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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009**Open to Public Inspection**

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

A For the 2009 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization JEWISH FUNDERS NETWORK	
		D Employer identification number 23-2742482	
		E Telephone number 212-726-0177	
		G Gross receipts \$ 9,915,057.	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer MARK CHARENDOFF SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.JFUNDERS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. THE MISSION OF THE JEWISH FUNDERS NETWORK IS TO HELP PHILANTHROPISTS MAXIMIZE THE IMPACT OF			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33	
	5	Total number of employees (Part V, line 2a)	5	19	
	6	Total number of volunteers (estimate if necessary)	6	125	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	6,432,106.	8,084,237.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,286,965.	1,784,555.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,926.	46,259.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,076.	6.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,959,073.	9,915,057.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	10,111,021.	5,216,973.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a		Professional fundraising fees (Part IX, column (A), line 11e)	1,737,434.	1,588,613.	
Expenses		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 191,333.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,746,702.	1,791,274.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,595,157.	8,596,860.	
	19	Revenue less expenses. Subtract line 18 from line 12	1,746,702.	1,791,274.	
	20	Total assets (Part X, line 16)	13,595,157.	8,596,860.	
	21	Total liabilities (Part X, line 26)	-4,636,084.	1,318,197.	
	22	Net assets or fund balances. Subtract line 21 from line 20			
			Beginning of Current Year	End of Year	
			7,398,627.	8,571,742.	
			783,688.	638,606.	

Part II Signature Block

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

Signature of officer

MARK CHARENDOFF, PRESIDENT

Type or print name and title

Date

08/13/10

Paid Preparer's Use Only

Preparer's signature

Date

08/02/10

Check if self-employed ☐

Preparer's identifying number (see instructions)

P00228264

Firm's name (or yours if self-employed), address, and ZIP + 4

CERINI AND ASSOCIATES, LLP
3340 VETERANS MEMORIAL HIGHWAY
BOHEMIA, NY 11716

EIN ▶ 11-3066459

Phone no. ▶ 631-582-1600

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

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
THE MISSION OF THE JEWISH FUNDERS NETWORK IS TO HELP PHILANTHROPISTS
MAXIMIZE THE IMPACT OF THEIR GIVING BY ASSISTING THEM IN THE: (A)
IDENTIFICATION OF NEEDS AND CHALLENGES; (B) SHAPING OF INDIVIDUAL AND
COLLECTIVE JEWISH RESPONSES TO THOSE NEEDS AND CHALLENGES; AND (C)
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses \$ **7,892,861.** including grants of \$) (Revenue \$)
SEE ANNUAL REPORT ATTACHED

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ **7,892,861.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	33	
b Enter the number of voting members that are independent	33	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JEWISH FUNDERS NETWORK - 212-726-0177**
150 WEST 30TH STREET, NEW YORK, NY 10001

