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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

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

Open to Public Inspection

OMB No 1545-1150

2008

Ā	Fc	r the	2008 calendar ye	ar,	or tax year beg	innıng	July	/ 1	, 200	8, and en	ding	June	30	, 20	09
В	Ch	eck if ap			C Name of organiz	zation						D Emplo	yer iden	tification nu	mber
Ē	=	ddress cl	* I lahel		Hillel of Brown	ard and Paln	n Beacl	n, Inc.				56		2472825	5
Ļ	=	ame cha	^{1ge} print	or	Number and str					t address)	Room/suite	E Teleph	one nur	nber	
F	=	itial retur erminatio	14"	ļ	777 Glades Ro	oad, Bldg LY					3A	(561)	297-41	00
F	Ξ.	mended	Spec		City or town, sta			4				F Group	Exemp	tion	
È	=		instruction pending toons		Boca Raton, F	L 33431						Numb	-	>	
_	•	Section	n 501(c)(3) organ	niza	ations and 4947(a)(1) nonexem	pt char	itable	trusts must	attach	G Acco	unting me	thod	☐ Cash 🔽	Accrual
					pleted Schedule						Othe	r (specify)	>		
_											H Chec	:k ▶ 🗍	ıf the or	ganization	s not
ł	W	ebsit/	e: www.hill	elc	enter.org									dule B (For	m 990,
J	0	rganiz	ation type (check	or	ily one) – 🗹 501	(c) (03) ⊲ (ins	ert no)		1947(a)(1) or	527	990-	EZ, or 990	-PF)		
K	CI	heck ►	If the organiz	atio	n is not a section	509(a)(3) supp	orting o	rganiza	ation and its g	ross rece	ıpts are nor	mally not i	nore tha	n \$25,000	A return is
_	no	ot requ	ired, but if the org	anı	zation chooses to	file a return, b	e sure t	o file a	complete retu	urn					
					e 9 to determine g								▶ \$		400,301
	Pai	rt I	Revenue, Ex	pe	nses, and Ch	anges in N	et Ass	ets c	or Fund Ba	lances	(See the	instruct	ons fo	r Part I.)	
		1	Contributions, g	ıfts	, grants, and sin	nılar amounts	receive	d					1		389,652
	-	2			evenue includir				ontracts .				2		3,957
		3	Membership di	Jes	and assessme	nts .							3		
		4	Investment inco	om	e								4		6,532
		5a	Gross amount	fro	m sale of asset	s other than	invento	ry .		5a			3		
		b	Less: cost or c	the	er basis and sal	es expenses				5b			22		
		С	Gain or (loss) fro	m	sale of assets ot	her than invei	ntory (Si	ubtract	t line 5b from	line 5a)	(attach sch	nedule) .	5c		
	Hevenue	6			vities (complete appl								ž.		
	ē	а			ot including \$ _					-			¥.		
(울		reported on lin							6a					
		b	Less: direct ex	pei	nses other than	fundraising	expens	es .		6b					
		С	Net income or	(lo	ss) from special	l events and	activitie	es (Su	btract line 6	b from l	ne 6a) .		6c _		
	- [7a	Gross sales of	inv	entory, less ret	urns and allo	wance	s .		7a			. 1		
		b	Less. cost of g		=					7b			`		
	-	С			ss) from sales		Subtrac	ct line	7b from line	e 7a) .			7c		
		8	Other revenue	(de	escribe)	8		160
_	\perp	9	Total revenue	. A	dd lines 1, 2, 3,	4, 5c, 6c, 7	c, and	3	RECE	N/EN	<u> </u>		9		400,301
		10	Grants and sin	ııla	r amounts paid	(attach sche	dule)	_م	INCUL:				10		
		11	Benefits paid t	0 0	or for members			m.			그었.		11		
	es	12	Salaries, other	co	mpensation, an	d employee	benefits	2	.OCT 1 2	2010	OSC		12		314,572
	SE	13	Professional fe	es	and other payn	nents to inde	pender	t con			- RS		13		5,200
	Expenses	14	Occupancy, re	nt,	utilities, and m	aintenance .		╽. ┕╴	0005	1. 1. 1.	그띜.		14		26,095
1	W	15	Printing, public	atı	ons, postage, a	ind shipping		<u> </u>	OGDEI	<u>V, U (</u>		•	15		5,265
	-	16	Other expense								Scl	hedule ₎ 1	16		115,850
_	_	17	Total expense	es.	Add lines 10 th	rough 16	<u> </u>	· ·	<u> </u>	<u> </u>			17		466,982
	<u>ا</u> ي	18	Excess or (def	icit) for the year (S	ubtract line	17 from	line 9	9) .				18		(66,680)
_	Assets	19	Net assets or	fur	nd balances at	beginning of	year (from I	line 27, colu	ımn (A))	(must agi	ree with	χ.		
					e reported on p								19		176,557
	Set	20			net assets or f							hedule 2			68.000
		21			d balances at e								21		177,877
	Pa	rt II	Balance She		s. If Total asset			า (B) a	are \$2,500,0	00 or mo					
					See the instructi	ons for Part	11.)				(A) B	eginning of		(B) End of	
	22	Casl	n, savings, and	inv	estments .								43 22		376,386
	23	Land	and buildings		► Accounts						-		23 23	-	53,854
	24			ibe	► Accounts	receivable, f	repaid	expe	nses)			77 24		36,924
	25	Tota	ıl assets								<u> </u>		43 25	-	467,164
)	26	Tota	Il liabilities (des	cril	pe ▶)			86 26	ļ. <u>-</u>	289,287
-	<u>27</u>				alances (line 27								57 27	- 000	177,877
	-or	rrivac	y Act and Paper	wo	rk Heduction Ac	i Notice, see	tne inst	ructioi	n tor Form 99	9 U.	Cat N	o 10642I		Form 990	-EZ (2008)

