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Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

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** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> 6TH & I SYNAGOGUE, INC. Doing Business As	<b>D Employer identification number</b> 33-1036146
	Number and street (or P O box if mail is not delivered to street address) Room/suite 600 I STREET, NW	<b>E Telephone number</b> (202) 408-5120
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001-3736	<b>G Gross receipts \$</b> 2,597,872.	
<b>F Name and address of principal officer:</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(03) (insert no)  4947(a)(1) or  527

**J Website:** WWW.SIXTHANDI.ORG **H(c) Group exemption number** ▶

**K Form of organization**  Corporation  Trust  Association  Other ▶ **L Year of formation** 2002 **M State of legal domicile** DC

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 TO PROVIDE A PLACE OF WORSHIP AND RELATED ACTIVITIES FOR MEMBERS OF THE JEWISH FAITH. ALSO, TO EDUCATE THE PUBLIC ABOUT THE RELIGION, CULTURE, HISTORY AND EXPERIENCE OF THE JEWISH PEOPLE.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	3
<b>5</b> Total number of employees (Part V, line 2a)	11
<b>6</b> Total number of volunteers (estimate if necessary)	200
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,156,956.	2,310,495.
<b>9</b> Program service revenue (Part VIII, line 2g)	95,622.	77,938.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7a)	260.	370.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,626.	209,069.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,356,464.	2,597,872.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	669,899.	772,582.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	290,531.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	953,386.	1,168,580.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,623,285.	1,941,162.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,733,179.	656,710.
	<b>Beginning of Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	6,686,947.	6,888,681.
<b>21</b> Total liabilities (Part X, line 20)	551,178.	96,202.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	6,135,769.	6,792,479.

**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: *Shelton Zuckerman, Pres.* Date: 11-15-10

**Paid Preparer's Use Only**

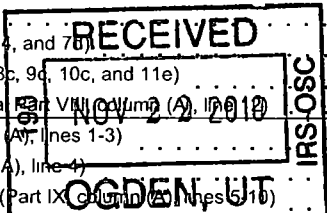
Preparer's signature: *Horaniet H Roale* Date: 11-15-10 Check if self-employed:  Preparer's identifying number (see instructions): P00106662

Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C. 7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224 EIN: 52-1088612 Phone no: 301-652-9100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009)

SCANNED DEC 23 2010



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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
ATTACHMENT 2

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 \$ 1,577,758 including grants of \$ \_\_\_\_\_) (Revenue \$ 2,597,872.)  
CULTURAL MEETING PLACE -- A CULTURAL MEETING PLACE IS MADE AVAILABLE TO RELIGIOUS GROUPS TO STUDY AND EXPERIENCE THE JEWISH FAITH AND CULTURAL TRADITIONS. (OVER 500 PEOPLE HAVE VISITED AND MADE USE OF THE FACILITIES AND RESEARCH MATERIALS.)

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 ▶ 1,577,758.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes sub-questions with Yes/No columns. Row 12 contains a large blacked-out area.

**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>		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>		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>		X
24 a 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 question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		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>		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>		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>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		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>		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>		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>		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>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 . . . . .		
	STMT 1		
1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
1c			
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 . . . . .		
2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) . . . . .		X
	STMT 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
3b			
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
4a			
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
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
5c			
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
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 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?; 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 MARYLAND
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 [X] 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: ZUCKERMAN GRAVELY MGMT. INC. 2 WISCONSIN CIR, STE 1050, CHEVY CHASE MD 20815 301-657-8300





**Part VIII Statement of Revenue**

33-1036146

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	108,875.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,201,620			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h Total. Add lines 1a-1f</b> . . . . .			2,310,495.		
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> ACTIVITY FEES		77,938	77,938		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f</b> . . . . .			77,938		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 3		370			370
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents . . . . .					
	<b>b</b> Less rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .			0		
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b> Less cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .			0		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0.		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> PROGRAMMING			209,069	209,069		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total. Add lines 11a-11d</b> . . . . .			209,069			
<b>12 Total Revenue. See instructions</b> . . . . .			2,597,872	287,007	370.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	648,032.	486,024.	32,402.	129,606.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits . . . . .	76,080.	57,060.	3,804.	15,216.
10 Payroll taxes . . . . .	48,470.	36,353.	2,424.	9,693.
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	5,767.	5,767.		
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	21,409.	21,409.		
12 Advertising and promotion . . . . .	85,566.	85,566.		
13 Office expenses . . . . .	65,900.	65,900.		
14 Information technology . . . . .	18,850.	18,850.		
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	89,340.	89,340.		
17 Travel . . . . .	395.	395.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	6,860.	6,860.		
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	194,174.	194,174.		
23 Insurance . . . . . <u>ATCH 4.</u>	NONE			
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 <u>GENERAL &amp; ADMINISTRATIVE</u>	678,299.	508,724.	33,915.	135,660.
b <u>PROFESSIONAL/CONSULTING FEES</u>	1,781.	1,336.	89.	356.
c <u>DUES &amp; SUBSCRIPTIONS</u>	239.		239.	
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	1,941,162.	1,577,758.	72,873.	290,531.
<b>26 Joint Costs.</b> 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 . . . . .	10,359.	1	204,316.	
	2	Savings and temporary cash investments . . . . .		2		
	3	Pledges and grants receivable, net . . . . .		3		
	4	Accounts receivable, net . . . . .	106,299.	4	63,096.	
	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 . . . . .		9		
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a	7,709,705.		
	b	Less accumulated depreciation . . . . .	10b	1,101,608.	10c	6,608,097.
	11	Investments - publicly traded securities . . . . .		11		
	12	Investments - other securities See Part IV, line 11 . . . . .		12		
	13	Investments - program-related See Part IV, line 11 . . . . .		13		
	14	Intangible assets . . . . .		14		
	15	Other assets See Part IV, line 11 . . . . . STMT 2		33,577.	15	13,172.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		6,686,947.	16	6,888,681.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	551,178.	17	96,202.	
	18	Grants payable . . . . .		18		
	19	Deferred revenue . . . . .		19		
	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 . . . . .		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		551,178.	26	96,202.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets . . . . .		27		
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	Organizations that do not follow SFAS 117, check here <input checked="" 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 . . . . .	6,135,769.	32	6,792,479.	
33	<b>Total net assets or fund balances</b> . . . . .	6,135,769.	33	6,792,479.		
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	6,686,947.	34	6,888,681.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>2c</b>	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.		
<b>2d</b>	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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? . . . . .		X
<b>3b</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		

Form **990** (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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	612,903	2,837,287	2,601,520	4,156,956	2,201,619	12,410,285
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	612,903.	2,837,287	2,601,520	4,156,956	2,201,619	12,410,285.
<b>5</b> 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). . . . .						8,956,806.
<b>6 Public support.</b> Subtract line 5 from line 4						3,453,479.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	612,903	2,837,287	2,601,520	4,156,956	2,201,619	12,410,285
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						12,410,285
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	472,213.
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	27.83 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	27.01 %
<b>16a 33 1/3 % support test - 2009.</b> 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 type="checkbox"/>
<b>b 33 1/3 % support test - 2008.</b> 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"/>
<b>17a 10%-facts-and-circumstances test - 2009.</b> 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 checked="" type="checkbox"/> STMT 3
<b>b 10%-facts-and-circumstances test - 2008.</b> 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 checked="" type="checkbox"/> STMT 3
<b>18 Private foundation.</b> 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"/>

**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 . . . . .						
10 a 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	%

- 19 a **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 ►

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: 6TH & I SYNAGOGUE, INC. Employer identification number: 33-1036146

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including questions about purpose, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

**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 the 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 XI V and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if 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:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	

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

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	1,714,000.			1,714,000.
b Buildings	3,286,000.		586,386	2,699,614.
c Leasehold improvements	2,327,911.		224,786	2,103,125.
d Equipment	381,793.		290,436	91,358.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,608,097.



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

Table with 10 rows for reconciliation of net assets. Columns include description, sub-column, and total column.

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

Table with 5 main rows and sub-rows (a-e) for reconciliation of revenue. Includes sub-columns 2a-2d and 4a-4b.

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

Table with 5 main rows and sub-rows (a-e) for reconciliation of expenses. Includes sub-columns 2a-2d and 4a-4b.

**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.

Series of horizontal dashed lines for providing supplemental information.

**Part XIV** Supplemental Information *(continued)*

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**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

6TH & I SYNAGOGUE, INC.

Employer identification number

33-1036146

ATTACHMENT 1

FORM 990, PART VI, LINE 11

A REVIEW OF FORM 990 WILL NOT BE CONDUCTED.

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2

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

TO PROVIDE A PLACE OF WORSHIP AND RELATED ACTIVITIES FOR MEMBERS OF  
THE JEWISH FAITH. TO EDUCATE THE PUBLIC ABOUT THE RELIGION, CULTURE,  
HISTORY AND EXPERIENCE OF THE JEWISH PEOPLE. TO RECOGNIZE THE  
RELIGIOUS, CULTURAL AND INTELLECTUAL CONTRIBUTIONS OF THE JEWISH  
PEOPLE TO THE UNITED STATES AND THE WORLD. TO PROVIDE A STUDY AND  
ACTIVITIES CENTER RELATING TO THE JEWISH RELIGION, CULTURE, HISTORY  
AND TRADITION.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	370.			370
TOTALS	<u>370.</u>			<u>370.</u>

6TH & I SYNAGOGUE

33-1036146

FORM 990, PART V, QUESTION 2B

PAYROLL WAS PREPARED BY PAYMASTER ZUCKERMAN GRAVELY MANAGEMENT, INC. EIN # 52-1804940

FORM 990, PART V QUESTION 1A

PAYROLL WAS PREPARED BY PAYMASTER ZUCKERMAN GRAVELY MANAGEMENT, INC. EIN # 52-1804940

6TH AND I SYNAGOGUE, INC.

33-1036146

FORM 990, PART X-OTHER ASSETS -LINE 15 COLUMN B

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
FINANCING POINTS & FEES	50,007
ACCUMULATED AMORTIZATION	-50,007
BOOKS	6,000
PREPAID EXPENSES	<u>7,172</u>
<b>TOTALS</b>	<b><u>13,172</u></b>

**6<sup>th</sup> and I Synagogue, Inc.**

**EIN: 33-1036146**

**Supplemental Information for Schedule A, Part II, Section C**

**Public Support Test-Facts & Circumstances**

6<sup>th</sup> and I Synagogue, Inc. has not met the 33 1/3% public support test. The following facts demonstrate that the organization meets the "facts and circumstances" public support test.

For the 2008 and 2009 period, 6<sup>th</sup> and I Synagogue, Inc. received 27.01% and 27.83% respectively of their support from the public. This also accounts for their financial support as well.

The synagogue's efforts to increase its exposure to the community have paid off since it now has over 30 contributors who have donated more than \$5,000 in the past two years of its service. Additionally, the synagogue has numerous small contributors who have continually donated less than \$5,000 during the past two years of its service to the community (list of contributors can be provided upon request).

In addition, 6<sup>th</sup> and I Synagogue has a means of huge attraction of public support. The synagogue is conveniently located in the Nation's capital at 600 I Street, N W , Washington, D.C, 20001 It is located near the Gallery Place Metro stop, which allows for easier access to those who wish to visit the historic synagogue. In 2002, it started with only two contributors and has dramatically increased the number of contributors since the initial year of service. In a concentrated effort to increase its exposure in the community and preserve the Jewish heritage, the synagogue hosts many concerts, songs, tours, musicals, exhibitions and family events for the public. The synagogue offers educational and inspirational programs and activities for current and future generations, and helps preserve part of the heritage of Jewish Washington.

The synagogue's goal and current trend is to retain all current small and large contributors and add more contributors each year. This can be attained by providing exceptional service to the Washington, D.C. Jewish community.

6<sup>th</sup> & I continually provides events and service for the community. It hosts several Shabbat Services, meetings regarding Jewish ethics, concerts, tours, and lectures, which are accessible to the public in the historical synagogue located in the nation's capital. It regularly provides educational and inspirational programs for the community as well.

6<sup>th</sup> and I Synagogue, Inc. has provided opportunities for those who wish to volunteer their time and "give back" to the community. The organization has also created a website for those who wish to learn more about the synagogue and its events. It has a link to donate monies which is accessible for anyone in the world to make donations.

We respectfully request that you determine that 6<sup>th</sup> & I Synagogue, Inc. can be considered a publicly-supported charity under IRC Sec. 509(a)(1) and 170(b)(1)(A)(vi), since it has met the facts and

circumstances test and received well in excess of 10% of its support from general public for the publicly-supported charity status under IRC Treas. Reg. 1.170A-9T(f)(3).

6TH AND I SYNAGOGUE, INC.

33-1036146

FORM 990, SCHEDULE D, PART IX-OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
FINANCING POINTS & FEES	50,007
ACCUMULATED AMORTIZATION	-50,007
BOOKS	6,000
PREPAID EXPENSES	<u>7,172</u>
<b>TOTALS</b>	<b><u>13,172</u></b>

2009

ATTACHMENT 4

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING	01/10/2003	3,286,000	100.000			3,286,000	502,133	586,386	SL	MM		39			84,253
RENOVATIONS	05/30/2003	56,530	100.000			56,530	8,152	9,601	SL	MM		39			1,449
RENOVATIONS	06/30/2003	81,395	100.000			81,395	11,566	13,653	SL	MM		39			2,087
RENOVATIONS	07/30/2003	37,620	100.000			37,620	5,268	6,233	SL	MM		39			965
RENOVATIONS	08/31/2003	29,218	100.000			29,218	4,026	4,775	SL	MM		39			749
RENOVATIONS	09/30/2003	113,669	100.000			113,669	15,421	18,335	SL	MM		39			2,914
RENOVATIONS	10/31/2003	80,140	100.000			80,140	10,704	12,759	SL	MM		39			2,055
RENOVATIONS	11/30/2003	128,154	100.000			128,154	16,841	20,127	SL	MM		39			3,286
RENOVATIONS	12/31/2003	154,881	100.000			154,881	20,021	23,992	SL	MM		39			3,971
COMPUTER	04/22/2003	1,598	100.000			1,598	1,598	1,598	200DB	MQ		5			
PRINTER	05/23/2003	524	100.000			524	524	524	200DB	MQ		5			
COMPUTER	10/31/2003	1,435	100.000			1,435	1,434	1,434	200DB	MQ		5			
OFFICE FURNITURE	08/22/2003	4,229	100.000			4,229	3,621	3,996	200DB	MQ		7			375
CEILING TILE/WATER	10/31/2003	4,985	100.000			4,985	4,168	4,603	200DB	MQ		7			435
OFFICE FURNITURE	11/06/2003	8,641	100.000			8,641	7,227	7,981	200DB	MQ		7			754
AUDIO VISUAL SYSTE	12/03/2003	54,733	100.000			54,733	54,733	54,733	200DB	MQ		5			
KITCHEN APPLIANCES	12/30/2003	6,511	100.000			6,511	5,444	6,012	200DB	MQ		7			568
OFFICE FURNITURE	12/31/2003	3,447	100.000			3,447	2,883	3,184	200DB	MQ		7			301
CARPETING	06/11/2003	21,676	100.000			21,676	19,030	20,953	200DB	MQ		7			1,923
Less Retired Assets															
<b>Subtotals</b>		7,709,703			98,050	5,897,653	821,380	1,003,558							182,178
Listed Property															
Less Retired Assets					98,050										
<b>Subtotals</b>															
<b>TOTALS</b>		7,709,703				5,897,653	821,380	1,003,558							182,178

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
FINAN POINTS & FEE	01/10/2003	41,257	41,257	41,257	A461	1.500	
FINAN POINTS & FEE	01/01/2004	8,750	8,750	8,750	A461	1.500	
<b>TOTALS</b>		50,007	50,007	50,007			

\*Assets Retired

JSA

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**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

6TH & I SYNAGOGUE, INC.

33-1036146

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**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	
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	
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 instructions)	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	11,996.
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	176,952.
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		

**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	SEE					
b 5-year property	DETAIL					
c 7-year property		11,993.	7.000	HY	200DB	1,714.
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	VAR	241,569.	39 yrs	MM	S/L	3,512.

**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	194,174.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)
43 Amortization of costs that began before your 2009 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING	01/10/2003	3,286,000	100.000			3,286,000	502,133	586,386	SL	MM		39	39		84,253
RENOVATIONS	05/30/2003	56,530	100.000			56,530	8,152	9,601	SL	MM		39	39		1,449
RENOVATIONS	06/30/2003	81,395	100.000			81,395	11,566	13,653	SL	MM		39	39		2,087
RENOVATIONS	07/30/2003	37,620	100.000			37,620	5,268	6,233	SL	MM		39	39		965
RENOVATIONS	08/31/2003	29,218	100.000			29,218	4,026	4,775	SL	MM		39	39		749
RENOVATIONS	09/30/2003	113,669	100.000			113,669	15,421	18,335	SL	MM		39	39		2,914
RENOVATIONS	10/31/2003	80,140	100.000			80,140	10,704	12,759	SL	MM		39	39		2,055
RENOVATIONS	11/30/2003	128,154	100.000			128,154	16,841	20,127	SL	MM		39	39		3,286
RENOVATIONS	12/31/2003	154,881	100.000			154,881	20,021	23,992	SL	MM		39	39		3,971
COMPUTER	04/22/2003	1,598	100.000			1,598	1,598	1,598	200DB	MQ		5	5		
PRINTER	05/23/2003	524	100.000			524	524	524	200DB	MQ		5	5		
COMPUTER	10/31/2003	1,435	100.000			1,435	1,434	1,434	200DB	MQ		5	5		
OFFICE FURNITURE	08/22/2003	4,229	100.000			4,229	3,621	3,996	200DB	MQ		7	7		375
CEILING TILE/WATER	10/31/2003	4,985	100.000			4,985	4,168	4,603	200DB	MQ		7	7		435
OFFICE FURNITURE	11/06/2003	8,641	100.000			8,641	7,227	7,981	200DB	MQ		7	7		754
AUDIO VISUAL SYSTE	12/03/2003	54,733	100.000			54,733	54,733	54,733	200DB	MQ		5	5		
KITCHEN APPLIANCES	12/30/2003	6,511	100.000			6,511	5,444	6,012	200DB	MQ		7	7		568
OFFICE FURNITURE	12/31/2003	3,447	100.000			3,447	2,883	3,184	200DB	MQ		7	7		301
CARPETING	06/11/2003	21,676	100.000			21,676	19,030	20,953	200DB	MQ		7	7		1,923
Less Retired Assets															
<b>Subtotals</b>					98,050	5,897,653	821,380	1,003,558							182,178

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
FINAN POINTS & FEE	01/10/2003	41,257	41,257	41,257	A461	1.500	
FINAN POINTS & FEE	01/01/2004	8,750	8,750	8,750	A461	1.500	
<b>TOTALS</b>		50,007	50,007	50,007			

\*Assets Retired

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
NEW DESK	11/30/2007	418	100 000			418	162	235	200DB	HY		7	7		73
NEW PHONE	12/31/2007	402	100 000			402	209	286	200DB	HY		5	5		77
NEW CHAIRS	11/01/2007	1,582	100 000			1,582	613	890	200DB	HY		7	7		277
3RD FLR RENOVATION	07/31/2008	45,227	100 000			45,227	532	1,692	SL	MM		39	39		1,160
ADA RAMP & LIFT	08/20/2008	117,655	100 000			117,655	1,133	4,150	SL	MM		39	39		3,017
ADA RAMP & LIFT	10/15/2008	150,821	100 000			150,821	807	4,674	SL	MM		39	39		3,867
2ND/4TH FLR RENOV	10/31/2008	125,109	100 000			125,109	669	3,877	SL	MM		39	39		3,208
NEW HVAC UNIT	10/31/2008	17,908	100 000			17,908	96	555	SL	MM		39	39		459
NEW HVAC UNIT	07/23/2008	13,682	100 000			13,682	161	512	SL	MM		39	39		351
ADA RAMP & LIFT	12/17/2008	203,639	100 000			203,639	218	5,439	SL	MM		39	39		5,221
SOCIAL HALL RENOVA	12/31/2008	90,350	100 000			90,350	97	2,414	SL	MM		39	39		2,317
NEW COMPUTER	03/31/2008	980	100 000		490	490	172	299	200DB	MQ		5	5		127
NEW PRINTER	04/24/2008	434	100 000		217	217	54	119	200DB	MQ		5	5		65
NEW SOFTWARE	05/22/2008	26,020	100 000		13,010	13,010	3,253	7,156	200DB	MQ		5	5		3,903
NEW COMPUTER	05/29/2008	1,100	100 000		550	550	138	303	200DB	MQ		5	5		165
NEW SOUND SYSTEM	06/30/2008	7,891	100 000		3,946	3,945	704	1,630	200DB	MQ		7	7		926
3RD FLR CAREET	07/31/2008	8,204	100 000		4,102	4,102	439	1,485	200DB	MQ		7	7		1,046
NEW SOUND SYSTEM	07/31/2008	18,412	100 000		9,206	9,206	986	3,334	200DB	MQ		7	7		2,348
OFFICE CUBICLES	08/06/2008	16,113	100 000		8,057	8,056	863	2,918	200DB	MQ		7	7		2,055
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

\*Assets Retired

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9X9024 1 000

6TH & I SYNAGOGUE, INC

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
NEW COMPUTERS	10/09/2008	1,913	100 000		957	956	48	411	200DB	MQ		5			363
MOTOROLA RADIOS	10/28/2008	1,806	100 000		903	903	45	388	200DB	MQ		5			343
TABLES & CHAIRS	10/31/2008	5,796	100 000		2,898	2,898	103	901	200DB	MQ		7			798
SOCIAL HALL CARPET	11/30/2008	20,889	100 000		10,445	10,444	373	3,250	200DB	MQ		7			2,877
NEW PHONE SYSTEM	12/31/2008	10,933	100 000		5,467	5,466	273	2,350	200DB	MQ		5			2,077
TABLES	12/31/2008	1,178	100 000		589	589	21	183	200DB	MQ		7			162
2ND/4TH FLR CARPET	12/31/2008	15,163	100 000		7,582	7,581	271	2,360	200DB	MQ		7			2,089
CERAMIC FLOORS	12/31/2008	13,159	100 000		6,580	6,579	235	2,048	200DB	MQ		7			1,813
1ST FLR CARPETTING	12/31/2008	5,679	100 000		2,840	2,839	101	883	200DB	MQ		7			782
OFFICE FURNITURE	12/31/2008	16,429	100 000		8,215	8,214	293	2,556	200DB	MQ		7			2,263
ADMIN BLDG RENO	02/11/2009	24,321	100 000			24,321		546	SL	MM		39			546
NEW FIRE ALARM SYS	02/28/2009	19,756	100 000			19,756		444	SL	MM		39			444
ADA RAMP INSTALL	05/31/2009	137,025	100 000			137,025		2,199	SL	MM		39			2,199
BIMAH RENO	10/27/2009	32,943	100 000			32,943		176	SL	MM		39			176
SOUND SYS UPGRADE	10/30/2009	27,524	100 000			27,524		147	SL	MM		39			147
NEW LECTERN	02/04/2009	1,411	100 000			706		101	200DB	HY		7			101
1ST FLR FURN	02/28/2009	13,314	100 000			6,657		951	200DB	HY		7			951
LOUNGE FURNITURE	05/31/2009	4,703	100 000			2,351		336	200DB	HY		7			336
1ST FLR CARPETTING	12/31/2009	4,561	100 000			2,281		326	200DB	HY		7			326
Less Retired Assets															
Subtotals		7,709,703													

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

\*Assets Retired

USA

9X9024 1 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**.  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization 6TH & I SYNAGOGUE, INC.	Employer identification number 33-1036146
	Number, street, and room or suite no. If a P.O. box, see instructions. 600 I STREET, NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20001-3736	

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **ZUCKERMAN GRAVELY MGMT. INC.**  
Telephone No. **301 657-8300** 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 is for.

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Lorraine H Reale Title CPA Date 9-3-10

Form 8868 (Rev. 4-2009)

REZNICK GROUP, P.C.  
7700 OLD GEORGETOWN ROAD, SUITE 400  
BETHESDA, MD 20814-6224

