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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)

OMB No 1545 0047

Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2008 calendar year, or tax year beginning 09/01, 2008, and ending		31 , ²⁰ 09
B cr	eck if app	Please C Name of organization JEWISH FEDERATION OF FORT WORTH	D Employer identifica	tion number
	Addres	use IRS Doing Rusiness As	75-0808797	
	Name	print or Number and street (or P O box if mail is not delivered to street address) Room/suite		
	Initial	type	(817)569-0	892
	┪	Specific City or town, state or country, and ZIP + 4	(02), /000	
-	Ameno	Instruc-	G Gross receipts \$	3,919,170.
\vdash	return Applica	FORT WORTH, 12 70109	H(a) Is this a group return	
	pendir	"	affiliates?	$\overline{}$
		4049 KINGSRIDGE ROAD FORT WORTH, TX 76109	H(b) Are all affiliates inclu	
		mpt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No " attach a list	
	Websit		H(c) Group exemption nur	
K	Туре о	organization X Corporation Trust Association Other ▶ L Year of form	ation 1956 M State o	f legal domicile TX
Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities	_	. -
•		TO BUILD A STRONG AND UNIFIED JEWISH COMMUNITY IN ORDER TO		
Governance		WELL-BEING AND CONTINUITY OF THE JEWISH PEOPLE IN TARRANT		
r.		ISRAEL, AND THROUGHOUT THE WORLD.		
Ne.		Check this box If the organization discontinued its operations or disposed of more than 25	% of its assets	
		Number of voting members of the governing body (Part VI, line 1a)		28
S				28
Activities		Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · -	
₹		Total number of employees (Part V, line 2a)		11
ď	6	Total number of volunteers (estimate if necessary)	6	15
	7 a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
			Prior Year	Current Year
d)	8	Contribution and grants (Part VIII, line 1h)	1,243,622.	1,241,997
Revenue		Program service revenue (Part VIII, line 2g)	31,425.	21,223
šķ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,261.	-45,721
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,025.	14,111
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,493,333.	1,231,610
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	478,567.	368,622
	14	Benefits pard to or for members (Part IX column (A), line 4)		NON
es	15	Salar es other compasarios employee benefits (Part IX, column (A), lines 5-10)	373,331.	419,430
ınse	16a	Professional fundraising fees (Part Column (A), line 11e)		NON!
ă	b	Total இdraising jexpenses இart IX, column (A) முறு es 11a-11d, 11f-24f)		
ш	17	Other expenses (Part IX, column (A) comes 11a-11d, 11f-24f)	454,883.	419,273
	18	Total expenses. Add lines 13.17 m (st lequal Part IX, column (A), line 25)	1,306,781.	1,207,325
	19	Revenue le DGD EN Subulati line 18 from line 12	186,552.	24,285
- s	· •	The state of the s	Beginning of Year	End of Year
į	20	Total assets (Part X, line 16)	4,115,476.	3,902,794
8ak	20		· · · · · · · · · · · · · · · · · · ·	
Fund Balances	21	Total liabilities (Part X, line 26)	1,091,760.	951,010
걛	22	Net assets or fund balances Subtract line 21 from line 20	3,023,716.	2,951,784
Pa S	ign ere	Under penalties of periody I declare that I have examined this return, including accompanying schedules and belief is true correct and complete Declaration of preparer (other than officer) is based on all in Signature of officer Wouton House Executive Director	and statements, and to the office of the original property of the origi	e besi of my knowledg gyer has any knowledgi
		Type or print name and title		
		Date Check II	Preparer's	identifying number
aic	I	Preparer's self-	(see instruc	
	parer's			
	Only	Firm's name (or yours HAHTMAN LEITO & BOLT, LLP	EIN	
		address, and ZIP + 4 6050 SOUTHWEST BLVD, SUITE 300 FORT WORTH, TX 76109	Phone no 81	7-738-2400
Ma	the l	RS discuss this return with the preparer shown above? (See instructions)	<u> </u>	X Yes No
East	Deixo	cy Act and Panerwork Reduction Act Notice, see the separate instructions		Form 990 (2008

JSA 8E 1010 2 000

 4e Total program service expenses ▶ \$ 967,378. (Must equal Part IX, Line 25, column (B))

 JSA 8E 1020 1 000

Form 990 (2008)

SEE STATEMENT 2

368,622.) (Revenue \$

368,622. including grants of \$

 $\textbf{4d} \ \ \textbf{Other program services} \ \ \textbf{(Describe in Schedule O)}$

(Expenses \$

Part	IV Checklist of Required Schedules			
			Yes	No
1	'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	Ì
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		<u> </u>
•	Cahadula C. Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			_^_
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any accounts where donors have the right to	3		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
				l
_	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			ļ
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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	х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	_ ``
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,7 <i>If "Yes," complete</i>			
	Schodulo I	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			X
	\$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		l v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С				
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		├
d		24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	_		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
164	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>x</u>
JSA 8E 1021	1 000	Form	990	(2008)

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

Form 990 (2008)

Part V

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		-	
	gaming (gambling) winnings to prize winners?	1 c	X	
2 a	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 Lal 11	٥.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2.0		J.
	this return?	3a 3b		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4 a	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	4a		ж
	account)?	40		
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
٠.	Did the organization solicit any contributions that were not tax deductible?	6a	х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
Ü	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	- "		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		х_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		•	
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9 a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>x</u> _
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Green promp from members or characteristics.			
а	Gross income from members of shareholders	{		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due of received from them j	12a	ł	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · · If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-20		
	ii 163, enter the amount of tax-exempt interest received of accided duling the year 120	Form	990	(2008)
		⊦orm	990	(200