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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 compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL AUERBACH MEMBER	0.30	X						0.	0.	0.
RACHEL BENDIT MEMBER	0.30	X						0.	0.	0.
MICHAEL J. BOHNEN MEMBER	0.30	X						0.	0.	0.
SUSAN DICKMAN MEMBER	0.30	X						0.	0.	0.
ALISA DOCTOROFF MEMBER	0.30	X						0.	0.	0.
LISA EISEN MEMBER	0.30	X						0.	0.	0.
ALAN FELD MEMBER	0.30	X						0.	0.	0.
AMIR HALEVY MEMBER	0.30	X						0.	0.	0.
MIMI HASS PERLMAN MEMBER	0.30	X						0.	0.	0.
ADINA EREM ISENBERG MEMBER	0.30	X						0.	0.	0.
ILAN KAUFTHAL MEMBER	0.30	X						0.	0.	0.
HUBERT LEVEN MEMBER	0.30	X						0.	0.	0.
ADAM LEVINE MEMBER	0.30	X						0.	0.	0.
LARRY MOSES MEMBER	0.30	X						0.	0.	0.
AVI NAOR MEMBER	0.30	X						0.	0.	0.
IRINA NEVZLIN MEMBER	0.30	X						0.	0.	0.
HOWARD ROSENBLOOM MEMBER	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RABBI JENNIE ROSENN MEMBER	0.30	X						0.	0.	0.
MICHAEL RUKIN MEMBER	0.30	X						0.	0.	0.
EVAN SCHLESSINGER MEMBER	0.30	X						0.	0.	0.
MICHALYA SCHONWALD MEMBER	0.30	X						0.	0.	0.
RICKY K. SHECHTEL MEMBER	0.30	X						0.	0.	0.
BENJAMIN R. SILLINS MEMBER	0.30	X						0.	0.	0.
ALAN SLIFKA MEMBER	0.30	X						0.	0.	0.
DAVID Z. SOLOMON MEMBER	0.30	X						0.	0.	0.
JEFFERY R. SOLOMON, PHD MEMBER	0.30	X						0.	0.	0.
DOROTHY TANABAUM MEMBER	0.30	X						0.	0.	0.
1b Total								595,756.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8084237.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		8,084,237.			
Program Service Revenue	2 a <u>PROGRAM FEES</u>	Business Code 812900	809,417.	809,417.		
	b <u>MEMBERSHIP DUES</u>	812900	414,700.	414,700.		
	c <u>CONFERENCE SPONSORSHIP</u>	812900	310,000.	310,000.		
	d <u>CONFERENCE</u>	812900	250,438.	250,438.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,784,555.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46,259.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross Rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS INCOME</u>	900099	6.	6.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		6.				
12 Total revenue. See instructions.		9,915,057.	1,784,561.	0.	46,259.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,337,826.	4,337,826.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,000.	5,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	874,147.	874,147.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	664,428.	505,203.	88,494.	70,731.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	693,540.	527,336.	92,371.	73,833.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,589.	33,904.	5,938.	4,747.
9 Other employee benefits	103,235.	78,495.	13,750.	10,990.
10 Payroll taxes	82,821.	62,973.	11,031.	8,817.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	731,896.	584,079.	147,817.	
12 Advertising and promotion	1,210.	1,010.	200.	
13 Office expenses	11,035.	312.	10,723.	
14 Information technology				
15 Royalties				
16 Occupancy	149,748.	121,447.	16,880.	11,421.
17 Travel	105,474.	85,871.	9,822.	9,781.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	399,165.	399,165.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,858.		19,858.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER PROGRAM EXPENSES	187,725.	187,725.		
b PRINTING AND REPRODUCTI	59,643.	55,724.	3,919.	
c EQUIPMENT AND FURNITURE	55,673.	6,327.	49,346.	
d TELEPHONE AND EMAIL	19,893.	13,386.	5,653.	854.
e MISCELLANEOUS	16,542.	1,953.	14,501.	88.
f All other expenses	33,412.	10,978.	22,363.	71.
25 Total functional expenses. Add lines 1 through 24f	8,596,860.	7,892,861.	512,666.	191,333.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	763,869.	1	871,774.
	2 Savings and temporary cash investments	166,307.	2	255,665.
	3 Pledges and grants receivable, net	999,000.	3	1,930,896.
	4 Accounts receivable, net	15,125.	4	49,581.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,419.	9	37,108.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 293,125.		
	b Less accumulated depreciation	10b 226,963.	10c	66,162.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,238,636.	12	5,271,009.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	52,051.	15	89,547.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,398,627.	16	8,571,742.	
Liabilities	17 Accounts payable and accrued expenses	84,475.	17	238,944.
	18 Grants payable	337,381.	18	252,376.
	19 Deferred revenue	346,030.	19	140,301.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	15,802.	25	6,985.
	26 Total liabilities. Add lines 17 through 25	783,688.	26	638,606.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,156,825.	27	1,176,167.
28 Temporarily restricted net assets		5,316,705.	28	6,627,844.
29 Permanently restricted net assets		141,409.	29	129,125.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		6,614,939.	33	7,933,136.
34 Total liabilities and net assets/fund balances	7,398,627.	34	8,571,742.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

JEWISH FUNDERS NETWORK

23-2742482

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1297346.	1651667.	5805366.	6432106.	8084237.	23270722.
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 through 3	1297346.	1651667.	5805366.	6432106.	8084237.	23270722.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2898022.
6 Public support. Subtract line 5 from line 4						20372700.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1297346.	1651667.	5805366.	6432106.	8084237.	23270722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,654.	61,879.	697,643.	230,103.	46,259.	1061538.
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.)			5,000.	6,076.	6.	11,082.
11 Total support. Add lines 7 through 10						24343342.
12 Gross receipts from related activities, etc. (see instructions)					12	6,890,583.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.69	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.00	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number

23-2742482

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		58,194.	44,395.	13,799.
d Equipment		234,931.	182,568.	52,363.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				66,162.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CASH	169.	END-OF-YEAR MARKET VALUE
US TREASURY BILLS	5,270,840.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	5,271,009.	

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	OTHER LIABILITIES	6,985.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,985.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,915,057.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,596,860.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,318,197.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,318,197.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,915,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,915,057.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,915,057.

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

1	Total expenses and losses per audited financial statements	1	8,596,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,596,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,596,860.

Part XIV Supplemental Information

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-2742482

to Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

- 3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activities per Region (Use Schedule R-1 (Form 990) if additional space is needed)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ISRAEL	0	0	GRANTS TO FOREIGN CHARITABLE ORGANIZATIONS	N/A	851,007.
CANADA	0	0	GRANTS TO FOREIGN CHARITABLE ORGANIZATIONS	N/A	48,140.
Totals	0	0			899,147.