FORM 990-EZ. (2008)					i age 🕳
Part III Statement of Program Service Accom	plishments (See the instr	uctions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	nriching the lives of Jewis	sh students.		(Req	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	ition's exempt purposes. In	a clear and conc	ise manner,	and	4947(a)(1) trusts,
describe the services provided, the number of persons ber			rogram title.	optio	onal for others)
28 Shabbat Dinners - Hillel of Broward and Palm Bea				\	
throughout the year to students on all campuses	throughout Palm Beach	and Broward	·	((
Counties.					
(Grants \$ 0) If this amount inclu	ides foreign grants, check	he <u>re</u>	. ▶ □	28a	34,935
29 Passover Programming - Hillel of Broward and Pa	alm Beach provides 2 sed	ers for			
students and free Kosher for Passover lunches d	uring the 8 day Passover	holiday.			
				'	
(Grants \$ 0) If this amount inclu	ides foreign grants, check	here	_ ▶ □	29a	3,490
30 Engagement of New Students-Hillel of Broward a	nd Palm Beach services	аррго-			
ximately 5000 Jewish students throughout 2 cou					
a large amount of funds to engage and help stud	lents become involved in	Jewish life			
(Grants \$ 0) If this amount inclu	ides foreign grants, check	here		30a	3,109
31 Other program services (attach schedule)					
(Grants \$) If this amount inclu	ides foreign grants, check	here		31a	179,171
32 Total program service expenses (add lines 28a th		<u> </u>	<u> </u>	32	220,706
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one eve	n if not compensate			ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ons to	(e) Expense account and
(a) Haine and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Gary Wolff	Executive Director- 40				
777 Glades Road, Boca Raton, FL 33431	Hours	59,862		0	
Andrew Robins	President of the Board-				
777 Glades Road, Boca Raton, FL 33431	10 Hours	0		0	
Donna Robins	President of the Board-				
777 Glades Road, Boca Raton, FL 33431	10 Hours	0		0	
Glenn Golish	Vice President of				
777 Glades Road, Boca Raton, FL 33431	Finance- 10 Hours	0		0	
Dale Filhaber	Secretary- 10 Hours				
777 Glades Road, Boca Raton, FL 33431	Secretary- to nours	0		0	
llene Wohlgemuth	Member at Large- 10				
777 Glades Road, Boca Raton, FL 33431	Hours	0		0	
Hank Stern	Immediate Past				
777 Glades Road, Boca Raton, FL 33431	President- 1 hour	0	}	0	
Steve Belson					
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	ļ	0	
Ilene Bernstein	Board Member- 1 Hour			,,,,,	
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 11001	o	l	0	}
Elaine Bucher					
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0		0	
Ed Burns	Board Member- 1 Hour				
777 Glades Road, Boca Raton, FL 33431	Board Weimber* 1 Hour	0	ł	0	
Mark Cohan					
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	1	0	
Ellen Cohen			<u> </u>		
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	o		0	}
David Englander			 		
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0		0	
Lynne Goldberg					
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	ĺ o	Í	0	
Arthur Jaffe	Do and 10 and 4 11		 		
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0		0	}
Carla Klein	Band Marchael 421	 	 		
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	o		0	
Lynne Leavy	Daniel Maneline & M.				
777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	_ n		0	