Form 990 (2008) Part VI

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

<u>Sect</u>	ion A. Governing Body and Management	_		
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	Х	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Secti	on B. Policies			
40-	Describe acceptable have a weather conflict of interest color 2 if IIAIs II as to line 12	40-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	13		<u>X</u> _
14		14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b	X	
160				
16a		16-		v
.	with a taxable entity during the year?	16a		<u> </u>
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		4 C L		
Coot	the organization's exempt status with respect to such arrangements?	165		
<u> 3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):		. .	- -
10	available for public inspection. Indicate how you make these available. Check all that apply	o orny)	'	
10	Own website x Another's website x Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	oct.		
19		હગ		
20	policy, and financial statements available to the public	10		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > LAURIE REESE, CONTROLLER 4049 KINGSRIDGE ROAD FORT WORTH, TX 7610	ਤ		- -
	817-306-9364			

8E1042 1 000

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not com	pensate an	y offic	cer,	dire	ecto	r, trus	tee	, or key employee		
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee	e Institutional trustee	Officer	Key employee	ল Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2								_		
			-							

1	Section A. Officers, Directors, Tru	istees, Re	y En	ipic	ye	25,	anu r	ııyı	nest Compensat	eu Employees (c	JUITUITUE	<i>:u)</i>	
	` (A)	(B)				C)			(D)	(E)	ŀ	(F)	
	Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr orga and	stimated nount of other pensation the anization of related	of tion e on ed
				е			lted				orga	anızatıc	ns
		-											
			-					-			_		
1 b	Total	<u> </u>						▶	101,668.	NONE	 	4.	849
2	Total number of individuals (including those organization ► 1										•		
												Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		x
4	For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,00	0?	If "Y	'es, "	' complete Sched	ule J for such			
5	Individual	or accr	ue c	omp	ens	satio	on fro	om	any unrelated o	rganization for	4		Х
800	services rendered to the organization? If "Yes," tion B. Independent Contractors	complete S	Sched	ule .	J fo	r su	ch pe	rsor	7	<u></u>	5		x
1	Complete this table for your five highest of	compensat	ed in	den	enc	lent	con	trac	tors that received	d more than \$10	20 000	of	
	compensation from the organization			, , , ,				uo					
	(A) Name and business addr	ess						_	(B) Description of se	rvices	(C) Compen:		
_								\perp					
						_							
2	Total number of independent contractors (iii	-	nose	ın	1) v	vho	rece	eive	d more than \$10	0,000 in			
_	compensation from the organization > N	ONE				_					Fora	990	12008

Pai	t VII	Statement of Revenue		75-0 797		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its, grants amounts	1a b c	Federated campaigns				
Contributions, gifts, grants and other similar amounts	d e f	Related organizations				
Con	9	Noncash contributions included in lines 1a-1f \$				
	<u>h</u>	Total Add lines 1a-1f	1,241,997.		 -	-
Service Revenue	2a b	PROGRAM FEES	21,223.	21,223.		
am Servic	c d e					
Program	f	All other program service revenue				
<u> </u>	9	Total Add lines 2a-2f	21,223.			
	3	Investment income (including dividends, interest, and other similar amounts)		<u>-</u> -		112,923.
	4	Income from investment of tax-exempt bond proceeds			· · · · · · · · · · · · · · · · · · ·	
	5	Royalties · · · · · · · · · · · · · · · · · · ·	NONE			
	6a b c	Gross Rents	-			
	d 7a	Net rental income or (loss)	NONE			
	b	Less cost or other basis and sales expenses 2,682,133.				
	d	Gain or (loss)	-158,644.		-	-158,644.
Other Revenue	8a	-				
jer f	ь	Less direct expenses b 5,427	1 i			
ş	c	Net income or (loss) from fundraising events . STMT 5 ▶	-5,067.	-5,067.		
	9a	See Part IV, line 19 a	-			
	c b	Less direct expenses	NONE			
	10a b	Gross sales of inventory, less returns and allowances	-			
	_ c	Net income or (loss) from sales of inventory	NONE			
	11a	OTHER REVENUE	19,178.			19,178.
	_ c					
	ď	All other revenue				
	e	Total Add lines 11a-11d	19,178.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e · · · · · · · · · · · · ▶	1,231,610.	16,156.		-26,543.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete	````	•		and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	368,622.	368,622.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	NONE	<u></u> .		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	106,517.	70,301.	17,469.	18,747.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	284,720.	174,957.	44,158.	<u>65,605.</u>
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	28,193.	17,679.	4,490.	6,024.
11	Fees for services (non-employees)				
а	Management	14,735.		14,735.	
b	Legal	NONE			
c	Accounting	18,926.	11,355.	3,407.	4,164.
d	Lobbying	NONE			
	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
9	Other	NONE			
12	Advertising and promotion	3,677.	2,206.	662.	809.
13	Office expenses	10,857	7,260.	1,758.	1,839.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	18,508.	12,768.	2,999.	2,741.
17	Travel	9,953.	7,449.	1,496.	1,008.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	2 704	700	
19	Conferences, conventions, and meetings	5,154.	3,784.	790.	<u>580</u> .
20	Interest	24,189.	15,740.	4,108.	4,341.
21	Payments to affiliates	NONE	12 000	2 400	2 226
22	Depreciation, depletion, and amortization	20,615.	13,880.	3,409.	3,326.
23	Insurance	50,708.	35,403.	7,835.	7,470.
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)				
-	· —	147,901.	147,901.		
	ENDOWMENT_DISTRIBUTIONS	39,027.	39,027.		
	PROGRAM_EVENTS	27,303.	20,356.	4,119.	2,828.
	UTILITIES	16,305.	10,937.	2,704.	2,664.
	MAINTENANCE & REPAIRS	5,306.	3,482.	895.	929.
		6,109.	4,271.	977.	861.
	All other expenses Total functional expenses Add lines 1 through 24f	1,207,325.	967,378.	116,011.	123,936.
	Joint Costs. Check here	1,201,323.		110,011.	123,330.
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
JSA					000