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

Schedule F (Form 990) 2009

Part IV Supplemental Information

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

SCHEDULE F, PART I, LINE 2: FOR EACH GRANT MADE BY JFN, THE ORGANIZATION ENTERS INTO A WRITTEN GRANT AGREEMENT WITH THE GRANT RECIPIENT THAT, AMONG OTHER THINGS, REQUIRES THE GRANT RECIPIENT TO SUBMIT, UNTIL THE GRANT FUNDS ARE FULLY EXPENDED, AN ANNUAL WRITTEN REPORT TO THE ORGANIZATION REGARDING USE OF THE GRANT FUNDS. THE GRANT AGREEMENT ALSO GIVES THE ORGANIZATION THE RIGHT (I) TO MONITOR THE PROGRESS OF ANY PROJECTS FUNDED BY THE GRANT (INCLUDING BY MAKING SITE VISITS), (II) TO DISCUSS THOSE PROJECTS AND THEIR IMPLEMENTATION AND FINANCES WITH REPRESENTATIVES OF THE GRANT RECIPIENT, AND (III) TO REVIEW RECORDS AND OTHER MATERIAL, INCLUDING FINANCIAL RECORDS, CONNECTED WITH THOSE PROJECTS.

JFN WAS PROVIDED WITH A \$25,000 CONTRIBUTION AND A \$25,000 MATCHING GRANT PAYABLE FOR THE GREEN ENVIRONMENT FUND LTD. A TOTAL AMOUNT OF \$50,000 WAS PAID BY JFN TO GREEN ENVIRONMENT FUND LTD.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAMS HEBREW ACADEMY 31 WEST COLLEGE AVE YARDLEY, PA 19067	21-6001415	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM
AMERICAN FRIENDS OF ITIM 12324 MERIT DRIVE DALLAS, TX 75251	26-2249073	501C3	34,442.	0.			ITIM DRASHA PROJECT
AMERICAN FRIENDS OF SHALVA 315 FIFTH AVE, 6TH FLOOR NEW YORK, NY 10016	13-3590026	501C3	18,000.	0.			CAPITAL CAMPAIGN
AMERICAN FRIENDS OF TABLE TO TABLE 1402 TEANECK ROAD #223 TEANECK, NJ 07666	20-8202424	501C3	50,000.	0.			GRANT
AMERICAN FRIENDS OF THE DIASPORA MUSEUM - 633 THIRD AVE, 21 FLOOR - NEW YORK, NY 10017	13-2928469	501C3	50,000.	0.			PROGRAM GRANT
AMERICAN FRIENDS OF THE REUT INSTITUTE - 9100 WILSHIRE BLVD, SUITE 400 - W. BEVERLY HILLS, CA 90212	20-3585888	501C3	36,000.	0.			TOP 15 PROJECT

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

90.

3 Enter total number of other organizations

0.

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH	1	5,000.	0.		

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

SCHEDULE I, PART I, LINE 2: FOR EACH GRANT MADE BY JFN, THE ORGANIZATION

ENTERS INTO A WRITTEN GRANT AGREEMENT WITH THE GRANT RECIPIENT THAT, AMONG OTHER THINGS, REQUIRES THE GRANT RECIPIENT TO SUBMIT, UNTIL THE GRANT FUNDS ARE FULLY EXPENDED, AN ANNUAL WRITTEN REPORT TO THE ORGANIZATION REGARDING USE OF THE GRANT FUNDS. THE GRANT AGREEMENT ALSO GIVES THE ORGANIZATION THE RIGHT (I) TO MONITOR THE PROGRESS OF ANY PROJECTS FUNDED BY THE GRANT (INCLUDING BY MAKING SITE VISITS), (II) TO DISCUSS THOSE PROJECTS AND THEIR IMPLEMENTATION AND FINANCES WITH REPRESENTATIVES OF THE GRANT RECIPIENT, AND (III) TO REVIEW RECORDS AND OTHER MATERIAL, INCLUDING FINANCIAL

