,259,657
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	160,700
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,420,357
	Reconciliation of Expenses per Audited Financial Statements With Expenses	_	
1	Total expenses and losses per audited financial statements	1	28,491,511
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	691,817
3	Subtract line 2e from line 1	3	27,799,694
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	160,700

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Total expenses Add lines $\bf 3$ and $\bf 4c.$ (This should equal Form 990, Part I, line 18)

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	BBI has an endowment fund which benefits both the general charitable purpose of BBI as well as restricted purposes. The "endowment" includes both donor-restricted endowment funds as well as funds designated by BBI to function as endowments. The majority of the endowment is set up for restricted purposes such as to provide an income distribution to support BBI's human rights and public policy, our Judaic programs, camp scholarships, sports lodges or BB's seniors program. There are some philanthropic funds which support B'nai B'rith as well as other charitable organizations not related to B'nai B'rith Additionally, there is a general endowment that provides for an income distribution for unrestricted purposes to the organization
Part X	Description of Uncertain Tax Positions Under FIN 48	Accounting for uncertainty in income taxes - The Financial Accounting Standards Board ("FASB") has issued Interpretation No 48 ("FIN 48"), which clarifies generally accepted accounting principles for recognition, measurement, presentation and disclosure relating to uncertain tax positions FIN 48 applies to business enterprises, not-for-profit entities, and pass-through entities, such as S corporations and limited liability companies On December 30, 2008, the FASB issued FASB Staff Position (FSP) FIN 48-3, Effective Date of FASB Interpretation No 48 for Certain Nonpublic Enterprises, which allows deferral of FIN 48 for certain nonpublic enterprises included within this FSP's scope to the annual financial statements for fiscal years beginning after December 15, 2008 The Company has elected to defer implementation of FIN 48 to its annual consolidated financial statements ending on June 30, 2009 For financial statements covering periods prior to 2009, the Company evaluates uncertain tax positions in accordance the FASB's Statement of Financial Accounting Standards (SFAS) No 5 Accounting for Contingencies Under this approach, disclosure is not required of 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
Part XI, Line 8 - Other Adjustme	nts	PENSION LIABILITY ADJUSTMENT - FASB 158 -10434305
		PART XII, LINE 2D - SPECIAL EVENT EXPENSES - \$691,817 PART XII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT - \$160,700 PART XIII, LINE 2D - SPECIAL EVENT EXPENSES - \$691,817 PART XIII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT - \$160,700

27,960,394

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DLN: 93493137052070

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public Inspect ion

Name of the organization **Employer identification number** B'NAI B'RITH 53-0179971 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ▼ Yes For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (c) Number of (b) Number of region (by type) (ie, (f) Total expenditures in is a program service, offices in the employees or fundraising, program services, (a) Region describe specific type of region grants to recipients located in agents in region region service(s) in region the region) Middle East and North Africa 1 PROGRAM SERVICES, SUPPORTING LOCAL 331,036 GRANTS TO JEWISH PROGRAMS, RECIPIENTS LOCATED HUMANITARIAN HELP IN REGION TO GEORGIA, AND SCHOLARSHIPS EUROPE 1 PROGRAM SERVICES, SUPPORTING LOCAL 7,500 1 GRANTS TO JEWISH PROGRAMS RECIPIENTS LOCATED IN REGION SUPPORTING LOCAL 125,000 North America PROGRAM SERVICES, JEWISH SENIOR GRANTS TO RECIPIENTS LOCATED HOUSING PROGRAMS IN REGION Central America and the PROVIDING MEDICAL PROGRAM SERVICES, 118,496 Carıbbean GRANTS TO SUPPLIES TO RECIPIENTS LOCATED COMMUNITIES IN IN REGION CRISIS SOUTH AMERICA PROVIDING MEDICAL PROGRAM SERVICES, 14,284,232 GRANTS TO SUPPLIES TO COMMUNITIES IN RECIPIENTS LOCATED IN REGION CRISIS