Form **990** (2008)

	A
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 7 <u>5</u> -0	,,,,

Pa	rt X	Balance Sheet					
		•	(A) Beginning of year		End c	3) of year	
	1	Cash - non-interest-bearing	391,999.	1	4	100,	471.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	474,591.	3		509,	<u> 285</u> .
	4	Accounts receivable, net	2,373.	4		_ 1,	<u>833.</u>
	5	Receivables from current and former officers, directors, trustees, key		l i			
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
Ä	9	Prepaid expenses and deferred charges STMT: 6 · ·	12,701.	9		11,	<u>950.</u>
	1	Land, buildings, and equipment cost basis 10a 655,321.					
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D	546,067.				<u>846</u> .
	11	Investments - publicly traded securities STMT 7	2,672,282.		2,4	132,	<u>949.</u>
	12	Investments - other securities See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets		14			460
	15	Other assets See Part IV, line 11					460.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,115,476. 14,888.		3,3		<u>794.</u>
	17	Grants payable	14,000.	18		14,	<u>020</u> .
	18 19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20		-	
	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		-		•	
Ξ	22	highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT : 8 · ·	406,381.	23		400.	427.
	24	Unsecured notes and loans payable	,	24			
	25	Other liabilities Complete Part X of Schedule D	670,491.	25		536,	563.
	26	Total liabilities. Add lines 17 through 25	1,091,760.	26			010.
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets	2,517,707.	27	2,3	286,	<u> 270.</u>
3al	28	Temporarily restricted net assets	201,647.	28		390,	<u> 255</u> .
٦	29	Permanently restricted net assets	304,362.	29		275,	<u> 259</u> .
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30	_		
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	3,023,716.	33	2,9	9 <u>5</u> 1,	<u> 784</u> .
	34	Total liabilities and net assets/fund balances	4,115,476.	34	3,9	902,	<u>794.</u>
Pa	<u>rt XI</u>	Financial Statements and Reporting			<u> </u>		
1		ounting method used to prepare the Form 990 Cash X Accrual Other				Yes	No
2 a		e the organization's financial statements compiled or reviewed by an independent accoun					_ <u>X</u> _
b		e the organization's financial statements audited by an independent accountant?			· 2b		<u> </u>
С		es" to lines 2a or 2b does the organization have a committee that assumes responsibility					
2-		t, review, or compilation of its financial statements and selection of an independent accounts at a federal award, was the organization required to undergo an audit or audits as			· 2c		
3a		result of a federal award, was the organization required to undergo an audit or audits as sometimes and OMB Circular A-133?			20		x
h		es," did the organization undergo the required audit or audits?				-	
<u>~</u>		co. Go and organization andergo the required addition addition.	 	<u> </u>	· 1 2 D	—	

SCHEDULE A (Form 990 or 990-EZ)

c Charity Status and Public

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Nam	e of t	he organizatio	n JEWISH FE	DERATION OF FO	RT WORTH				Employe	r ıdentifica	tion number
		ANT COUN	ry							75-08	08797
Pa	rt I	Reason fo	or Public Chari	ty Status (All organi	izations m	ust compl	ete this p	oart) (se	e instruc	ctions)	·
The	orga	nization is no	t a private found	ation because it is (PI	ease check	only one o	rganizatio	on)			
1		A church, co	onvention of chur	ches, or association of	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2		A school de	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3	П	A hospital o	r a cooperative h	nospital service organi	ızatıon desc	cribed in se c	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H)
4	\Box	A medical i	esearch organiz	ation operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
		hospital's na	ime, city, and sta	te							
5		An organiza	ition operated fo	r the benefit of a col	lege or un	versity ow	ned or o	perated b	y a gove	ernmental	unit described in
	_	section 170	(b)(1)(A)(iv) (Co	omplete Part II)							
6		A federal, s	tate or local gov	ernment or governme	ental unit de	scribed in s	ection 1	70(b)(1)(A)(v).		
7	х	An organiza	ition that normal	ly receives a substant	tial part of	its support	from a g	governme	ental unit	or from t	he general public
		described in	section 170(b)(1)(A)(vi). (Complete P	Part II)						
8				d in section 170(b)(1)(
9	\Box	An organiza	ition that normal	ly receives (1) more	than 331/3	% of its su	pport froi	m contrib	outions, m	nembersh	ip fees, and gross
		receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	rtain exc	eptions,	and (2) n	no more t	han 331/3% of its
		support fro	m gross investr	nent income and uni	related bus	siness taxa	ible incoi	me (less	section	511 tax)	from businesses
				after June 30, 1975							
10				nd operated exclusive							
11		-	•	and operated exclusi	•						
				ublicly supported orga							
		509(a)(3). (Check the box the	at describes the type o					lines 11e		
	_	а Тур		Type II		e III - Func	-	-			pe III - Other
е				rtify that the organiz							
		persons oth	er than foundati	on managers and oth	er than on	e or more	publicly s	supported	d organiza	ations de	scribed in section
			section 509(a)(
f		If the organ	nization received	a written determina	tion from t	the IRS tha	at it is a	Type I,	Type II o	r Type III	supporting
		_	n, check this box								
ç	}	_		the organization acce	pted any g	ift or contri	bution fro	om any of	the		
		following pe									[]
		• •	•	or indirectly controls		_	ether wit	h persor	is describ	ped in (ii)	
		• •	_	erning body of the sup	_	anization?					11g(i) X
		` '		erson described in (i) a							11g(ii) X
				of a person described							11g(III) X
		-	T	ation about the organi			T				
(1)		of supported	(iı) EIN	(iii) Type of organization (described on lines 1-9				ou notify	vi) l organizat	s the	(viı) Amount of support
	orga	anization		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	обрро
				(see instructions))			+	port?		S?	
					Yes	No	Yes	No	Yes	No	
										 	