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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2009
Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN FRIENDS OF YAD ELIEZER 1102 EAST 26TH STREET BROOKLYN , NY 11210	11-3459952	501C3	250,000.	0.			PROGRAM GRANT		
AMERICAN ZIONIST MOVEMENT 633 THIRD AVE, 21 FLOOR NEW YORK, NY 10017	13-2679404	501C3	15,000.	0.			PRESENTENSE KAREV FOR INVOLVEMENT IN EDUCATION (NEW BEGINNINGS), KK SOCIAL NETWORKS		
ANDREA & CHARLES BRONFMAN PHILANTHROPIES - 110 EAST 59TH STREET - NEW YORK, NY 10022	13-2984936	501C3	620,000.	0.			PROGRAM GRANT		
BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET, 17TH FLOOR NEW YORK, NY 10016	13-4092050	501C3	100,000.	0.			PROGRAM GRANT		
B'NAI B'RITH YOUTH ORGANIZATION, INC. - 2020 K STREET NW, 7TH FLOOR - WASHINGTON, DC 20006	31-1794932	501C3	136,700.	0.			SHABBAT WEBSITE		
BRANDEIS UNIVERSITY 12 EAST 77TH STREET NEW YORK, NY 10075	04-2103552	501C3	12,889.	0.			AISH EVALUATION		
CENTER FOR JEWISH COMMUNITY STUDIES - 5800 PARK HEIGHTS AVE BALTIMORE, MD 21215	23-2009062	501C3	50,000.	0.			MATCHING GRANT FOR ISRAEL ADVOCACY PROGRAM		
CENTER FOR JEWISH LIFE AT PRINCETON UNIVERSITY - 70 WASHINGTON ROAD - PRINCETON , NJ 08540	22-6071127	501C3	10,000.	0.			GRANT FOR PROGRAMS		

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
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Department of the Treasury
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Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FUND FOR ISRAEL 990 AVENUE OF THE AMERICAS, 3RD FLO NEW YORK, NY 10018	13-2992985	501C3	145,000.	0.			MIBERESHIT PROGRAM
CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 10001	11-2940331	501C3	50,000.	0.			CAMP 2010
CHRISTIANS FOR FAIR WITNESS MIDDLE EAST - 475 RIVERSIDE DRIVE, SUITE 1960 - NEW YORK, NY 10115	14-1945413	501C3	90,000.	0.			2 MISSIONS TO ISRAEL
CITY HARVEST, INC 575 EIGHTH AVE, 4TH FLOOR NEW YORK, NY 10018	13-3170676	501C3	18,000.	0.			GRANT FOR PROGRAMS
COJECO 100 CHURCH STREET, SUITE 1608 NEW YORK, NY 10007	13-2955736	501C3	45,000.	0.			COJECO-PROJECT GESHER
THE DAVID PROJECT PO BOX 52390 BOSTON, MA 022505	16-1616489	501C3	184,148.	0.			PROGRAM GRANT
DOROT 171 WEST 85TH ST NEW YORK, NY 10024	13-3264005	501C3	25,000.	0.			JWM MERCER COUNTY
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	04-2761636	501C3	50,000.	0.			CONFRONTING ANTISEMITISM

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FJC 520 EIGHTH AVE, 20TH FLOOR NEW YORK, NY 10018	13-3848582	501C3	25,036.	0.			TOLDOT YISRAEL
FJC 520 EIGHTH AVE, 20TH FLOOR NEW YORK, NY 10018	13-3848582	501C3	5,000.	0.			JEWISH WEEK
FOUNDATION FOR JEWISH CAMP 15 WEST 36TH STREET, 13TH FLOOR NEW YORK, NY 10018	22-3551013	501C3	492,400.	0.			CAMPING GRANTS
FUEL FOR TRUTH 165 EAST 56TH STREET, 2ND FLOOR NEW YORK, NY 10022	30-0129917	501C3	105,000.	0.			2009 SUPPORT
GIFT OF LIFE BONE MARROW FOUNDATION - 800 YAMATO ROAD, SUITE 101 - BOCA RATON, FL 33431	22-3131232	501C3	50,000.	0.			SCHUSTERMAN MATCHING GRANT
HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET, NW - WASHINGTON, DC 20001	52-1844823	501C3	84,250.	0.			ISRAEL SPEAKERS
JCEF OF THE JEWISH COMMUNITY FED OF SF - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM 2009
JDC 711 THIRD AVE, 10TH FLOOR NEW YORK, NY 10017	13-1656634	501C3	125,000.	0.			ASYV GRANT

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Name of the organization

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JEWISH FUNDERS NETWORK

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JERUSALEM FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170	13-2563745	501C3	36,000.	0.			SUMMER NIGHTS 2009		
JERUSALEM FOUNDATION 420 LEXINGTON AVE NEW YORK, NY 10170	13-2563745	501C3	60,000.	0.			GISHUR		
JEWISH AGENCY FOR ISRAEL 633 THIRD AVE, 21 FLOOR NEW YORK, NY 10017	23-0053483	501C3	175,000.	0.			KIRYAT YEARIM		
JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX - 12701 N. SCOTTSDALE RD, SUITE 202 - SCOTTSDALE, AZ 85254	47-0874376	501C3	10,000.	0.			JTFN 2009 PILOT INCENTIVE GRANTS PROGRAM		
JEWISH COMMUNAL SERVICE ASSN- JCSEA 520 EIGHTH AVE, 4TH FLOOR NEW YORK, NY 10018	13-1624105	501C3	2,980.	0.			PROFESSIONAL DEVELOPMENT		
JEWISH COMMUNAL SERVICE ASSN- JCSEA 520 EIGHTH AVE, 4TH FLOOR NEW YORK, NY 10018	13-1624105	501C3	5,000.	0.			CHALLENGE GRANT		
JEWISH FAMILY AND CHILDREN'S SERVICE - 707 ALEXANDER ROAD, SUITE 102 - PRINCETON, NJ 08540	21-0634563	501C3	45,130.	0.			GESHER L'KESHER 2009-2010		
JEWISH FEDERATION OF GREATER DALLAS - 87800 NORTHAVEN ROAD DALLAS, TX 75230	75-0800654	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM 2009		

