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Form 990-EZ

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

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

JEWISH FEDERATION OF THE BLUEGRASS, INC.

FKA; CENTRAL KENTUCKY JEWISH FEDERATION

Number and street (or P O box, if mail is not delivered to street address)

1050 CHINOE ROAD

City or town, state or country, and ZIP + 4

LEXINGTON, KY 40502

D Employer identification number

31-0906786

E Telephone number

859-268-0672

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 ☒ Cash ☐ Accrual
Other (specify) ▶**I Website.** ▶ WWW.JEWISHLEXINGTON.ORG**H Check** ☐ if the organization is not**J Tax-exempt status** (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ 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** ▶ \$ 387,915.**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	1	333,618.
	2	Program service revenue including government fees and contracts	2	25,018.
	3	Membership dues and assessments	3	
	4	Investment income	4	19,574.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ 117,941. of contributions reported on line 1)	6a	925.
	b	Less direct expenses other than fundraising expenses	6b	2,907.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<1,982.>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ ADVERTISING INCOME)	8	8,780.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	385,008.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	65,701.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	134,307.
	13	Professional fees and other payments to independent contractors	13	13,749.
	14	Occupancy, rent, utilities, and maintenance	14	33,065.
	15	Printing, publications, postage, and shipping	15	21,952.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	91,841.
	17	Total expenses. Add lines 10 through 16	17	360,615.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,393.
	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)	19	133,014.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	157,407.

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	97,311.	139,264.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	1,036,365.	1,015,585.
25 Total assets	1,133,676.	1,154,849.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	1,000,662.	997,442.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,014.	157,407.

932171
02-08-10

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

Form 990-EZ (2009)

Part III

SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SPONSOR DAY CAMP, "CAMP SHALOM" FOR CHILDREN TO PROMOTE FUN
AND UNITY IN JEWISH COMMUNITY

28a	35,438.
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▶

29 TO IMPROVE THE QUALITY OF JEWISH LIFE IN THE COMMUNITY BY
DEVELOPING AND MAINTAINING RECREATIONAL, SOCIAL, CULTURAL
AND LEISURE ACTIVITIES

29a	34,413.
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▶ 

30 SUPPORT THE NATIONAL CAMPAIGN FOR AT RISK CHILDREN

30a	52,245.
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▶

31 Other program services (attach schedule) SEE STATEMENT 9

31a	10,000.
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▶ 

▶ 32

132,096.

Part IV

[illegible]

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
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		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of EXECUTIVE DIRECTOR Telephone no 859-268-0672 Located at CORPORATE ADDRESS, LEXINGTON, KY ZIP + 4 40502		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form 990-EZ (2009)

JEWISH FEDERATION OF THE BLUEGRASS, INC.

Form 990-EZ (2009)

FKA; CENTRAL KENTUCKY JEWISH FEDERATION

31-0906786

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Part VI **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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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 & 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
Paid Preparer's Use Only	Preparer's signature			Date
	Check if self-employed ☒			Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	LISA P. CASTLE, C.P.A., C.F.P. 3141 BEAUMONT CENTRE CI., STE 102 LEXINGTON, KY 40513			Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 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.")						
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						
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 line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
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 ► ☐		
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 ► ☐		
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 ► ☐		
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2009

JEWISH FEDERATION OF THE BLUEGRASS, INC.

Schedule A (Form 990 or 990-EZ) 2009 **FKA; CENTRAL KENTUCKY JEWISH FEDERATION 31-0906786** Page **3**

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.")	334,037.	417,608.	374,258.	314,014.	333,618.	1773535.
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	18,842.	31,730.	16,394.	21,704.	25,018.	113,688.
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	352,879.	449,338.	390,652.	335,718.	358,636.	1887223.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		45,254.	30,318.	26,532.	56,846.	158,950.
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	92,505.	110,853.	123,070.	84,300.	265,754.	676,482.
c Add lines 7a and 7b	92,505.	156,107.	153,388.	110,832.	322,600.	835,432.
8 Public support. (Subtract line 7c from line 6)						1051791.

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	352,879.	449,338.	390,652.	335,718.	358,636.	1887223.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<4,460.>	2,649.	2,204.	60,433.	19,574.	80,400.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	<4,460.>	2,649.	2,204.	60,433.	19,574.	80,400.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,220.					3,220.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		<3,520.>	4,059.	11,253.	8,780.	20,572.
13 Total support. (Add lines 9, 10c, 11, and 12)	351,639.	448,467.	396,915.	407,404.	386,990.	1991415.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	52.82 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	70.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.04 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.45 %

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 A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CAMP SHALOM SUPPLIES AND EXPENSES		21,674.	
COMMUNITY RELATIONS AND COMMUNITY ACTIVITIES EXPENSES		8,895.	
INTEREST EXPENSE		20,444.	
OFFICE SUPPLIES & MISC EXPENSES		2,830.	
PAYROLL TAXES		13,060.	
EMPLOYEE BENEFITS		16,594.	
TRAVEL AND MEETING EXPENSE		358.	
CAMPERSHIPS/SCHOLARSHIPS		5,069.	
EXECUTIVE DIRECTOR SEARCH EXPENSE		2,917.	
TOTAL TO FORM 990-EZ, LINE 16		91,841.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
BONDS	1,000,000.	1,000,000.	
ACCOUNTS RECEIVABLE	24,707.	4,827.	
OTHER DEPRECIABLE ASSETS	11,658.	10,758.	
TOTAL TO FORM 990-EZ, LINE 24	1,036,365.	1,015,585.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED PAYROLL LIABILITIES	2,346.	224.	
NOTES PAYABLE	998,316.	997,218.	
TOTAL TO FORM 990-EZ, LINE 26	1,000,662.	997,442.	

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT

4

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEWISH FEDERATIONS OF NORTH AMERICA

25 BROADWAY, SUITE 1700
NEW YORK, NY 10004-1010PURPOSE OF PAYMENTAMOUNT

DUES TO NATIONAL FEDERATION

10,000.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEWISH FEDERATIONS OF NORTH AMERICA

25 BROADWAY, SUITE 1700
NEW YORK, NY 10004-1010PURPOSE OF PAYMENTAMOUNT

ONLINE WEB SERVICE

3,180.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEWISH AGENCY FOR ISRAEL NORTH AMERICA

633 THIRD AVE
NEW YORK, NY 10017PURPOSE OF PAYMENTAMOUNT

DONATION TOWARD NATIONAL CAMPAIGN FOR AT RISK CHILDREN

52,245.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEWISH FEDERATIONS OF NORTH AMERICA

25 BROADWAY, SUITE 1700
NEW YORK, NY 10004-1010PURPOSE OF PAYMENTAMOUNT

YEMENITE RESETTLEMENT DONATION

276.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

65,701.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	900.
OTHER EXPENSES	32,165.
TOTAL TO FORM 990-EZ, LINE 14	33,065.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
BRUCE BROUDY, 667 TATESWOOD DRIVE, LEXINGTON, KY 40502	DIRECTOR 0.00	0.	0. 0.
JUDY WORTMAN, 3532 CREEKWOOD DRIVE, APT #14, LEXINGTON, KY 40502	EXECUTIVE DIRECTOR 40.00	46,667.	0. 0.
EVELYN DANTZIC GELLER, 2121 NICHOLASVILLE RD #901, LEXINGTON, KY	DIRECTOR 0.00	0.	0. 0.
RONIT ERES, 3200 HONEYHILL LANE, LEXINGTON, KY 40502	DIRECTOR 0.00	0.	0. 0.
MICHAEL GROSSMAN, 701 EDGEWATER DRIVE, LEXINGTON, KY 40502	VICE PRESIDENT 0.00	0.	0. 0.
ROBERT GROSSMAN 2036 HEATHER WAY, LEXINGTON, KY 40503	TREASURER 0.00	0.	0. 0.
LARRY KANT, 131 JESSELIN DRIVE, LEXINGTON, KY 40503	DIRECTOR 0.00	0.	0. 0.
ODETTE KAPLAN, 2357 ABBEYWOOD ROAD, LEXINGTON, KY 40515	DIRECTOR 0.00	0.	0. 0.
MIMI KAUFMAN, 4487 TANGLE HURST LANE, LEXINGTON, KY 40515	DIRECTOR 0.00	0.	0. 0.
DAVID LEVINE, 1725 BROOK PARK DRIVE, LEXINGTON, KY 40515	DIRECTOR 0.00	0.	0. 0.
JENNIFER MILLER 949 GERARDI RD, LEXINGTON, KY 40509	DIRECTOR 0.00	0.	0. 0.
ANGIE ORNSTEIN 471 LAMONT DRIVE, LEXINGTON, KY 40503	DIRECTOR 0.00	0.	0. 0.
JEREMY POPKIN, 124 IDLE HOUR DRIVE, LEXINGTON, KY 40502	DIRECTOR 0.00	0.	0. 0.
LINDA RAVVIN, 1404 MEGANWOOD CIRCLE, LEXINGTON, KY 40502	PRESIDENT 0.00	0.	0. 0.

JEWISH FEDERATION OF THE BLUEGRASS, INC.

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RICKI.ROSENBERG, 1070 LAKEWOOD DRIVE, LEXINGTON, KY 40502	DIRECTOR 0.00	0.	0.	0.
KAE SCHENNBURG 101 SUNDAE DRIVE, RICHMOND, KY 40475	DIRECTOR 0.00	0.	0.	0.
PATRICIA SHRABERG, 3700 LAKE VALLEY COURT, LEXINGTON, KY 40509	SECRETARY 0.00	0.	0.	0.
DAVID WEKSTEIN, 2059 NORBORNE DRIVE, LEXINGTON, KY 40502	DIRECTOR 0.00	0.	0.	0.
JANE CHAPUT, 3456 BELLMEADE ROAD, LEXINGTON, KY 40517-2306	DIRECTOR 0.00	0.	0.	0.
SUSAN COBIN, 509 HOLLYHILL DRIVE, LEXINGTON, KY 40503-2239	DIRECTOR 0.00	0.	0.	0.
AUDREY KOROTKIN, 925 SPRINGWOOD COURT, LEXINGTON, KY 40515	DIRECTOR 0.00	0.	0.	0.
DAVID SHAKIB, 3010 BROOKMONTE LANE, LEXINGTON, KY 40515-8508	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		46,667.	0.	0.

990-EZ PG 2

STATEMENT 8

THE MISSION OF THE FEDERATION IS TO PROMOTE AND FOSTER UNITY AND COHESION IN
THE JEWISH COMMUNITY OF CENTRAL KENTUCKY.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	9
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DESCRIPTION

GRANTS

EXPENSES

SUPPORT THE UNITED JEWISH APPEAL CAMPAIGN

0.

10,000.

TOTAL TO FORM 990-EZ, LINE 31

10,000.