	_										
_									 		
										·	
								 -	 		
			··		-		-	 		 	
Tot	al					~					

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

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 2008			75-			Page 2
Par	Support Schedule for Org (Complete only if you chec	anizations De	escribed in Se Inle 5, 7, or 8	ctions 170(b)(of Part I)	(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	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 include any "unusual grants")	1,027,356.	1,119,646.	1,162,170.	1,243,622.	1,241,997.	5,794,791.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1-3	1,027,356.	1,119,646.	1,162,170.	1,243,622.	1,241,997.	5,794,791.
5	The portion of total contributions by each						
	person (other than a governmental unit or			-1 u <u>auu da rear</u> -			
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount			1		ł	
	shown on line 11, column (f)						1,372,393.
6	Public support Subtract line 5 from line 4						4,422,398.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,027,356.	1,119,646.	1,162,170.	1,243,622.	1,241,997.	5,794,791.
8	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources	63,323.	81,668.	99,132.	134,347.	112,923.	491,393.
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 Part IV)	1,958.	12,762.	21,285.	19,564.	19,178.	74,747.
11	Total support. Add lines 7 through 10						6,360,931.
12	Gross receipts from related activities, etc. (S	See instructions)			<u>L</u>	12	117,045.
13	First five years. If the Form 990 is for the o	organization's first	t, second, third, fou	irth, or fifth tax yea	r as a 501(c)(3)		
	organization, check this box and stop here				<u> </u>	<u> </u>	▶ │
<u>Sec</u>	tion C. Computation of Public Sup	port Percentag	ge				
14	Public support percentage for 2008 (lin						69.52 %
15	Public support percentage from 2007						67.64 %
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif	ies as a publicly	supported orga	nization			▶

<u>s</u>

16a	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
	and stop here. The organization qualifies as a publicly supported organization
	33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
	box and stop here . The organization qualifies as a publicly supported organization

- 17a 10%-facts-and-circumstances test 2008 If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported
 - b 10%-facts-and-circumstances test 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

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

Sec	tion A. Public Support		_				
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions merchandise						
	sold or services performed or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					_	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · ·						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6)				-		
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 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						
12	Other income Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax vear	as a section 5	01(c)(3)
•	organization, check this box and stop here	ŭ			•		
Sec	tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2008 (line 8			mn (f))		15	%
16	Public support percentage from 2007 Sche						%
	tion D. Computation of Investmen						<u></u>
17	Investment income percentage for 2008 (III			13, column (fl)		17	<u> </u>
18	Investment income percentage for 2007 (in						<u>%</u>
	33 1/3% support tests - 2008. If the org						
1 7 d	17 is not more than 33 1/3%, check this bo						
L	33 1/3% support tests - 2007. If the orga						
D							
22	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	тог спеск а вох	une 14, 19a, 0	DI 190, CHECK THIS I			m 990 or 990-EZ) 2008
_							

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Schedule A (Form 990 or 990-EZ) 20	008	75-0	Page 4
Part IV	Supplemental	Information. Co	mplete this part to provide the explanation required by I, line 12 Provide any other additional information (see ins	Part II, line 10;
,				
				
				
			·	
				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2000

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	<u>_</u> <u>~</u> \UO
at	Open to Public
or 12.	Inspection
Employer identificati	on number

lame of the organization JEWISH FEDERATION OF FORT WORTH	mployer identification number
TARRANT COUNTY	75-0808797
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac the organization answered "Yes" to Form 990, Part IV, line 6	counts. Complete if
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
2 Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised
funds are the organization's property, subject to the organization's exclusive legal control?	
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds m	
used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
ımpermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all that apply)	<u> </u>
	historically importantly land area
	rtified historic structure
Preservation of open space	
Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of	a conservation easement
on the last day of the tax year	
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06 2d	
Number of conservation easements modified, transferred, released, extinguished, or terminated	
the taxable year	-
Number of states where property subject to conservation easement is located >	
Does the organization have a written policy regarding the periodic monitoring, inspection, violation	ons, and
enforcement of the conservation easements it holds?	
Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the y	
Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	Yes 🔲 No
In Part XIV, describe how the organization reports conservation easements in its revenue and ex	pense statement, and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial st	tatements that describes
the organization's accounting for conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si Complete if the organization answered "Yes" to Form 990, Part IV, line 8	milar Assets.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement art, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these items	and balance sheet works of in furtherance of public service,
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in fu provide the following amounts relating to these items	urtherance of public service,
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for fi	
following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	▶\$
b Assets included in Form 990, Part X	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	Schedule D (Form 990) 200