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
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Continuation Sheet for Schedule I (Form 990)
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Employer identification number
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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
JUDAISM AND DEMOCRACY ACTION ALLIANCE - 309 WEST 99TH STREET, #6B - NEW YORK, NY 10025	13-4072492	501C3	35,000.	0.				
KAPLAN JCC ON THE PALISADES 411 E. CLINTON AVE TENAFLY, NJ 07670	22-1487220	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM 2009	
KEHILAT HADAR 25 BROADWAY, SUITE 1700 NEW YORK, NY 10041	26-4412164	501C3	36,000.	0.			YESHIVAT HADAR 2009	
LIFE'S DOOR TISHKOFET 1300 FLATBUSH AVE BROOKLYN, NY 11210	04-3589944	501C3	10,000.	0.			SPEED PHILANTHROPY GRANT	
LIMMUD LA 1880 CENTURY PARK EAST, SUITE 200 LOS ANGELES, CA 90067	26-0170470	501C3	17,400.	0.			PROGRAM GRANT	
LIMMUD NY 111 EIGHTH AVE, 11 FLOOR NEW YORK, NY 10011	56-2428283	501C3	17,850.	0.			PROGRAM GRANT	
LIMMUD CO 3970 S. SYRACUSE WAY DENVER, CO 80237	26-0248795	501C3	9,100.	0.			PROGRAM GRANT	
MANDEL CETNER FOR JEWISH EDUCATION PO BOX 549110 WALTHAM, MA 02454	04-2103552	501C3	31,500.	0.			DELET	

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2009

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Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANHATTAN JEWISH EXPERIENCE 131 WEST 86TH STREET NEW YORK, NY 10024	12-4010099	501C3	290,000.	0.			MURRAY HILL GRANT
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA - 5342 TILLY MILL ROAD - DUNWOODY, GA 30338	58-0566128	501C3	10,000.	0.			JTFN 2009 PILOT INCENTIVE GRANTS PROGRAM
MELVIN J. BERMAN HEBREW ACADEMY 13300 ARTIC AVE ROCKVILLE, MD 20853	53-0208371	501C3	18,000.	0.			DEBORAH LERNER GROSS CENTER
MOISHE HOUSE PO BOX 3084 SANTA BARBARA, CA 93130	26-2599786	501C3	35,000.	0.			LEADERSHIP DEVELOPMENT PROGRAM
MOVING TRADITIONS 115 WEST AVE, SUITE 102 JENKINTOWN, PA 19046	34-2015014	501C3	25,000.	0.			JEWISH BOYS PROGRAM
NATIONAL RAMAH COMMISSION 6401 N. SANTA MONICA BLVE MILWAUKEE, WI 53217	13-6161110	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM 2009
NEW ISRAEL FUND 330 SEVENTH AVE, 11TH FLOOR NEW YORK, NY 10001	94-2607722	501C3	455,000.	0.			NORTHERN ISRAEL RELIEF
OHR TORAH STONE 49 WEST 45TH ST, SUITE 701 NEW YORK, NY 10036	13-3275531	501C3	30,000.	0.			YAD L'ISHA

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**
► Attach to Form 990 to list additional information for
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OMB No 1545-0047

2009**Open to Public**
Inspection

Name of the organization

JEWISH FUNDERS NETWORKEmployer identification number
23-2742482

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PEF ISRAEL ENDOWMENT FUNDS 317 MADISON AVE, SUITE 607 NEW YORK, NY 10017	13-6104086	501C3	48,000.	0.			AMUTAT GYANIM		
PEF ISRAEL ENDOWMENT FUNDS 317 MADISON AVE, SUITE 607 NEW YORK, NY 10017	13-6104086	501C3	100,000.	0.			ISRAEL ACADEMY FOR LEADERSHIP		
PEF ISRAEL ENDOWMENT FUNDS 317 MADISON AVE, SUITE 607 NEW YORK, NY 10017	13-6104086	501C3	10,000.	0.			SPEED PHILANTHROPY GRANT		
PELIE 318 WEST 39TH STREET, 5TH FLOOR NEW YORK, NY 10018	26-1211731	501C3	50,000.	0.			PELIE OPERATIONS		
PROJECT KESHER 2144 ASHLAND AVE, SUITE 3 EVANSTON, IL 60201	36-3673594	501C3	18,000.	0.			PROGRAM GRANT		
RAVSAK 120 WEST 97TH STREET NEW YORK, NY 10025	91-1894659	501C3	10,000.	0.			JTFN PILOT INCENTIVE GRANTS PROGRAM 2009		
SHALEM FOUNDATION 845 THIRD AVE, 6TH FLOOR NEW YORK, NY 10022	13-3941865	501C3	115,000.	0.			SHALEM LEADERSHIP INSTITUTE		
SOCIETY FOR EXCELLENCE THROUGH EDUCATION - 1 BRIDGE PLAZA - FORT LEE, NJ 07024	36-3535518	501C3	25,000.	0.			YOUNG DETECTIVES CLUB 3 OF 3		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIS WORLD, THE JEWISH VALUES NETWORK - 394 E. PALISADE AVE - ENGLEWOOD, NJ 07631	11-3483906	501C3	25,000.	0.			PROGRAM GRANT
UNITED JEWISH COMMUNITIES 111 EIGHTH AVE, SUITE 11E NEW YORK, NY 10011	13-1624240	501C3	25,000.	0.			MELIZ
UNITED JEWISH COMMUNITIES 111 EIGHTH AVE, SUITE 11E NEW YORK, NY 10011	13-1624240	501C3	30,000.	0.			KAREV FOR INVOLVEMENT IN EDUCATION- SOCIAL SUPPORT NETWORKS IN LOD
WEXNER FOUNDATION 8000 WALTON PKWY, SUITE 110 NEW ALBANY, OH 43052	23-7320631	501C3	16,000.	0.			LEADERSHIP GRANT
AMERICAN FRIENDS OF HESCHEL CENTER, INC. - 2419 JF KENNEDY BLVD. - JERSEY CITY, NY 07304	20-2375178	501C3	75,000.	0.			PROGRAM GRANT
ECOPEACE MIDDLE E ENVIRONMENTAL NGO FORUM - 54 REMSEN STREET - BROOKLYN, NY 11201	98-0157176	501C3	25,000.	0.			PROGRAM GRANT
JEWISH COMMUNITY RELATIONS COUNCIL JUF - 30 SOUTH WELLS ST. RM 5038 - CHICAGO, IL 60606	36-2167034	501C3	50,000.	0.			PROGRAM GRANT
JEWISH FEDERATION ORANGE COUNTY 1 FEDERATION WAY, SUITE 210 IRVINE, CA 92603	95-2407026	501C3	50,000.	0.			PROGRAM GRANT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONESTREPORTING 10024 SKOKIE BLVD, SUITE 201 SKOKIE, IL 60077	06-1611859	501C3	25,000.	0.			PROGRAM GRANT
TRAINING AND EDUCATION ABOUT MIDDLE EAST - 1106 2ND STREET, #131 - ENCINITAS, CA 02024	26-3632287	501C3	25,000.	0.			PROGRAM GRANT
HOPE FOR HEROISM 1120 LAKE WASHINGTON BLVD SOUTH SEATTLE, WA 98144	91-2105756	501C3	50,000.	0.			PROGRAM GRANT
JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 EAST 27TH STREET, 10TH FLOOR NEW YORK, NY 10016	13-1624104	501C3	25,000.	0.			PROGRAM GRANT
DOR CHADASH 165 EAST 56TH STREET NEW YORK, NY 10022	20-3113544	501C3	50,000.	0.			PROGRAM GRANT
THE ISRAEL PROJECT 2020 K STREET NW, SUITE 7600 WASHINGTON, DC 20006	37-1472882	501C3	150,000.	0.			PROGRAM GRANT
CONFERENCE OF PRESIDENTS 633 THIRD AVENUE NEW YORK, NY 10017	13-3116652	501C3	45,000.	0.			PROGRAM GRANT
AMERICAN FRIENDS OF LIKUD JAF STATION, POB 8711 NEW YORK, NY 10116	13-3935945	501C3	25,000.	0.			PROGRAM GRANT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
Part I									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ISRAEL KNOWLEDGE AT WHARTON 33 STEINBERG HALL-DIETRICH HALL, PHILADELPHIA, PA 19104	23-1352685	501C3	50,000.	0.			PROGRAM GRANT		
FRIENDS OF THE ARAVA INSTITUTE 2041 HERR STREET, SUITE 18 HARRISBURG, PA 17103	11-3485736	501C3	100,000.	0.			PROGRAM GRANT		
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	13-1659627	501C3	55,000.	0.			PROGRAM GRANT		
HASBARA FELLOWSHIPS 520 8TH AVENUE, SUITE 2004 NEW YORK, NY 10018	13-3740640	501C3	125,000.	0.			PROGRAM GRANT		

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

RECORDS, CONNECTED WITH THOSE PROJECTS.