Par	Other Information (Note the statement requirements in the instructions for Part VI.)		
			Yes No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	4	
b	Did the organization file Form 1120-POL for this year?	37b	- ✓
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	
	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on line 9	- NO. 32	
	Gross receipts, included on line 9, for public use of club facilities	75.1	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		*,5* **
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	\$2.7.	
d	Enter amount of tax on line 40c reimbursed by the organization ▶	3-41	ji Koz
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	À
41	List the states with which a copy of this return is filed. ▶ Florida		
42a	The books are in care of ► Scott Brockman Located at ► 777 Glades Road, Bldg LY-3A, Boca Raton, FL ZIP + 4 ►) 29 3343	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes No √
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43	· 	▶ □
			Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	
		-orm 990)-F7 (2008

Page	4

decandidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in obbying activities? If "Yes," complete Schedule C, Part II B the organization engage in obbying activities? If "Yes," complete Schedule C, Part II B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities? If "Yes," complete Schedule E B the organization engage in obbying activities and second engage in obbyi	Form 9	90-EZ (2008)					P	age 4
to the organization engage in clobying activities? If "Yes," complete Schedule C, Part II	Par	Section 501(c)(3) organizations only and complete the tables for lines 50 a	y. All section 501(c)(3) c and 51.	organizations mus	st answer question	ons 46		
Total number of other employees paid over \$100,000 ▶ 10 Name and address of each employee paid more than \$100,000 ▶ 10 Total number of other employees paid over \$100,000 ▶ 11 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 12 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 13 Total number of other employees paid over \$100,000 ▶ 14 All Y Y 48 Y 48 Y 48 Y 48 Y 48 Y 49 Did the organization operating is stated or the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 15 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 16 Compensation from the organization from the organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 17 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 18 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization from the organization of prepared independent contractors and the five is a five independent contractors and the five is a five independent contractors and the five is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer lateritying Number (See instructions) sentence o	46	Did the organization engage in direct or indirect	political campaign activitie	s on behalf of or in	opposition to		Yes	
State organization of perget in a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 49a √ 49a U						-		√
99 Did the organization make any transfers to an exempt non-chantable related organization? 49 b If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee pad more than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Tale and average devoted to position NONE Total number of other employees paid over \$100,000 ▶ Total number of other employees paid over \$100,000 ▶ (b) The end average devoted to position Total number of other employees paid over \$100,000 ▶ Total number of other employees paid over \$100,000 ▶ (c) Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor pad more than \$100,000 ★ Type of service (b) Type of service (c) Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Type of service (c) Compensation (c) Compensation (d) Strain figure to compensation from the organization. If there is none, enter "None" (e) Different figure to compensation from the organization from the organization from the organization. If there is none, enter "None" (b) Type of service (c) Compensation (b) Type of service (d) Compensation (e) Compensation (b) Type of service (e) Compensation (b) Type of service (d) Compensation (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h) Type of pent name and title (h) Type of pent name and title (h) Ty								/
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Preparer's Use Only Preparer's Use Only Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Date Date Check if self-employed Firm's name (or yours if self-employed).	NON	IE.						
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And belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Preparer's Use Only Date Check if self-employed Firm's name (or yours if self-employed). Date Check if self-employed EIN Preparer's Identifying Number (See instructions)		Under penalties of perjury, I declare that I have exam	nined this return, including accom	panying schedules and	statements, and to the l	pest of n	ny kno	wledge
Here Signature of officer Date		and belief, it is true, correct, and complete Declara	ation of preparer (other than office	er) is based on all inforr	nation of which prepare	r has ar	ny knov	wledge.
Paid Preparer's Use Only Carla Klein, Chairman Date Check if self-employed ▶ □ Preparer's Identifying Number (See instructions) EIN EIN EIN Chairman Preparer's Identifying Number (See instructions) EIN EIN EIN								
Paid Preparer's signature Preparer's Use Only Use Only Preparer's Identifying Number (See instructions) Date Check if self-employed ▶ □ Preparer's Identifying Number (See instructions) EIN ▶	Here	Signature of officer	7/	1	Date			
Paid Preparer's signature Preparer's Use Only Use Only Preparer's Identifying Number (See instructions) Date Check if self-employed ▶ □ Preparer's Identifying Number (See instructions) EIN ▶		Type or print name and title	Mairman		-			
Preparer's Use Only If self-employed ▶ EIN EIN EIN EIN EIN	De:-1		Date		Preparer's Identifying	Number (See inst	tructions)
Use Only of self-employed),		signature						
	•	_ Firm's name (or yours						
addiess, and 211 + 4 7		address, and ZIP + 4		ļ	Phone no ► ()			
May the IRS discuss this return with the preparer shown above? See instructions	May	the IRS discuss this return with the preparer sho	own above? See instruction	ns				
Lorm WHILE / 1901BL					г	J		(2000)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 56 2472825 Hillel of Broward and Palm Beach, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** ☐ Type II e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? [11g(iı) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section col (i) of your (i) organized in the governing document? US? (see instructions)) support? The waste indicate conservation . ~... AND THE PARTY OF T Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sect	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	417,311	430,209	433,057	620,771	389,652	2,291,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1-3	417,311	430,209	433,057	620,771	389,652	2,291,000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		· · · · · · · · · · · · · · · · · · ·	* **			0
_	shown on line 11, column (f)		* ***		ļ	,	2,291,000
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	·	2 Sug			* . * _ ^ _	2,291,000
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		417,311	430,209	433,057	620,771	389,652	2,291,000
7 8	Amounts from line 4	411,011	100,200	400,007	020,	050,002	2,20.,000
8	payments received on securities loans, rents, royalties and income from similar sources	162	18	5,671	5,211	6,532	17,594
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			6,699	6,097	160	12,956
11	Total support. Add lines 7 through 10 .		· 🔻	**************************************	3 7 6		2,321,550
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	148,506
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth	_	ear as a sectio	n 501(c)(3)
				41 (0)		14	98.68% %
14	Public support percentage for 2008 (line	, , , , ,	•	. ,,,,	•	15	90.70% %
15 16-	Public support percentage from 2007 Scl						
16a	33½ % support test—2008. If the organization qualifies				line 14 is 33/3	% or more, cned	CK this dox
	33% % support test—2007. If the organization						
U	box and stop here . The organization qua						
17a	10%-facts-and-circumstances test—20	•	• • •	-			
1,4	more, and if the organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circum ances" test. The	istances" test, o organization qua	check this box a	and stop here. cly supported or	Explain in Part ganization	IV how the . ▶ □