ched	ule D (Form 990) 2008						75	5-0	797		Pag	је 2
oar	t III Organiza	tions Maintaini	ng Collec	tions of A	rt, Histo	rical	Treasures,	or Ot	ner Similar A	ssets (c	ontinued)	_
3 a b	·	nat apply) xhibition y research		records, ch	d c	of the	following the Loan or excl			se of its c	ollection	_
с 4 5	Provide a descrip Part XIV During the year, d	_	zation's co								oose in	
5	assets to be sold										Yes	No
Par	t IV Trust, Es	crow and Custone 9, or reporte	dial Arra	ngements	. Comp	lete	f organization				990,	
	Is the organization included on Form If "Yes," explain the	990, Part X?								_	Yes [No
		J		•			Γ		A	mount		
С	Beginning balance	9						1 c		_		
	Additions during t						_		<u> </u>	-		
	Distributions durin	-					_	\rightarrow			-	
	Ending balance .											
	Did the organizati						_			T	Yes	No
	If "Yes," explain the				•							
		ent Funds. Com		organizatio	n answe	ered	"Yes" to For	m 990), Part IV, line	10.		
			(a) Curre		(b) Prior ye		(c) Two year		(d) Three yea		(e) Four years ba	ıck
1 a	Beginning of year	balance				-	· · · · · · · · · · · · · · · · · · ·		"			
	Contributions	- t						•				
	Investment earnin	L										
	Grants or scholars	<u>,</u>							 -			
	Other expenditure	· ` .	-					<u> </u>				_
-	and programs	1										
f	Administrative exp	ļ.									***	
g	End of year balance	·									·	
_	Provide the estim	L	of the year	end balanc	e held as		ı					
- а	Board designated				%							
	Permanent endov	•	.o.n		,,,							
	Term endowment		 ~									
	Are there endown			ssion of the	organiz	ation	that are held	and a	dministered for	the		
-	organization by	nent lands not in	the posse	331011 01 1110	. organizi	211011	that are new	and a			Yes	No
	(i) unrelated orga	anizations									3a(i)	_
	(ii) related organi										3a(ii)	
h	If "Yes" to 3a(II), a										3b	
4	Describe in Part				-							
٦ • • • •		nts - Land, Buil				_		t X I In	e 10			—
-cil		n of investment	uniys, ar	(a) Cost or ot	ther basis		o) Cost or other basis (other)		c) Depreciation	(0	i) Book value	

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

94,645

453,162

107,514

43,721

84,754

Schedule D (Form 990) 2008

94,645.

22,760.

526,846.

409,441.

c Leasehold improvements d Equipment

Schedule D (Form 990) 2008		75-0 797	Page 3
Part VII Investments - Other Securities. See F (a) Description of security or category	orm 990, Part X, lin (b) Book value	(c) Method of valuation	n
(including name of security)		Cost or end-of-year market	value
Financial derivatives and other financial products			
Closely-held equity interests			· .
Other			
			
			
Total (Column (b) should equal Form 990, Part X, col (B) line 12)	5 000 D+ V 1	- 10	
Part VIII Investments - Program Related. See			,
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
	-		<u>-</u>
	-		
		-	
Total (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,	line 15		
	Description		(b) Book value
(0)	2000.15.10.1	-	(b) Book value
			·
		<u>-</u>	
· · · · · · · · · · · · · · · · · · ·			
	 		
Total (Column (b) should equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part 2	X. line 25		
(a) Description of liability	(b) Amount		-
Federal income taxes			
ALLOCATIONS PAYABLE	373,822.		
FUNDS HELD FOR OTHERS	158,801.		
ACCRUED INTEREST PAYABLE	3,940.		

536,563. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total (Column (b) should equal Form 990, Part X col (B) line 25)

75 6	707	Dana /
75 - 0	797	Page 4

Schedu	ule D (Form 990) 2008		75-		97			Page 4
Part	t XI Reconciliation of Change in Net Assets from Form 990 to	o Fina	incial	Staten	nents			
1	Total revenue (Form 990, Part VIII, column (A), line 12)					1		1,231,610.
2 .	Total expenses (Form 990, Part IX, column (A), line 25)					2		1,207,325.
3	Excess or (deficit) for the year Subtract line 2 from line 1					3		24,285.
4	Net unrealized gains (losses) on investments					4		-96,217.
5	Donated services and use of facilities		• • •			5		
6	Investment expenses					6		
7	Prior period adjustments					7		
8	Other (Describe in Part XIV)					8	\dagger	
9	Total adjustments (net) Add lines 4-8					9		-96,217.
10	Excess or (deficit) for the year per financial statements. Combine lines 3					10	-	<u>-71,932</u> .
Part								
1	Total revenue, gains, and other support per audited financial statements					_	1	1,070,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					.	•	1,010,143.
a			22	l	-96,21	,	- 1	
_					-90,21	 		
b						\dashv	l	
C					F 42	<u>,</u>		
d					5,42	_		00 700
е							2 e	<u>-90,790</u> .
3	Subtract line 2e from line 1					·	3	1,161,539.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а								
b			4b	<u> </u>	70,07	1.	ŀ	
С						• ⊢	4 c	70,071.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, I						5	1,231,610.
Part	TXIII Reconciliation of Expenses per Audited Financial Statem	ents \	With	Expens	es per F	<u>≀etu</u>	rn	
1	Total expenses and losses per audited financial statements						1	1,222,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					İ		
а	Donated services and use of facilities		2a					
b	•			<u></u> _				
С			2 c					
d	Other (Describe in Part XIV)		2 d		15,47	3.	ł	
е							2 e	15,473.
3	Subtract line 2e from line 1						3	1,207,325.
4	Amounts 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			4b					
С	Add lines 4a and 4b						4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I,	 Ine 18	8).			: [5	1,207,325.
Part	t XIV Supplemental Information						·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, an	nd a P	art III	lines 1a	and 4 Pa	art IV	/ lines	
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part X				una 4, 1 c		,	, 15
	Dags 5	,						
995_	PAGE 5							
	7900							
					 -			
-			·	-				