Totals

14,866,264

3 Enter total number of other organizations or entities

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
	·	Middle East and North Africa	PROVIDING HUMANITARIAN HELP TO GEORGIA	25,000	ELECTRONIC FUND OR WIRE TRANSFER			
		NORTH AMERICA	SUPPORTING LOCAL JEWISH SENIOR HOUSING PROGRAMS	125,000	ELECTRONIC FUND OR WIRE TRANSFER			
		EUROPE	SUPPORTING LOCAL JEWISH PROGRAMS	7,500	ELECTRONIC FUND OR WIRE TRANSFER			
			PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			2,440,358	MEDICAL SUPPLIES	MANUFACTURER FORMULA
		SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			11,843,874	MEDICAL SUPPLIES	MANUFACTURER FORMULA
			PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			118,496	MEDICAL SUPPLIES	MANUFACTUREF FORMULA

	F-1 (Form 990) if ad			ted States. Complete	ii the organization a	nswered rest to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	Mıddle East and North Afrıca	1		ELECTRONIC FUND OR WIRE TRANSFER			

Schedule F (Form 990) 2008

Part IV	Supplemental Info	rmation	dun Doub T. June 2. and any other additional information
	Identifier	ReturnReference	I in Part I, line 2, and any other additional information. Explanation
Procedure 1 Outside the	for Monitoring Grants		Schedule F, Part I, Line 2 The organization has both the program director and the fiscal staff sign off on any expenses that are to be charged to grant funds. This ensures that the expenses are in accordance with the specifications of the agreement. Additionally, the organization set up account codes to indicate revenue and expenses associated with grants so that it can track expenses.
Method Use Expenditure	ed to Acccount for es		Schedule F, Part I, Line 3 The organization set up account codes to indicate revenue and expenses associated with the various grants so that it can track expenses associated with these grants

Software ID:

Software Version:

EIN: 53-0179971

Name: B'NAI B'RITH

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

1 orini 330 Schedule i Turc 11	Grants and Othe	A ASSISTANCE TO CI	gamzadons or i	indices outside in	ic officed States		
(a) Name of section organization and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	North Africa	PROVIDING HUMANITARIAN HELP TO GEORGIA	25,000	ELECTRONIC FUND OR WIRE TRANSFER			
	NORTH AMERICA	SUPPORTING LOCAL JEWISH SENIOR HOUSING PROGRAMS	125,000	ELECTRONIC FUND OR WIRE TRANSFER			
	EUROPE	SUPPORTING LOCAL JEWISH PROGRAMS	7,500	ELECTRONIC FUND OR WIRE TRANSFER			
	SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			2,440,358	MEDICAL SUPPLIES	MANUFACTURER FORMULA
	SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			11,843,874	MEDICAL SUPPLIES	MANUFACTURER FORMULA
		PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS				MEDICAL SUPPLIES	MANUFACTURER FORMULA

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DLN: 93493137052070

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection		
Name of the organization B'NAI B'RITH					Employer ident	ification number		
DNAIDKIIN					53-0179971			
Part I Fundraising A	Activities. Complete ıf t	the organ	 nızatıon	answered "Yes" to	Form 990, Part IV,	 line 17.		
	ganization raised funds thro							
a Mail solicitations	gamzation raised lands tillo	agir arry o						
b F Email solicitations		e						
c Phone solicitations			a	Special fundraisin				
d ✓ In-person solicitation	ons		9	, Special landraism	gevenis			
or key employees listed b If "Yes," list the ten high	ve a written or oral agreement in Form 990, Part VII) or entition the street paid individuals or entitions the organization of the organization organization of the organization organization organization org	entity in co ties (fundi ation Form	onnectio raisers) n 990-Ei	on with professional fund pursuant to agreement	draising activities? s under which the fund			
(i) Name of individual	(ii) Activity	(iii) Dıd fundraıser have custody or		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)		
or entity (fundraiser)	(11)			control of from activity fundra contributions?	Tundraiser listed in	organization		
		Yes	No	-	col (i)			
AB DATA	CONSULTS ON DIRECT MAIL PROGRAM		No	2,033,131	326,154	1,706,977		
BDI DEVELOPMENT	CONSULTS ON DINNERS PROGRAM		No	836,261	417,547	418,714		
		+						
	+	+	 	-				
				<u> </u>		_		