JFN WAS PROVIDED WITH A \$100,000 CONTRIBUTION AND A \$45,000 MATCHING GRANT PAYABLE FOR THE CENTER FUND FOR ISRAEL. A TOTAL AMOUNT OF \$145,000 WAS PAID BY JFN TO CENTER FUND FOR ISRAEL.

JFN WAS PROVIDED WITH A \$100,000 CONTRIBUTION AND A \$75,000 MATCHING GRANT PAYABLE FOR THE JEWISH AGENCY FOR ISRAEL. A TOTAL AMOUNT OF \$175,000 WAS PAID BY JFN TO JEWISH AGENCY FOR ISRAEL.

JFN WAS PROVIDED WITH A \$59,250 CONTRIBUTION AND A \$25,000 MATCHING GRANT PAYABLE FOR THE HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE. A TOTAL AMOUNT OF \$84,250 WAS PAID BY JFN TO THE HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE.

JFN WAS PROVIDED WITH A \$255,000 CONTRIBUTION AND A \$35,000 MATCHING GRANT PAYABLE FOR THE MANHATTAN JEWISH EXPERIENCE. A TOTAL AMOUNT OF \$290,000 WAS PAID BY JFN TO THE MANHATTAN JEWISH EXPERIENCE.

JFN WAS PROVIDED WITH A \$25,000 CONTRIBUTION AND A \$25,000 MATCHING GRANT PAYABLE FOR THE CENTER FOR JEWISH COMMUNITY STUDIES. A TOTAL AMOUNT OF \$50,000 WAS PAID BY JFN TO THE CENTER FOR JEWISH COMMUNITY STUDIES.

JFN WAS PROVIDED WITH A \$300,000 CONTRIBUTION AND A \$155,000 MATCHING GRANT PAYABLE FOR THE NEW ISRAEL FUND. A TOTAL AMOUNT OF \$455,000 WAS PAID BY JFN TO THE NEW ISRAEL FUND.

Part IV Supplemental Information

JFN WAS PROVIDED WITH A \$50,000 CONTRIBUTION AND A \$55,000 MATCHING
GRANT PAYABLE FOR THE FUEL FOR TRUTH. A TOTAL OF \$105,000 WAS PAID BY
JFN TO FUEL FOR TRUTH

Part IV Supplemental Information

RECORDS, CONNECTED WITH THOSE PROJECTS.

JFN WAS PROVIDED WITH A \$100,000 CONTRIBUTION AND A \$45,000 MATCHING GRANT PAYABLE FOR THE CENTER FUND FOR ISRAEL. A TOTAL AMOUNT OF \$145,000 WAS PAID BY JFN TO CENTER FUND FOR ISRAEL.

JFN WAS PROVIDED WITH A \$100,000 CONTRIBUTION AND A \$75,000 MATCHING GRANT PAYABLE FOR THE JEWISH AGENCY FOR ISRAEL. A TOTAL AMOUNT OF \$175,000 WAS PAID BY JFN TO JEWISH AGENCY FOR ISRAEL.

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JFN WAS PROVIDED WITH A \$255,000 CONTRIBUTION AND A \$35,000 MATCHING GRANT PAYABLE FOR THE MANHATTAN JEWISH EXPERIENCE. A TOTAL AMOUNT OF \$290,000 WAS PAID BY JFN TO THE MANHATTAN JEWISH EXPERIENCE.

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Part IV Supplemental Information

JFN WAS PROVIDED WITH A \$50,000 CONTRIBUTION AND A \$55,000 MATCHING
GRANT PAYABLE FOR THE FUEL FOR TRUTH. A TOTAL OF \$105,000 WAS PAID BY
JFN TO FUEL FOR TRUTH

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number

23-2742482

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
23-2742482

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

JEWIS011

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR GIVING BY ASSISTING THEM IN THE: (A) IDENTIFICATION OF NEEDS AND
CHALLENGES; (B) SHAPING OF INDIVIDUAL AND COLLECTIVE JEWISH RESPONSES
TO THOSE NEEDS AND CHALLENGES; AND (C) PURSUIT OF OPPORTUNITIES TO
ADDRESS THOSE NEEDS AND CHALLENGES, ROOTED IN JEWISH VALUES. JFN WORKS
THROUGH TWO PRIMARY AVENUES, ITS NETWORK OF MEMBERS, AND PHILANTHROPIC
SERVICES INCLUDING THE FACILITATION OF GRANTMAKING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURSUIT OF OPPORTUNITIES TO ADDRESS THOSE NEEDS AND CHALLENGES, ROOTED
IN JEWISH VALUES. JFN WORKS THROUGH TWO PRIMARY AVENUES, ITS NETWORK OF
MEMBERS, AND PHILANTHROPIC SERVICES INCLUDING THE FACILITATION OF
GRANTMAKING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

GIVE TO ISRAEL IS AN INTERMEDIARY SERVICE THAT ENABLES INDIVIDUALS,
FOUNDATIONS, AND DONOR ADVISED FUNDS TO RECOMMEND GRANTS TO
INTERNATIONAL NGO'S WITH THOSE CHARITABLE GRANTS MADE IN FULL
COMPLIANCE WITH APPLICABLE FEDERAL TAX RULES. THROUGH THIS SERVICE,
JFN CONTACTS THE FOREIGN NGO, OBTAINS THE DOCUMENTS THAT ARE NECESSARY
UNDER U.S. LAW, AND RETAINS THE DOCUMENTS AS REQUIRED BY THE U.S.
GOVERNMENT. JFN HANDLES ALL THE ADMINISTRATIVE REQUIREMENTS OF THE
INTERNATIONAL GRANT.

FORM 990, PART VI, SECTION A, LINE 6: JFN'S NETWORK OF MEMBERS INCLUDES
OVER 900 FUNDERS FROM ALL OVER THE WORLD INCLUDING INDIVIDUAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number

23-2742482

PHILANTHROPISTS, FAMILY FOUNDATIONS AND FOUNDATION PROFESSIONALS.

FORM 990, PART VI, SECTION A, LINE 7A: JFN'S MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION WILL DISTRIBUTE THE DRAFT OF FORM 990 TO THE BOARD FOR THEIR REVIEW AND APPROVAL. BOARD MEMBERS WILL RESPOND BACK WITH ANY QUESTIONS OR COMMENTS WHICH WILL THEN BE CONSIDERED IN THE FINAL FILED COPY.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ANY POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S PERSONNEL COMMITTEE USED SALARY SURVEY/COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS AND PROFESSIONALS FOR NON-PROFITS, PLUS ON-LINE RESEARCH. FOR BOTH EXECUTIVES REVIEWED (THE PRESIDENT AND CHIEF OPERATING OFFICER), THE COMMITTEE DISCUSSED THE PERFORMANCE, GROWTH IN RESPONSIBILITIES AND/OR PERFORMANCE, AND PAST HISTORY OF COMPENSATION BEFORE ARRIVING AT A DECISION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING BUSINESS HOURS. IN ADDITION, THE 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 2C

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number
23-2742482

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

FORM 990, ITEM B

AMENDED RETURN

THE ORGANIZATION HAS AMENDED THE FOLLOWING INFORMATION:

FORM 990, PART I, LINE 13-

THE AMOUNT FOR GRANTS PAID TO OTHER ORGANIZATIONS AND OTHER INDIVIDUALS
HAD BEEN REPORTED ON LINE 13. IN PRIOR YEAR, THE AMOUNT WAS NOT
DISCLOSED ON LINE 13, IT HAD BEEN REPORTED ON LINE 17.

FORM 990, PART III, LINE 2-

THE ORGANIZATION HAS INCLUDED THE DESCRIPTION OF NEW PROGRAM SERVICES
THAT WERE NOT ON THE PREVIOUS 990.

SCHEDULE A- THE ORGANIZATION HAS INCLUDED ON LINE 5 THE AMOUNTS
RECEIVED FROM ORGANIZATIONS OTHER THAN GOVERNMENTAL UNITS AND OTHER
PUBLICLY SUPPORTED ORGANIZATIONS IN EXCESS OF 2% OF THE TOTAL SUPPORT
ON LINE 11.

SCHEDULE F- THE ORGANIZATION HAS INCLUDED THE DETAIL AND AMOUNT OF
MATCHING GRANTS TO ORGANIZATIONS OUTSIDE THE US.

SCHEDULE I- THE ORGANIZATION HAS INCLUDED THE DETAIL AND AMOUNT OF
MATCHING GRANTS WITHIN THE US.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FUNDERS NETWORK

Employer identification number

23-2742482

Area with horizontal lines for supplemental information.

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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

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

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	JEWISH FUNDERS NETWORK	23-2742482
	Number, street, and room or suite no. If a P.O. box, see instructions 150 WEST 30TH STREET, NO. 900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10001	

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

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

JEWISH FUNDERS NETWORK

- The books are in the care of ▶ **150 WEST 30TH STREET - NEW YORK, NY 10001**

Telephone No. ▶ **212-726-0177**

FAX No. ▶

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____

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

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

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

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

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