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury plemental Information Regardant Fundraising or Gaming Activities

OMB No 1545-0047

Internal Revenue Service Name of the organization

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

Inspection Employer identification number

TARRANT_CO		ATION OF FORT	. WORIII			75-080879	7
	raising Activities. Com	plete if the organ	nzation ai	nswered	"Yes" to Form 9	90, Part IV, line	17.
a Mail sol b Email so c Phone s d In-perso 2a Did the orga or key emple b If "Yes," list	ether the organization rais licitations olicitations on solicitations inization have a written or oyees listed in Form 990 the ten highest paid indivensated at least \$5,000 b	e f g r oral agreement w , Part VII) or entity riduals or entities (f	Solic Solic Spec with any inc in connec	itation of r itation of g cial fundral dividual (in tion with p s) pursuar	non-government g government grants ising events cluding officers, d professional fundra nt to agreements i	irants irectors, trustees using activities?	
	ne of individual ity (fundraiser)	(ii) Activity		draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col (i)	
			ļ				
							
	ın which the organizati				it funds or has t	l peen notified it is	exempt from
		- -				·	
				·		·	
				·		·	
						·	
or Privacy Act and P	aperwork Reduction Act Notice	see the Instructions fo	or Form 990			Schedule G (For	m 990 or 990-EZ) 2008

Sche	edule G (Form 990 or 990-EZ) 2008		75-0	797		Page 2					
Pa	Fundraising Events. Comple more than \$15,000 on Form	te if the organization	answered "Yes" to Fo	orm 990, Part IV, Im	e 18, or repor \$5.000.	rted					
		(a) Event #1 MAJOR GIFTS (event type)	(b) Event #2 SUPER SUNDAY (event type)	(c) Other Events 1 (total number)	(d) Total Events (a) through co						
Revenue	Gross receipts Less Charitable	173,840.	15,024.	18,120.	20	6,984					
	contributions	173,480.	15,024.	18,120.	20	6,624					
	minus line 2)	360.				360					
	4 Cash prizes										
Direct Expenses	5 Non-cash prizes										
ct Exp	6 Rent/facility costs										
Dire	7 Other direct expenses	7 Other direct expenses									
	8 Direct expense summary Add lines 4 9 Net income summary Combine lines					,526.) 2,166.					
Pa	Gaming. Complete if the org	anization answered "				27100					
Revenue	man \$13,000 on 1 onn 330 t	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gamır col (a) through	ng (Add col (c))					
Rev	1 Gross revenue										
ses	2 Cash prizes										
Expenses	3 Non-cash prizes										
Direct	4 Rent/facility costs			<u> </u>							
	5 Other direct expenses) N 0/								
	6 Volunteer labor	Yes% No	Yes%	Yes% No							
	7 Direct expense summary Add lines 2 through 5 in column (d)										
	8 Net gaming income summary Combi	ne lines 1 and 7 in colu	mn (d)	<u> </u>							
9	Enter the state(s) in which the organization	ion operates gaming ac	tivities			s No					
	a Is the organization licensed to operate g b If "No," Explain										
0 a	Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?										
t	b If "Yes," Explain			-							
1	Does the organization operate gaming a	ctivities with nonmember	ers?		11						

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer charitable gaming? .

Schedule G (Form 990 or 990-EZ) 2008 75-0							Р	age 3		
					_	_ Y	es	No		
13	Indicate the percentage of gaming									
	The organization's facility				%		1			
b	An outside facility				%					
14	Provide the name and address of and records	the person who prepare	es the organization's gar	ming/special ever	nt books					
	Name ▶									
	Address ►									
15a	Does the organization have a corevenue?					I 5a				
b	If "Yes," enter the amount of gamin	g revenue received by the	organization ► \$	a	nd the					
	amount of gaming revenue retained by the third party ▶ \$									
С	c If "Yes," enter name and address									
	Name ►			-						
	Address ►									
16	Gaming manager information									
	Name •									
	Gaming manager compensation >	£	-							
	Description of services provided >									
	Director/officer	Employee	ndependent contractor							
17	Mandatory distributions									
.,	Is the organization required under	state law to make char	ritable distributions from	the gaming prod	ceeds to					
J	retain the state gaming license?					17a				
b										

Schedule G (Form 990 or 990-EZ) 2008

in the organization's own exempt activities during the tax year ▶\$

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public 2008

SEE GRANTS ATTACHMEN å (h) Purpose of grant or assistance Inspection X Yes Employer identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 75-0808797 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book FMV appraisal other) ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S. (d) Amount of cash grant (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► Attach to Form 990. 368,621 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable JEWISH FEDERATION OF FORT WORTH the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN Enter total number of other organizations 1 (a) Name and address of organization or government TARRANT COUNTY GRANTS ATTACHMENT SEE GRANTS ATTACHMENT Department of the Treasury Name of the organization Internal Revenue Service Part II SEE