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

AK,AL,AR,AZ,CA,CT,DC,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OK,OR,RI,SC,TN,UT,VA,WA,WI

minus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming				Form 990, Part IV, lin eipts greater than \$5,0		report	ed
3 Gross reverminus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization		(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot		
3 Gross reverminus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization		DINNERS	GIVING CLUBS	1	(Add col	(a) thr □ (c))	ough
3 Gross reverminus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization		(event type)	(event type)	(total number)			
3 Gross reverminus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization	eipts	875,746	666,563	6,723		1,549	9,032
3 Gross reverminus line 4 Cash Prize 5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization		875,746	666,563			1,542	2,309
5 Non-cash 6 Rent/Facil 7 Other dire 8 Direct exp 9 Net incom Part III Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization)	enue (line 1 e 2)			6,723			5,723
9 Net incom Part IIII Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization	es						
9 Net incom Part IIII Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization	Prizes						
9 Net incom Part IIII Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organization	lity costs						
9 Net incom Part IIII Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organization	ect expenses	397,509		294,308		691	1,817
9 Net incom Part IIII Gaming \$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(1 Is the organization	pense summary Add lin	es 4 through 7 ın column	(d)			691	1,817
\$15,000 1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(ne summary Combine lii	nes 3 and 8 ın column (d))			-68!	5,094
1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organization			"Yes" to Form 990, Pa	rt IV, lıne 19, or repo	rted mor	e than	ı
1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(Is the organization	on Form 990-EZ, lır 		(h) Dull to be /I note no	(a) O th an an main a	(d) Total		
1 Gross rever 2 Cash prizes 3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state((a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	col (a) thi		
3 Non-cash p 4 Rent/facility 5 Other direc 6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organization	nue						
6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organizat	5						
6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organizat	orizes						
6 Volunteer la 7 Direct expe 8 Net gaming 9 Enter the state(a Is the organizat	y costs						
7 Direct expe8 Net gaming9 Enter the state(a Is the organizat	texpenses						
8 Net gaming9 Enter the state(a Is the organizat	abor	┌ Yes	┌ Yes	┌ Yes			
9 Enter the state(a Is the organizat	ense summary Add line:	s 2 through 5 ın column (d)				
9 Enter the state(a Is the organizat	ıncome summary Com	ibine lines 1 and 7 in colu	ımn (d)				
a Is the organizat					·	Yes	No
_	· ·	ation operates gaming act	·				
	•	gaining activities in each	TOT these states?		• 9a		
10a Were any of the b If "Yes," Explain		licenses revoked, suspen	ided or terminated during	the tax year?	10a		
					_		
11 Does the organi	ization operato daming	activities with nonmembe	.re 2				
=		activities with nonmembe ry or trustee of a trust or			11		

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

Software ID: Software Version:

EIN: 53-0179971 **Name:** B'NAI B'RITH

Form 990 Schedule G - Licensed States	
Licensed States	
	_
	_

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

OMB No 1545-0047

DLN: 93493137052070

Employer identification number

53-0179971

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

B'NAI B'RITH

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

Inspection

Part I General Inform	nation on Gran	nts and Assistance				1	
1 Does the organization mai the selection criteria used	to award the gran	ts or assistance?					
2 Describe in Part IV the or	- :						1 1157 11
Form 990, Part I' Part IV and Sche	V, line 21 for an dule I-1 if addit	y recipient that recei	ved more than \$5,0	00. Check this box	tes. Complete if the if no one recipient re		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rochester Center420 EAST 55TH ST NEW YORK, NY 10022		501(C)(3)	5,000				TO SUPPORT LOCAL JEWISH PROGRAMS
JEWISH COUNCIL FOR PUBLIC AFFAIRS116 EAST 27TH STREET 10TH FLOOR New York, NY 10016		501(C)(3)	10,800				TO SUPPORT THE REPRESENTATIVE VOICE OF THE ORGANIZED AMERICAN JEWISH COMMUNITY
CONFERENCE OF PRESIDENTS633 THIRD AVE 21ST FLOOR NEW YORK, NY 10017		501(C)(4)	26,265				TO SUPPORT TAKING THE LEAD TO EXPLAIN AND ANALYZE ISSUES, PROVIDE A LINK BETWEEN AMERICAN JEWRY AND THE U S GOVERNMENT, AND MARSHALL A COORDINATED COMMUNITY RESPONSE
FOUNDATION FOR JEWISH CAMPUS LIFE800 8TH ST NW WASHINGTON, DC 20001		501(C)(3)	8,333				TO PROVIDE OPPORTUNITIES FOR JEWISH STUDENTS
BBYO INC2020 K ST NW 7TH FLOOR WASHINGTON, DC 20006		501(C)(3)	21,971				TO SUPPORT YOUNG JEWISH PEOPLE SO THAT THEY MAY ENRICH OTHER JEWISH PEOPLE AND THE WORLD
Jewish Children Regional Service1120 EXECUTIVE TOWER 3500 N Causeway Blvd Metairie, LA 70002		501(C)(3)	5,000				TO PROVIDE SOCIAL SERVICES FOR THE Underprivileged
BARRISTERS UNIT8283 N TELEGRAPH ROAD DEARBORN HEIGHTS,MI 48127		501(C)(3)	9,629				TO SUPPORT LOCAL JEWISH PROGRAMS
National Conference on Soviet Jewry2020 K ST NW NO 7800 WASHINGTON, DC 20006		501(C)(3)	15,888				TO HELP SECURE THE WELL-BEING OF OVER ONE MILLION JEWS WHO ARE REBUILDING JEWISH LIFE IN THE FORMER SOVIET UNION
2 Enter total number of sect organizations					•		7

Enter total number of other organizations

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	61	103,349			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The organization has both the program director and the fiscal staff sign off on any expenses that are to be charged to grant funds. This ensures that the expenses are in accordance with the specifications of the agreement Additionally, the organization set up account codes to indicate revenue and expenses associated with grants so that it can track expenses.

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493137052070

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** B'NAI B'RITH 53-0179971

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

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
	(I) (II)	319,795		5,000		8,586	333,381	177,903	
	(I) (II)	175,649				9,736	185,385	101,862	
	(I) (II)	180,846				3,914	184,760	96,382	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	•	

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008

DLN: 93493137052070

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Name of the organization B'NAI B'RITH

Employer identification number 53-0179971

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	JUDAISM PROGRAMS, GENERAL/OTHER JEWISH CONTINUITY PROGRAMMING PROVIDED EITHER DIRECTLY OR THROUGH ALLOCATIONS TO B'NAI B'RITH CAMPS, THE B'NAI B'RITH YOUTH ORGANIZATION, INC FOR TEENS, AND THE FOUNDATION FOR JEWISH CAMPUS LIFE FOR COLLEGE LIFE FOR COLLEGE STUDENTS DIRECT SERVICES INCLUDE THOSE OF THE B'NAI B'RITH KLUTZNICK NATIONAL JEWISH MUSEUM, B'NAI B'RITH LECTURE BUREAU, B'NAI B'RITH MAGAZINE (50,000 RECIPIENTS) Expenses \$ 1345368 including grants of \$ 76977 Revenue \$ 896305