Tax Year 2008

Schedule 1:	Part I. Line	16 - Other	Expenses

Description	Amount
1 Supplies	1,700
2 Telephone	10,914
3 Equipment rental and maintenance	2,577
4 Travel	2,314
5 Conferences, conventions, etc	7,588
6 Other Program Expenses	65,942
7 Depreciation	12,555
8 Other Fundraising Expenses	9,029
9 Bank Fees	844
10 Computer Expenses, Website, Dues and Subscriptions, misc	2,386
Total	115,850

Schedule 2: Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
1 Prio Period corrections	68,000
Total	68,000

Attachements to IRS Form 990-EZ Hillel of Broward and Palm Beach EIN 56-2472825 Tax Year 2008

				(d) Benefit Plans &	
		(b) Title and average hours per week		deferred	(e) Expense account
	(a) Name and Address	devoted to position	(c) Compensation	compensation	and other allowance
	Mark Mendel				
19	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0		
	Mike Millin				
20	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Robert Pressner				
21	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Kevin Rader				
22	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	<u>_</u>
	Jan Savarick		A	illi visa	um: mi
23	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Merle Singer				
24	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Carol Smokler				1.1.4
25	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Shirley Solomon		il illi	1.K. 1/1	A
26	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
_	Sheila Wacks		ili,	ille: im	
27	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Bruce Warshal		Carry W. Carry	and the second second	The same of the sa
28	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	
	Michael Zager		Α, ,	s:5	
29	777 Glades Road, Boca Raton, FL 33431	Board Member- 1 Hour	0	0	