Schedule I (Form 990) 2008

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Page 2

Schedule I (Form 990) 2008 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 (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2008 Part III

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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 99

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the Organization Employer Identification number JEWISH FEDERATION OF FORT WORTH

75-0808797 TARRANT COUNTY Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees

Employees									,	
(A)	(B)	(C)				(D)	Œ)	(F)		
Name and Title	Average hours	Position (che			eck all that apply)			Reportable	Reportable	Estimated
	per week	Individual trustee or director	Inst	Officer	Key	emp emp	Former	compensation from	compensation from related	amount of other
		Individual or director	Institutional trustee	cer	Key employee	nest	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
		al tr	onal		oloye	l e com		(W-2/1099-MISC)	(44-2/1099-101130)	organization
		uste	trus		ee	pen				and related organizations
		Ф	tee			Highest compensated employee	i			organizations
VADEN ANTOMAN		ĺ					-			
KAREN ANISMAN BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
ROBERT CHICOTSKY		_				_	┢╌	NONE	NONE	NONE
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
EDDIE FELD		^	_					NONE	110112	
IMMEDIATE PAST PRESIDENT	1.	x						NONE	NONE	NONE
RABBI_RALPH_MECKLENBURGER		 ^ _					<u> </u>	NONE	NONE	
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
DAVID NUDLEMAN	**-	 	_					110112		
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
LEN SCHWEITZER		 								
VP COMMUNITY RELATIONS/ SEC.	1.	x		х	İ		1	NONE	NONE	NONE
RABBI ALBERTO ZEILICOVICH				_==			 			
BOARD OF DIRECTORS	1.	x		i				NONE	NONE	NONE
PATTY GARSEK										
VP ADMINISTRATION	1.	x		х				NONE	NONE	NONE
KENNETH BAUM										
ENDOWMENT CHAIR	1.	x						NONE	NONE	NONE
LARRY BRUNELL									<u> </u>	
TREASURER	1.	x		х				NONE	NONE	NONE
RABBI CHARLIE CYTRON-WALKER										
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
TRICIA HABER										
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
LINDA HOFFMAN										
BOARD OF DIRECTORS	1.	х				ļ.,		NONE	NONE	NONE
ALAN LUSKEY										
BOARD OF DIRECTORS	1.	Х				L		NONE	NONE	NONE
BEVERLY ROSS		1								
IMMEDIATE PAST JFS CHAIR	1.	х				<u> </u>		NONE	NONE	NONE
JEFF ROTHSCHILD	_									
BOARD OF DIRECTORS	1	х						NONE	NONE	NONE
MARILYN ENGLANDER]									
VP CAMPAIGN & ALLOCATIONS	1.	X_		X			<u> </u>	NONE	NONE	NONE
RICK KLOTZ										
BOARD OF DIRECTORS	1.	Х				<u> </u>		NONE	NONE	NONE
ROZ MICKLIN]									
BOARD OF DIRECTORS	1.	X		L_	L_		<u> </u>	NONE	NONE	NONE
RICH MORRIS	1									
BOARD OF DIRECTORS	1	х		<u> </u>			_	NONE	NONE	<u>NONE</u>
SHAYNE_MOSES	1							1		
BOARD OF DIRECTORS	1	Х		L_	<u> </u>	<u> </u>	<u> </u>	NONE	NONE	NONE
For Privacy Act and Paperwork Reduction Act Notice see the Instructions for Form 990 Schedule J.2 (Form 990) 2008										

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization JEWISH FEDERATION OF FORT WORTH

Employer Identification number

75-0808797

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

Employees										
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week		ion (k all	that ap	_	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
		ee	stee			nsated				organizations
DR. BARRY SCHNEIDER	_									
PRESIDENT	1.	X		X		-	├—	NONE	NONE	NONE
JEFF_HOCHSTER	1	,						NONE	NONE	NONE
BOARD OF DIRECTORS	1.	X		 	\vdash	_	\vdash	NONE	NONE	NOME
STEPHEN KAYE	1.	x						NONE	NONE	NONE
BOARD OF DIRECTORS		^	-					NONE	NONE	NONE
DR. SAM KLEINMAN	1.							NONE	NONE	NONE
BOARD OF DIRECTORS	1.	X	-					NONE	HONE	NONE
SUSAN LUSKEY	1.	х		ļ				NONE	NONE	NONE
JFS CHAIR		 ^					\vdash	NONE	HOME	NONE
MELISSA MORGAN BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
RONALD SILVERNELL		^					\vdash	HONE	NONE	
BOARD OF DIRECTORS	1.	x						NONE	NONE	NONE
MORTON HOUSE	1.	-^-					一	HONE	NONE	<u> </u>
EXECUTIVE DIRECTOR	40.			x		x		101,668.	NONE	4,849.
EXECUTIVE DIRECTOR	40.	<u> </u>					 	101,000.	NONE	1,015.
		-		_			-			
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			1							
5. Diversity Designation			<u> </u>					000		

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

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization JEWISH FEDERATION OF FORT WORTH	Employer identification number
& TARRANT COUNTY	75-0808797
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	
ALLOCATIONS TO NATIONAL AND LOCAL ACENCIES DEOUTES PIND	THE FOR VARIOUS
ALLOCATIONS TO NATIONAL AND LOCAL AGENCIES - PROVIDES FUND	ING FOR VARIOUS
NATIONAL, LOCAL, AND OVERSEAS AGENCIES.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

