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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**

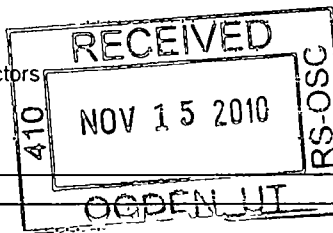
A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or type. See Specific Instructions.	C Name of organization	
		THE JEWISH FEDERATION OF GREATER BATON ROUGE	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
		5222 SUMMA CT SUITE 4	
		City or town, state or country, and ZIP + 4	
BATON ROUGE LA 70809-3727		D Employer identification number	
		23-7208853	
		E Telephone number	
		(225) 379-7393	
		F Group Exemption Number	
		►	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►	
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► N/A			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.			
		► \$ 341,952.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1	Contributions, gifts, grants, and similar amounts received	270,108.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	10,844.
	5a	Gross amount from sale of assets other than inventory	61,000.
	5b	Less cost or other basis and sales expenses	62,744.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-1,744.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ► _____)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	279,208.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	213,370.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	38,860.
	13	Professional fees and other payments to independent contractors	44,614.
	14	Occupancy, rent, utilities, and maintenance	16,257.
	15	Printing, publications, postage, and shipping	3,719.
	16	Other expenses (describe ► See Other Expenses Statement)	94,258.
	17	Total expenses. Add lines 10 through 16	411,078.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-131,870.
	ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20		Other changes in net assets or fund balances (attach explanation)	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	915,801.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.			
(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,024,109.	901,606.
23	Land and buildings	24,976.	14,994.
24	Other assets (describe ► _____)	0.	0.
25	Total assets	1,049,085.	916,600.
26	Total liabilities (describe ► See L-26 Stmt)	1,414.	799.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,047,671.	915,801.

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

Form 990-EZ (2009)



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Part V Other Information (Note the statement requirements in the instrs for Part V.)

- 33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
- 34** Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
- 35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T
- a** Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
- b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?
- 36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b** Did the organization file **Form 1120-POL** for this year?
- 38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
- b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved
- 39** Section 501(c)(7) organizations Enter
- a** Initiation fees and capital contributions included on line 9
- b** Gross receipts, included on line 9, for public use of club facilities
- 40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955
- b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I
- c** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
- d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
- e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
- 41** List the states with which a copy of this return is filed

	Yes	No
33		X
34		X
35 a		X
35 b		
36		X
37 b		X
38 a		X
38 b		
39 a		
39 b		
40 b		X
40 c		
40 d		
40 e		X

42a The organization's books are in care of ELLEN SAGER Telephone no (225) 379-7393
 Located at 5222 SUMMA CT BATON ROUGE LA ZIP + 4 70809

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If 'Yes,' enter the name of the foreign country

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

- c** At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If 'Yes,' enter the name of the foreign country

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ☐

	Yes	No
44		X
45		X

- 44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

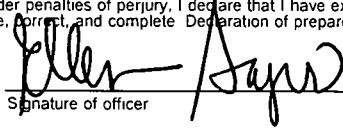
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

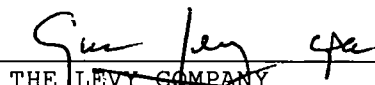
Sign Here

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.

Signature of officer:  Date: 11-8-10

ELLEN SAGER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 11/02/10

Firm's name (or yours if self-employed): THE LEVY COMPANY
address, and ZIP + 4: 412 N 4TH ST STE 200 BATON ROUGE LA 70802-5523

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): 343-5123

EIN: Phone no: (225) 343-5123

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE JEWISH FEDERATION OF GREATER BATON ROUGE

Employer identification number

23-7208853

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☒ Type I
 - b ☐ Type II
 - c ☐ Type III – Functionally integrated
 - d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
SEE SCH. SUPPORTING PART	Schedule	501c3 - 12	X		X		X		213,370.
Total									213,370.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, 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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input 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"/>		

BAA

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 yr 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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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 yr 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 on 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 lns 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 <input type="checkbox"/>		
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
CONFERENCE, CONVENTIONS	8,409.
DONATIONS	100.
PROGRAM - FILM FESTIVAL	25,752.
OFFICE EXPENSE	6,848.
BANK SERVICE CHARGES	1,229.
INSURANCE	8,719.
AUTO EXPENSE	1,322.
Depreciation	9,982.
PROGRAM - TERRIFIC TUESDAYS	735.
PROGRAM - HOLOCAUST & TOLERANCE EDUC	375.
PROGRAMS - OTHER	4,283.
HILLEL - COORDINATORS	650.
GENERAL COMMUNITY	301.
LOCAL ACTIVITIES	14,359.
FLORENCE MELTON MINI-SCHOOL	8,665.
WEB SITE	2,470.
MISC	59.
Total	<u>94,258.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment SEE ATTACHED LIST - GRANTS & SIMILAR PAYMENTS / SPECIFIC ASSISTANCE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SEE ATTACHED	Business <input type="checkbox"/> Person <input type="checkbox"/>		
			213,370.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Additional Information

PART III - PRIMARY EXEMPT PURPOSE

TO USE FUNDS FROM THE LOCAL JEWISH COMMUNITY TO IMPROVE THE LIVES OF NEEDY AND
REPPRESSED JEWS ON A LOCAL, NATIONAL, AND INTERNATIONAL LEVEL.

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return
THE JEWISH FEDERATION OF GREATER BATON ROUGE

Employer Identification No
23-7208853

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,414.	799.
Totals to Form 990-EZ, Part II, line 26	1,414.	799.

The Jewish Federation of Greater Baton Rouge

23-7208853

01/01/09 to 12/31/09

Form 990-EZ, Part I, Line 10

Grants & Similar Amounts Paid

<u>Donee</u>	<u>Address</u>	<u>Amount</u>	<u>Class</u>
United Jewish Appeal	Ste 300, 99 Park Ave, New York, NY 10016	\$93,797	Jewish agency that aids Jews throughout the world.
United Jewish Communities	25 Broadway, Suite 1700, New York, NY 10004	\$11,864	Operation Exodus
HIAS	333 Seventh Ave, New York, NY 10001-5004	\$2,500	Jewish agency that aids Jews to emigrate
AKIM	327 Lexington Avenue, New York, NY 10016	\$180	Helps mentally handicapped in Israel
Jewish Council For Public Affairs	116 East 27th Street, 10th floor New York, NY 10016	\$750	Provides support and service to Federations
American Jewish Congress	15 East 84th St., New York, NY 10028	\$180	Supports religious freedom and opposes anti-Semitism in corporate, academic & Arab forums.
Jewish War Veterans	1811 R.St, NW, Washington, D.C 20009	\$180	Organization of Jewish men and women who have served in the United States armed services
Simon Wiesenthal Center	9760 W Pico Blvd, Los Angeles, CA 90035	\$180	A museum, library and educational center devoted to the study of the Holocaust and the prevention of reoccurrence
Shoah Foundation	P O Box 3168, Los Angeles, CA 90078	\$180	Dedicated to videotaping and preserving interviews with Holocaust survivors
US Holocaust Museum	100 Raoul Wallenberg Place SW Washington DC 20024	\$180	Presents exhibits and educational programs to encourage understanding of remembrance of the holocaust.
CLAL	440 Park Ave S, 4th Floor New York, NY 10016	\$180	A think tank, leadership institute and resource center, CLAL's classes, conferences, publications and leadership training work are dedicated to building a Jewish life that is spiritually vibrant and engaged in the ethical challenges of the wider world.
ADL	925 Common St, New Orleans, LA 70112	\$4,000	National organization that monitors and combats individual manifestations of anti-Semitism
Reznikoff/Camp Kol Bo Day Camp	3354 Kleinert Ave, Baton Rouge, La 70806	\$4,000	A summer day camp and Bible school
JCRS	P O. Box 15225, New Orleans, LA 70175	\$6,000	Provides financial aid to Jewish children
Henry S Jacobs	P O Box 16528, Jackson, MS 39236	\$26,606	Summer camp for Jewish children in area
Dream Street - Jacobs Camp	P O Box 327, Utica MS 39175	\$5,000	To provide an opportunity for physically impaired children to enjoy Jewish camping
Hillel	3354 Kleinert Ave, Baton Rouge, La 70806	\$10,500	Provides Jewish life for university students
Beth Shalom Religious School	9111 Jefferson Hwy, Baton Rouge, LA 70809	\$4,250	Synagogue religious school
HSJ Scholarship Fund	Same as above		Provides scholarships for Jewish campers
B'Nai Israel Religious School	3354 Kleinert Ave, Baton Rouge, La 70806	\$2,250	Synagogue religious school
Congregation B'nai Israel	3455 Kleinert Ave, Baton Rouge, La 70806	\$7,000	Jewish congregation-Provide assistance to Hurricane

The Jewish Federation of Greater Baton Rouge
23-7208853
01/01/09 to 12/31/09

Form 990-EZ, Part I, Line 10

Grants & Similar Amounts Paid

<u>Donee</u>	<u>Address</u>	<u>Amount</u>	<u>Class</u>
Local Scholarships	3354 Kleinert Ave , Baton Rouge, La 70806	\$12,660	Fund set aside to aid camping and educational needs of Jewish children in the community
Inst. Southern Jewish Living	P O Box 16528, Jackson MS 39236	\$4,000	Provides cultural and educational programs to the Southern region
Jewish Women Archive	138 Harvard Street, Brookline, MA 02446	\$1,000	Chronicles/archive related to Jewish Women Experiences
<u>Total Grants & Similar Amounts Paid</u>		<u>\$197,437</u>	

Specific Assistance to Individuals

<u>Donee</u>	<u>Class</u>	<u>Amount</u>
Direct Relief	Specific Assistance to Individuals	\$15,932
<u>Total Specific Assistance to Individuals</u>		<u>\$15,932</u>
<u>Grand Total</u>		<u>\$213,370</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

THE JEWISH FEDERATION OF GREATER BATON ROUGE

Identifying number

23-7208853

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	9,982.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	9,982.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 07/07/09

Form **4562** (2009)