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SENIOR SERVICES AND SENIOR HOUSING ACTIONS BY THE CENTER FOR SENIOR SERVICES, THROUGH A NETWORK OF 37 SPONSORED APARTMENT PROJECTS, PROVIDES HIGH QUALITY HUD SUBSIDIZED HOUSING TO SOME 7,000 LOW INCOME SENIORS ON A NON-SECTARIAN BASIS PROVIDES SERVICES TO IMPROVE THE MANAGEMENT AND ADMINISTRATION OF THE NETWORK, AND WORKS WITH B'NAI B'RITH GROUPS TO PREPARE APPLICATIONS TO HUD FOR ADDITIONAL PROPERTIES ALSO INVESTIGATES THE AFFORDABLE SENIOR HOUSING OPTIONS THE CENTER FOR SENIOR SERVICES ALSO PROVIDES ONGOING WORKSHOPS ON A VARIETY OF TOPICS OF INTEREST TO OLDER PERSONS THAT INCLUDE, ARE NOT LIMITED TO AGING IN PLACE, MEDICARE, SOCIAL SECURITY, TRANSPORTATION, STEM CELL RESEARCH, AND HEALTH CARE REFORM EXPENSES \$ 966700 including grants of \$ 125000 Revenue \$ 19119

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 10		The organization's CFO and Fiscal Manager review the Form 990. They compare it to the audit and adjust for differences. They also look for various benchmarks in terms of their expectations. They run various reports so that they can compare the form to w hat they have in the general ledger and financial statements. In addition, they discuss the form with the paid preparers.							

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly sends out conflict of interest disclosure forms to officers, directors, trustees, and key employees. The organization collects these forms at regularly scheduled meetings to monitor and ensure compliance.

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 15		The organization will, depending on the employee or potential employee, use a compensation committee and comparability data to determine the compensation of said employee or potential employee. The compensation committee usually consists of several board members. The most common comparability data used is the Form 990 of a comparable organization.						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's financial statements and Form 990 are posted on its wiebsite. Copies of the organization's governing documents and conflict of interest policy are available upon request

ldentifier	Return Reference	Explanation
FORM 990, PAGE 11, PART XI, LINE 2C	AUDIT OVERSIGHT COMMITTEE	THE PROCESS FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION'S SELECTION OF AN INDEPENDET ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	MISCELLANEOUS - RELATED PURPOSES

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	In addition to the amounts paid for professional fundraising services listed on Schedule G, the organization also paid fundraisers the following AB Data List Rental \$ 21,088 Postage \$ 7,829 Lettershop/Mailhouse \$ 95,852 Print Components \$230,573 Laser Printing \$ 20,587 BDI Development Office Supplies \$ 2,036 Postage \$ 7,586 Printing \$ 8,346 Travel \$ 18,777 Entertainment \$ 5,541 Miscellaneous \$ 5,327 The organization was provided with detailed invoices from the aforementioned fundraisers that distinguish the amounts paid for professional fundraising services and the amounts paid for fundraising expenses

Retu Refere		Explanation
CONTINUATHE ORGANIZA MISSION STATEMEN	TION'S	The Center for Human Rights and Public Policy (CHRPP) brings a Jewish voice to international and domestic policy and in defense of Israel BBI has served as an NGO (non-governmental organization) at the United Nations since 1947 Whether an issue is before the Human Rights Council, the Security Council, or on the desk of a U N official, BBI leaders and staff provide expert testimony and advocacy for Israel and the Jew ish population worldwide. In the United States, CHRPP advocates for the safety, security, and rights of the Jew ish people and the State of Israel. In Latin America, CHRPP works to build tolerance and promotes social justice. Throughout the United States, in Europe, and around the world, CHRPP is a leader in the fight against anti-Semtism. And in Central and Eastern Europe, CHRPP is a strong advocate for Holocaust restitution. The Center for Senior Services (CSS) provides the tangible - housing and practical information on aging - and the intangible - advocacy and national leadership - on issues affecting Jew ish seniors. BBI is the largest national Jew ish sponsor of senior housing in the United States and operates nearly 50 fixed-income and market-rate housing facilities worldwide. BBI brings programs and services to seniors and gives them the opportunity to take control of their own futures. Through a steady flow of information on topics as far-ranging as Medicare Part D and aging safely in place to national and international advocacy on vital issues such as income protection and stem cell research, BBI presents a concerned voice for all seniors. The Center for Community Action (CCA) helps Brian Birth International serve individual Jew ish communities and the world, providing disaster relief and services to those in need, promoting respect for others and celebrating diversity, and offering a helping hand. From Sri Lanka to New Orleans to Israel, BBI members and supporters have provided the funds to aid these disaster and war-torn areas, seeking to fill the needs that might otherwise be overlooked

Identifier	Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 1A	FORM 1096 FILING EXPLANATION	THE ORGANIZATION FILED A 2008 FORM 1096 UNDER ITS NAME AND FEDERAL EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 56 FORMS OF THOSE 56 FORMS, 10 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN #53 0209632) SINCE ALL 56 OF THE FORMS WERE REPORTED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 1A AND NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990 HOWEVER, THE 2008 FORM 990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS EXPLANATION

ldentifier	Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 2A	FORM W-3 FILING EXPLANATION	THE ORGANIZATION FILED A 2008 FORM W-3 UNDER ITS NAME AND FEDERAL EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 270 W-2 FORMS OF THOSE 270 W-2 FORMS, 175 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN #53 0209632) SINCE ALL 270 OF THE FORMS WERE REPORTED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 2A AND NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990 HOWEVER, THE 2008 FORM 990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS EXPLANATION

Return

Identifier

FORM 990,

PAGE 2,

PART III,

LINE 1

DLN: 93493137052070

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

B'NAI B'RITH

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

Related Organizations and Unrelated Partnerships

Department of the Treasury ► See separate instructions. Internal Revenue Service

Employer identification number

53-0179971

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions		_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity
	OPERATE A CHARITABLE ENDOWMENT FUND	DC	501(C)(3)	LINE 7	N/A
B'NAI B'RITH HILLEL FOUNDATION	SERVICE FOR CAMPUS JEWISH YOUTH	DC	501(C)(3)	LINE 7	N/A
B'NAI B'RITH YOUTH COMMISSION 2020 K STREET NW 7TH FLOOR WASHINGTON, DC20006 53-0209634	TEEN SERVICES	DC	501(C)(3)	LINE 7	N/A
B'NAI B'RITH HENRY MONSKY FOUNDATION 2020 K STREET NW 7TH FLOOR WASHINGTON, DC20006 53-0209632	TO OPERATE CHARITABLE CAMPING AND OFFICE FACILITIES	DC	501(C)(3)	LINE 7	N/A
2020 K STREET NW 7TH FLOOR	PROVIDE HOUSING AND OTHER SERVICES FOR LOW AND MODERATE INCOME SENIORS	DC	501(C)(3)	LINE 7	N/A
			1	1	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es I	N
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	•		N
b Gift, grant, or capital contribution to other organization(s)	1b	Y	es	
c Gift, grant, or capital contribution from other organization(s)	1 c	: Y	es	
d Loans or loan guarantees to or for other organization(s)	1d	I Y	es	
e Loans or loan guarantees by other organization(s)	1e	•	'	N
f Sale of assets to other organization(s)	1f	:	+	<u> </u>
g Purchase of assets from other organization(s)	1g	,		Ī
h Exchange of assets	1h	,		N
i Lease of facilities, equipment, or other assets to other organization(s)	1i			N
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)	tribution to other organization(s) tribution from other organization(s) to or for other organization(s) by other organization(s) ganization(s) other organization(s) intent, or other assets to other organization(s) intent, or other assets from other organization(s) or membership or fundraising solicitations for other organization(s) or membership or fundraising solicitations by other organization(s) intent organization for expenses ther organization for expenses ther organization for expenses ther organization for expenses		es	_
I Performance of services or membership or fundraising solicitations by other organization(s)	11			ī
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n Y	es	_
n Sharing of paid employees	1n	1 Y	es	_
• Reimbursement paid to other organization for expenses	10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es	_
		_	es	-
p Reimbursement paid by other organization for expenses		+'	_	-
q Other transfer of cash or property to other organization(s)	1q	1 Y	es	_

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 i	must complete this line, including covered relationsh	ups and transaction thresholds
	(4)	(B)	(6)

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1) B'NAI B'RITH FOUNDATION OF THE US	R	96,978
(2)		
(3)		
(4)		
(5)		
(6)		

1r Yes

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	. D / Farms	9907 2008						