### SCHEDULE R (Form 990)

Dopartment of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

Open to Public 2008 Inspection

OMB No 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37 ▼ See separate instructions. Employer identification number

Schedule R (Form 990) 2008 (F)
Direct controlling
entity (F)
Direct controlling
entity N/A N/A 75-0808797 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets _ 7 (D) Exempt Code section (D) Total income 501(C) 501(C) (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) ΤX ĭ Primary activity Primary activity DONATION DONATION <u>@</u> <u>@</u> TX 76109 TX 76109 JEWISH FEDERATION OF FORT WORTH For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Identification of Related Tax-Exempt Organizations FORT WORTH, FORT WORTH, (A)Name, address, and EIN of related organization (A)Name, address and EIN of disregarded entity LOUIS H. & MADLYN BARNETT SUPPORTING FDTN AL & ROSE SANKARY SUPPORTING FOUNDATION Identification of Disregarded Entities 4049 KINGSRIDGE ROAD 4049 KINGSRIDGE ROAD & TARRANT COUNTY Name of the organization

Part II

75-0808797

Page 2

Identification of Related Organizations Taxable as a Partnership Schedule R (Form 990) 2008

Part III

(J) General or managing partner?	Yes			
Code V-UBI Ger amount in box 20 of mar Schedule K-1 par (Form 1065)				
(H) Disprepartation	Yes No			
(G) Share of end-of-year assets				
(F) Share of total income				
(E) Predominant income (related, investment unrelated)				
(D) Direct controlling entity				
(C) Legal domicile (state or foreign				
(B) Primary activity				
(A) Name address, and EIN of related organization				

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

## Part V Transactions With Related Organizations

			_
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II–IV?		
a Receipt of (ii) interest (iii) annuities (iii) royalties (iv) rent from a controlled entity			
Gift grant or capital contribution to other organization(s)		1b	
		10	
		10	_
			×
f Sale of assets to other organization(s)			_
a Purchase of assets from other organization(s)			
Exchange of accets		<del>1</del>	
		=	
i Lease of facilities, equipment, or other assets from other organization(s)		<u> </u>	
R Performance of services or membership or fundraising solicitations for other organization(s)		<b>=</b>	
Performance of services or membership or fundraising solicitations by other organization(s)		=	
		<b>1</b>	_
		-	
n snaring of paid employees			
Seimhirsement paid to other organization for expenses		10	
		1 tp	
<b>a</b> Other transfer of cash or property to other organization(s)		<u> </u>	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and tra	ansaction threshold	Js
(A) Name of other propertation(e)	(B) Transaction	(C) Amount involved	hved
יאמוופ טו סוופן טוּאַמווּצמויטיון (י)	type (a–r)		
(1) FEDERATION LENDERS, LLC	LOAN PYMTS	30,	30,267.
(2)			
(3)			
(4)			
(c)			
(9)			
		Schedule B (Form 990) 200	rm 990) 200

Page 4

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partinership 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)	(E) Share of cnd-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(1911)	Yes No
							_
							_
						Schedule R (Form 990) 2008	990) 2008

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

TO BUILD A STRONG AND UNIFIED JEWISH COMMUNITY IN ORDER TO ENSURE THE WELL-BEING AND CONTINUITY OF THE JEWISH PEOPLE IN TARRANT COUNTY, IN ISRAEL, AND THROUGHOUT THE WORLD. THE FEDERATION PURSUES ITS MISSION THROUGH FUNDRAISING, COMMUNITY-WIDE PRGRAMMING, SUPPORTING JEWISH EDUCATION, FOSTERING COMMUNICATION AND COOPERATION AMONG JEWISH ORGANIZATIONS, AND BY BUILDING STRONG RELATIONSHIPS WITH ISRAEL AND THE COMMUNITY AT LARGE.

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REVENUE		
EXPENSES	368,622.	368,622.
GRANTS	368,622. 368,622.	368,622.
DESCRIPTION	ALLOCATIONS TO NATIONAL AND LOCAL AGENCIES	TOTALS

FORM 990, PART VIII - INVESTMENT INCOME 

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME TOTALS	112,923.			112,923.

STATEMENT

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

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SPECIAL EVENTS

206,624.

TOTAL

206,624.

FORM 990, PART VIII - FUNDRAISING EVENTS 

NET INCOME	•	
DIRECT EXPENSES		5,427.
GROSS INCOME	360.	360.
DESCRIPTION	SPECIAL EVENTS	TOTALS

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STATEMENT

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES _____

DESCRIPTION _____

ENDING BOOK VALUE

PREPAID EXPENSES

11,950.

TOTALS

11,950. -----

### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES _______

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE BONDS AND NOTES COMMON FUND - EQUITY MUNICIPAL BONDS TAXABLE U.S. GOVERNMENT BONDS FOREIGN BONDS	743,414. 1,053,490. 208,719. 426,826. 500.	FMV FMV FMV FMV FMV
TOTALS	2,432,949.	

### FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE _____

LENDER: FEDERATION LENDERS, LLC ORIGINAL AMOUNT: 130,937.

INTEREST RATE: 6.000000

DATE OF NOTE: 08/31/2005

MATURITY DATE: 01/01/2026

PURPOSE OF LOAN: CONSTI

CONSTRUCTION OF A BUILDING TO HOUSE ITS OPERATIONS

BEGINNING BALANCE DUE ..... 406,381. 400,427. ENDING BALANCE DUE .....

406,381. TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE _____

400,427. TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE -----