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Form 990-EZ

Department of the Treasury Internal Revenue Service

EFINIED DEC 17201

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

2009

Open to Public Inspection

~	ror trie 2	2009 Calendar year	ar, or t	x year beginning , 2009, and	a enaing				, 20			
В	Check if app		, i	ame of organization		D Emp	loyer i	dentit	fication number			
\square	Address change use IRS label or Justice Inc								52-2346578			
님	Name chan	nge print or		ber and street (or P O box, if mail is not delivered to street address) Ro	oom/suite	E Telep	Telephone number					
H	initial return Terminated See 2027 Massachusetts Avenue, NW 3rd Floor								202-408-1423			
H	Amended r	Specific		or town, state or country, and ZIP + 4		F Gro	Group Exemption					
Ħ	Application			hington, DC 20036			imber ►					
=												
	• 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) ▶											
_	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not											
	Website: ► www.jufj.org required to attach Schedule B (Form 990,											
<u>J</u>	Tax-exempt status (check only one) —											
K	Check 🕨			n is not a section 509(a)(3) supporting organization and its gross re								
_	Form 99	0-EZ or Form 990 r	return	s not required, but if the organization chooses to file a return, be	sure to file	a comp	lete re	turn				
				determine gross receipts, if \$500,000 or more, file Form 990 instead			• .	3	202,884			
	art I	Revenue, Ex	kpens	es, and Changes in Net Assets or Fund Balances	(See the	ınstru	ction	s fo	r Part I.)			
	1	Contributions, gi	jifts, g	ants, and similar amounts received			1		202,727			
	2	Program service	ereve	ue including government fees and contracts :			2					
				assessments			3					
	4	Investment incor				<i>,</i> .	4		157			
	_			le of assets other than inventory 5a	• • •	• •	┝Ť					
				sis and sales expenses	_		١ ١	ĺ				
				•	E =\			ł				
<u>o</u>	C			e of assets other than inventory (Subtract line 5b from line (complete applicable parts of Schedule G). If any amount is from gaming,			5c	-				
enne	6				, check here		•	i				
Re ^e	- a-	Gross revenue (r										
ď		reported on line		<u>6a</u>			ļ					
٢				other than fundraising expenses 6b			ļ					
8	1 25/1	Netgncome or (ld	loss) fi	om special events and activities (Subtract line 6b from line	e 6a)		6c					
딥	7a) V	Gross sales of the	ក <u>់ប្</u> ត់eក្ខុំto	ry, less returns and allowances								
En]	b _	Less: cost-of-got	odss	old `								
'	ner	Gress profit of (kg	loss) f	om sales of inventory (Subtract line 7b from line 7a)			7c					
<u></u>	8	Other revenue (d	descri	pe▶)	8					
	9	Total revenue.	Add li	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8			9		202,884			
				ounts paid (attach schedule)			10		400			
		Benefits paid to				•	11					
ý		•		nsation, and employee benefits		• •	12	\vdash	173,312			
Se	13			other payments to independent contractors			13	┢	170			
Expenses	14	_					\vdash	├─				
X	45			es, and maintenance		• •	14		22,280			
	1			postage, and shipping			15	<u> </u>	13,147			
				ibe ► See Statement 2			16	<u> </u>	25,871			
_				lines 10 through 16			17		234,780			
Ş	18			he year (Subtract line 17 from line 9)			18	ļ	(31,896)			
Se	19			lances at beginning of year (from line 27, column (A)) (m	-		ļ	[
Ä		end-of-year figur	ire rep	orted on prior year's return)			19		101,123			
Net Assets	20	Other changes in	n net	issets or fund balances (attach explanation)			20					
	21			ances at end of year. Combine lines 18 through 20			21		69,227			
Ŀ	art II	Balance She		f Total assets on line 25, column (B) are \$1,250,000 or mo	re, file For	m 990	ınste	ad o	f Form 990-EZ.			
			(5	ee the instructions for Part II.)	(A) Beg	inning of	year		(B) End of year			
2	2 Cas	sh, savings, and i	invest	ments		9	7,447	22	54,546			
2	3 Lan	nd and buildings .						23				
2				See Statement 3.			3676	24	16,208			
2	5 Tot	tal assets				10	1,123	_	70,754			
2				See Statement 4.	\			26	(1527)			
2				ces (line 27 of column (B) must agree with line 21)	·	10	1,123		69,227			

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

Cat No 10642I

Form 990-EZ (2009)



				-	_	- Tugo -					
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)	_	Expenses					
	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)					
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise										
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts; optional					
each	program title.					thers)					
28	Community Organizing: By mobilizing the Jewish c	ommunity, JUFJ played a cru	icial role in advanci		 	<u> </u>					
	workers' rights and affordable housing across the re	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		9							
	workers rights and another measure across the re-	.91011.									
		includes foreign grants, ch		<u></u> ▶ ⊔	28a	68,000					
29	Education: Through programs such as the Commun										
	through the publication of its purchasing guide Gree		FJ helped nearly								
	6,000 people learn how to take actions that reflect th		1								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	129,000					
30	· · · · · · · · · · · · · · · · · · ·				1						
				•••••							

	/Orando M										
	(Grants \$) If this amount	<u>. ▶ ⊔</u>	30a								
31	Other program services (attach schedule)										
	(Grants \$) If this amount	31a									
32	Total program service expenses (add lines 28a	through 31a)	<u> </u>	<u> </u>	32						
Par	List of Officers, Directors, Trustees, and Key	/ Employees. List each one en	ven if not compensa	ited. (See the	instruc	ctions for Part IV.)					
	(-) N	(b) Title and average	(c) Compensation	(d) Contribution	ons to	(e) Expense					
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans & ensation	account and other allowances					
Jaco	b Feinspan			00.000.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	otrior anomanous					
	Massachusetts Avenue NW, Washington DC 20036	Executive Director / 40	57,200		40 540						
	a Froman		37,200	-	10,542	<u>_</u>					
		Director / 2	_		_						
	Massachusetts Avenue NW, Washington DC 20036		0		0	0					
	oi Jason Kimelman-Block	Director / 2									
2027	Massachusetts Avenue NW, Washington DC 20036		0		0	0					
Shar	lene Kranz	Binnatan (2									
2027	Massachusetts Avenue NW, Washington DC 20036	Director / 2	0		0	0					
Davi	d Mackoff										
2027	Massachusetts Avenue NW, Washington DC 20036	Treasurer / 4	o		0	o					
	ol Sarah Meytin										
	Massachusetts Avenue NW, Washington DC 20036	Director / 2			•						
			0		0	0					
	ley Moskowitz	President / 4									
	Massachusetts Avenue NW, Washington DC 20036		0		0	0					
Adin	a Rosenbaum	Secretary / 4									
2027	Massachusetts Avenue NW, Washington DC 20036		0		0	0					
Mich	ael Rubin	D: 1.0									
2027	Massachusetts Avenue NW, Washington DC 20036	Director / 2	0		0	0					
Rabi	oi Bob Saks			· · · · · ·							
	Massachusetts Avenue NW, Washington DC 20036	Director / 2	o		0	0					
	okatch	 									
	Massachusetts Avenue NW, Washington DC 20036	Director / 2			_	_					
			0		0	0					
	ra Temsky	Director / 2									
	Massachusetts Avenue NW, Washington DC 20036		0		0	0					
	Wheeler	Director / 2									
2027	Massachusetts Avenue NW, Washington DC 20036	Director, 2	0		0	0					
											
		,				<u> </u>					
		i l									

	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		,	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
	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?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	304	, % %	•
	Gross receipts, included on line 9, for public use of club facilities			
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	40b	<u> </u>	√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		1
41	List the states with which a copy of this return is filed. ► DC			
42a	The organization's books are in care of ▶ Jacob Feinspan . Telephone no ▶ ZiDcated at ▶ 2027 Massachusetts Avenue NW, 3rd Floor, Washington DC ZIP + 4 ▶	202-40 200	8-1423	
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		Yes	No
	account)?	42b		✓
	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.		**	ă.
	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:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
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	45		▼
			\ <u>E</u> 7	

	and complete the tables for lines 50 ar	47(a)(1) nonexemp 1d 51.	t charitable trust	ts must	answer questio	ns 4	5–49I)
46	Did the organization engage in direct or indirect	t political campaign					Yes	
47 48	candidates for public office? If "Yes," complete to Did the organization engage in lobbying activitie is the organization a school as described in section.	s? If "Yes," complet on 170(b)(1)(A)(ii)? If "	e Schedule C, Par Yes," complete Sc	t II . hedule E	 E	46 47 48	✓	✓
	Did the organization make any transfers to an exif "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,	527 organization? ghest compensated	employees (other	than of		49a 49b ruste ter "N	es an	√ d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	ge (c) Compe	nsation	(d) Contributions to employee benefit plans & deferred compensation	(e) ac	Expen count a allowa	ise Ind
None.								
f	Total number of other employees paid over \$100		None.					
None.	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	paid more than \$100,000		(b) Туре	e of service	(c) Con	mpensa	ition
d	Total number of other independent contractors e	each receiving over	\$100,000 ►		None.	-		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including ac of preparer (other than of	companying schedules ficer) is based on all inf	s and state ormation o	ements, and to the bes	t of my	knowle	edge
Sign Here	Signature of officer Shelley Moskowitz, President			D	11/14/10 ate			
Paid	Preparer's signature	[check if self-		Preparer's identifying nurr	ber (Se	einstruc	tions)
Prepare Use On	I Firm's name (or		Lemboye	EIN	▶ ne no ▶			
May th	e IRS discuss this return with the preparer shown	n above? See instruc	ctions	•	🕨 🗌	Yes m 99	D-EZ	Yo (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Jev	vs U	nited For Ju							52		2346578
Pa	rt I	Reason	for Public Cl	harity Status (All or	ganizatı	ons mus	st compl	lete this	part.) S	ee instru	ctions.
The 1				ndation because it is urches, or association							
2	$\overline{\Box}$			on 170(b)(1)(A)(ii). (At						(~)(1).	
3	\exists			hospital service organ		,		n 170/h	/4\/A\/:::\		
4		A medical re		ation operated in con							I)(A)(iii). Enter the
5		An organizat	-	r the benefit of a colle	ge or uni	iversity o	wned or	operated	by a gov	ernmenta	al unit described in
6				vernment or governme	ental unit	describe	d in sect	ion 170/	h)/1)/Δ)/ _\	à	
7	$\overline{\Box}$			y receives a substanti							the general public
•		described in	section 170(b)	(1)(A)(vi). (Complete F	arpartor Part III	no supp	JIL 11 OIII E	ı goveriii	ileillai uii	it or iroin	trie general public
8				d in section 170(b)(1)		Complete	Part II \				
9				y receives. (1) more th				m contrib	outions r	aambarab	un food, and groop
•		receipts from	n activities relate	ed to its exempt func	tions—si	hiect to	certain e	xcentions	and (2)	no more	than 33% % of ite
		support from	n aross investm	ent income and unre	lated bu	siness ta	xable inc	come (les	s, and (2)	110 111016	trian 33/3 /0 01 its
				after June 30, 1975.						ו טוו ועא	y nom basinesses
10	П			nd operated exclusive				,	•	V=\/4\	
11	H			and operated exclusive							
• •	ш			blicly supported organ							
		509(a)(3). Ch	heck the box th	at describes the type	of sunno	rtina ora	anization	and con	nolete lin	ciioii 509 ce 11a th	(a)(2). See Section
		_	_								_
_		a ∐ Type			: 🗌 Тур						Type III-Other
е	Ш			tify that the organizat							
			section 509(a)(2)	on managers and othe	r man on	e or more	publicly	supporte	ea organi	zations de	escribed in section
					_						
f				a written determinati	on from	the IRS	that it is	а Туре	I, Type I	l, or Type	: III supporting
			, check this box		• • •						
g		following per	rsons?	the organization acce							
				r indirectly controls, eming body of the supp				th persor	ns descri	bed in (ii)	Yes No
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)
				of a person described							11g(iii)
h		Provide the	following inform	ation about the suppo	orted org	anization	(s).				
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amount of
	org	anization		(described on lines 1-9 above or IRC section		stéd in your document?		nization in of your		tion in col ized in the	support
				(see instructions))				port?		S?	
					Yes	No	Yes	No	Yes	No	
								İ			
	_	· · · · · · · · · · · · · · · · · · ·									·**
					-			-			
					'					i	
					,						

	Support Schedule for Org (Complete only if you chec	anizations ked the box	Described in on line 5, 7, or	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)	(1)(A)(vi)
	tion A. Public Support						
Ca	lendar 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	2.3					
5 6	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) Public support. Subtract line 5 from line 4.			***			
	tion B. Total Support		<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				(4, 1000	(0, 2000	(.)
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 .	3,7		. 73		728	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	on's first, secon	d, third, fourth	, or fifth tax y		
	tion C. Computation of Public Su	pport Perce	ntage			, <u>, , , , , , , , , , , , , , , , , , </u>	
14	Public support percentage for 2009 (line		•	, column (f))		14	%_
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	%_
16a	33% % support test—2009. If the organization qualifies						
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances" and the organization meets the organization me	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, c organization qua	heck this box a lifies as a public	and stop here. Bly supported or	Explain in Par ganization .	t IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	n line 9 of Pai	t I.)							
Sec	tion A. Public Support		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Ca	elendar 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.")	91,223	79,395	103,771	216,804	202,727	693,920				
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	4800									
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	96,023	79,395	103,771	216,804	202,727	698,720				
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		:								
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6.)	- ',		·	.>. * .	, ¥ ,	698,720				
	Section B. Total Support										
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6	96,023	79,395	103,771	216,804	202,727	698,720				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	829	653	823	515	157	2977				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
С	Add lines 10a and 10b	829	653	823	515	157	2977				
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.)	847	320	213	172	0	1552				
13	Total support. (Add lines 9, 10c, 11, and 12.)	97,699	80,368	104,807	217,491	202,884	703,249				
14	First five years. If the Form 990 is for organization, check this box and stop	here			-		n 501(c)(3) ▶ □				
Sec	tion C. Computation of Public Su	• •									
15	Public support percentage for 2009 (lin			∋ 13, column (f))	15	99.35 %				
16	Public support percentage from 2008 S					16	N/A %				
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage								
17	Investment income percentage for 200		• •	•	`		an 0.01 %				
18	Investment income percentage from 20					18	N/A %				
19a	33% % support tests – 2009. If the organism not more than 33% %, check this b										
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33/3 %, and				
20	Private foundation. If the organization										

Schedule A (Fe	chedule A (Form 990 or 990-EZ) 2009										
Part IV	Suppleme Part II, line	ntal Info	ormatio 17b; an	n. Cor d Part	nplete t	his pai 12. Pr	rt to prov	vide the	e explanate additional	tions require	ed by Part II, line 10; on. See instructions.
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JEWS UNITED	FOR JUSTICE
Form 990-FZ (2)	009)

52-2346578 Page 1 of 2

STATEMENT 1:	Adbook Participation/Contributions	
✓ <u>Organization</u>		Amount
		250 50 100
Total to Form 990-EZ, Line 10		400
STATEMENT 2:	Other Expenses	
<u>Expense</u>		Amount
Office supplies Equipment Depreciation Internet Telephone Advertising Memberships Staff trainings Board meetings Programs Travel Online donation processing fees Payroll service Insurance		772 547 730 1399 2846 120 50 769 407 13818 1053 897 951
Total to Form 990-EZ, Line 16:	·	25,871



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations: Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number Jews United for Justice Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes **b** If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, . . ∐ Yes 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

Page	2

Sche	edule C (Form 990 or 990-EZ) 2009					Page 2			
Pa	crt II-A Complete if the organize under section 501(h)).	zation is exemp	ot under section	1 501(c)(3) and	filed Form 5768	(election			
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				ons apply.	_			
		obbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals			
1a b c c	Total lobbying expenditures (add lin	ring)							
	If the amount on line 1e, column (a) or (b) Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	X	*						
	Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h)								
	(Some organizations that columns belo		501(h) election do actions for lines 2			five			
	Lobby	ring Expenditure	s During 4-Year	Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying nontaxable amount								
_ t	Lobbying ceiling amount (150% of line 2a, column (e))	×: Š	Š.	\$*	44/				
_	Total lobbying expenditures								
C	d Grassroots nontaxable amount			•					
-	Grassroots ceiling amount (150% of line 2d, column (e))	^							
f	Grassroots lobbying expenditures								

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led I	orm :	5768	
	•	(8	3)	(b)		
		Yes	No	A	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	✓		رائي ۽		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	✓	,	1.//	 	
C	Media advertisements?	1	✓			250
d e	Mailings to members, legislators, or the public?	-	1			230
f	Publications, or published or broadcast statements?		1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	\	<u> </u>			1500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	V				1000
i	Other activities? If "Yes," describe in Part IV		✓			
j	Total. Add lines 1c through 1i					2750
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		✓			<u> </u>
b	If "Yes," enter the amount of any tax incurred under section 4912					
C C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? till-A Complete if the organization is exempt under section 501(c)(4), section 5	01/c)/	5) 0	r coct	ion	
T GI	501(c)(6).	01(0)(3), 0	1 3601	ЮП	
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-		2		
3	Did the organization agree to carryover lobbying and political expenditures from the pnor year? .			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."					ed
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tical				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			-
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	t IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information					
••••		· • •				
	······································					
				•••••		

	m 990 or 990-EZ) 2009	Page 4
Part IV .	Supplemental Information (continued)	
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STATEMENT 3:	Other Assets										
	Data	0		2009	5						
Egyppost	Date	Original	1 .6.	Current-year	Remaining						
Equipment	<u>Purchased</u>	<u>Value</u>	<u>Lıfe</u>	<u>Deduction</u>	(SL) Value						
1. Desktop Computer	6/21/2005	1259	5 years	252	126						
2. Laptop Computer	2/12/2008	854	5 years	171	512						
3 Laptop Computer	5/13/2008	857	5 years	171	697						
4 Printer	7/17/2008	189	5 years	38	132						
5 Digital Camera •	7/17/2008	169	5 years	34	118						
6 Microwave Oven	6/1/2009	85	5 years	10	75						
7 Desktop Computer	6/30/2009	462	5 years	54	408						
				730							
Office space security deposit											
Undeposited end-of year income (net) (includes \$7500 England Family Foundation grant)											
Total to Form 990-EZ, Line 24(B)											
Total to Form 990-EZ, Line 24(B) 16,208											
STATEMENT 4: Other Liabilities											
Uncashed end-of year checks (ne	et)			,	1527						
Total to Form 990-EZ, Line 26(B)	1527										
					······································						
STATEMENT 5 JUFJ's Primary Exempt Purpose											
To lead Washington-area Jews to act on our shared Jewish values by pursuing justice and equality in our local community.											