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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See specific instructions.	C CHARLESTON JEWISH FEDERATION P. O. BOX 31298 CHARLESTON, SC 29417-1298	D Employer identification number 57-6000188
			E Telephone number 843-571-6565
		F Name and address of principal officer: Same As C Above	G Gross receipts \$ 829,266. H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If 'No,' attach a list. (see instructions) H(c) Group exemption number >
I Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527		J Website: > N/A	
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other >		L Year of formation: M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SOCIAL SERVICES: PROVIDE HELP TO MEMBERS OF THE JEWISH COMMUNITY WHO ARE IN NEED OF OUR ASSISTANCE. THE PRIMARY GOAL IS TO ENABLE INDIVIDUALS TO FIND PERMANENT SOLUTIONS TO IMPROVING THEIR CIRCUMSTANCES. WE HELP IN ACUTE EMERGENCY SITUATIONS BY PROVIDING FINANCIAL</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	41
	4	Number of independent voting members of the governing body (Part VI, line 1b)	41
	5	Total number of employees (Part V, line 2a)	17
	6	Total number of volunteers (estimate if necessary)	13
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
		Prior Year	
8		Contributions and grants (Part VIII, line 1h)	935,134.
9		Program service revenue (Part VIII, line 2g)	810,462.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,280.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,804.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944,414.
		Current Year	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	829,266.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	427,588.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	261,282.
	16a	Professional fundraising fees (Part IX, column (A), line 11)	
	16b	Total fundraising expenses (Part IX, column (D), line 12)	130,122.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	519,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,096,885.
	19	Revenue less expenses. Subtract line 18 from line 12	824,381.
			Beginning of Year
	20	Total assets (Part X, line 16)	737,229.
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)
22		Net assets or fund balances. Subtract line 21 from line 20	630,005.
		End of Year	
		107,224.	38,778.

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 Judi Corsaro Type or print name and title.	Date 11/15/2010 11/15/2010

Paid Preparer's Use Only	Preparer's signature John G. Game, CPA	Date 11/15/10	Check if self-employed ☐	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 Biddlecomb Game & Wise, PC 1525 Sam Rittenberg Blvd., Suite 102 Charleston, SC 29407-4139		EIN > N/A Phone no. > (843) 571-4550	

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

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

TEEA0113L 12/29/09 Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDING PROGRAM AND FUNDING FOR THE CHARLESTON JEWISH COMMUNITY DIRECTLY AND THE NATIONAL JEWISH COMMUNITY WHICH ARE EDUCATIONAL, RELIGIOUS AND CHARITABLE. THE CHARLESOTN JEWISH FEDERATION IS THE LIFELINE OF JEWISH CHARLESTON.

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 \$ 573,839. including grants of \$) (Revenue \$)

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 ► 573,839.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	X
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X

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? If 'Yes,' complete Schedule I, Parts I and II.		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? If 'Yes,' complete Schedule I, Parts I and III.	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? If 'Yes,' complete Schedule J.		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
25b	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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II.		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? If 'Yes,' complete Schedule L, Part III.		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):		
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28c	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? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		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? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		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? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	128	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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.	17	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. Enter:		
a	Gross income from other 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	
12 a	Section 4947(a)(1) non-exempt charitable trusts. 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**

		Yes	No
1a Enter the number of voting members of the governing body	1a 41		
b Enter the number of voting members that are independent	1b 41		
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?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		X
b Each committee with authority to act on behalf of the governing body?	8b		X
9 Is there any officer, director or 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.	9		X

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

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
- ▶ _____

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues.	1 b				
	c Fundraising events.	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above.	1 f	810,462.			
	g Noncash contrbns included in lns 1a-1f: ... \$					
	h Total. Add lines 1a-1f.		810,462.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue ...					
	g Total. Add lines 2a-2f.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		18,804.	18,804.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses.					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory.	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses.	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less: direct expenses.	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances.	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue Business Code						
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d.						
12 Total revenue. See instructions.		829,266.	18,804.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	427,588.	427,588.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	73,331.	24,440.	24,451.	24,440.
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.	0.	0.	0.
7 Other salaries and wages.	136,975.	45,658.	45,658.	45,659.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	30,075.	10,025.	10,025.	10,025.
10 Payroll taxes.	20,901.	6,967.	6,967.	6,967.
11 Fees for services (non-employees).				
a Management.				
b Legal.	1,000.	333.	333.	334.
c Accounting.	2,384.	795.	794.	795.
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	8,426.	2,809.	2,808.	2,809.
14 Information technology.	3,441.	1,147.	1,147.	1,147.
15 Royalties.				
16 Occupancy.	3,600.	1,200.	1,200.	1,200.
17 Travel.	2,272.	757.	757.	758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	8,015.	2,672.	2,671.	2,672.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	5,672.	1,891.	1,890.	1,891.
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 Communications	40,596.	13,532.	13,532.	13,532.
b Professional services	29,343.	25,836.		3,507.
c Miscellaneous	10,788.	3,596.	3,596.	3,596.
d Small equipment	7,518.	2,506.	2,506.	2,506.
e Campaign expenses	6,196.			6,196.
f All other expenses.	6,260.	2,087.	2,085.	2,088.
25 Total functional expenses. Add lines 1 through 24f.	824,381.	573,839.	120,420.	130,122.
26 Joint costs. Check here ☐ 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	200.	1	200.
	2 Savings and temporary cash investments	598,134.	2	587,762.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	48,889.	4	34,784.
	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	33,059.	7	10,834.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,000.	9	227.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments – publicly-traded securities	28,947.	11	13,575.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	737,229.	16	647,382.	
LIABILITIES	17 Accounts payable and accrued expenses	4,844.	17	8,337.
	18 Grants payable	162,006.	18	137,374.
	19 Deferred revenue	463,155.	19	462,893.
	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 Total liabilities. Add lines 17 through 25	630,005.	26	608,604.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	-16,575.	27	-92,986.
	28 Temporarily restricted net assets	123,799.	28	131,764.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	107,224.	33	38,778.
34 Total liabilities and net assets/fund balances.	737,229.	34	647,382.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

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

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

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

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

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

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

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

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

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

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

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

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHARLESTON JEWISH FEDERATION

Employer identification number

57-6000188

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

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

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

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

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

h Provide the following information about the supported organizations.

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,165,238.	1,027,279.	835,942.	935,114.	810,462.	4,774,035.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3.	1,165,238.	1,027,279.	835,942.	935,114.	810,462.	4,774,035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						4,774,035.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	1,165,238.	1,027,279.	835,942.	935,114.	810,462.	4,774,035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,904.	12,851.	18,919.	9,280.	18,804.	65,758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		6,200.				6,200.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						4,845,993.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	0.0 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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 lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%
19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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. ▶ ☐		

Part IV

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

[illegible]

Complete if the organization answered "Yes," to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Employer identification number

57-6000188

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

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

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

[illegible]

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

3 Enter total number of other organizations.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHARLESTON JEWISH FEDERATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

57-6000188

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JEWISH COMMUNITY CENTER SAME					
57-0352253	COMMUNITY CENTER	SC			N/A

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	☒	☒
b Gift, grant, or capital contribution to other organization(s)	☒	☒
c Gift, grant, or capital contribution from other organization(s)	☒	☒
d Loans or loan guarantees to or for other organization(s)	☒	☒
e Loans or loan guarantees by other organization(s)	☒	☒
f Sale of assets to other organization(s)	☒	☒
g Purchase of assets from other organization(s)	☒	☒
h Exchange of assets	☒	☒
i Lease of facilities, equipment, or other assets to other organization(s)	☒	☒
j Lease of facilities, equipment, or other assets from other organization(s)	☒	☒
k Performance of services or membership or fundraising solicitations for other organization(s)	☒	☒
l Performance of services or membership or fundraising solicitations by other organization(s)	☒	☒
m Sharing of facilities, equipment, mailing lists, or other assets	☒	☒
n Sharing of paid employees	☒	☒
o Reimbursement paid to other organization for expenses	☒	☒
p Reimbursement paid by other organization for expenses	☒	☒
q Other transfer of cash or property to other organization(s)	☒	☒
r Other transfer of cash or property from other organization(s)	☒	☒

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

line 37.)

measured by total asset or gross

[illegible]

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



Name of the organization

CHARLESTON JEWISH FEDERATION

Employer identification number

57-6000188

Form 990, Part VI, Line 11 - Form 990 Review Process

Reviewed by officers.

Name of the organization

CHARLESTON JEWISH FEDERATION

Employer identification number

57-6000188

CJF Board of Directors 2009

Title	FirstName	LastName	Position	Address1	City	State	Zip	H-Phone	W-Phone
Mr.	Stanley	Baker	Ex Officio (BSBI)	59 Chadwick Dr	Charleston	SC	29407-7450	843-571-3846	343-9100
Dr.	Charles	Banov	Past President	56 Rebellion Rd	Charleston	SC	29407-7448	843-556-4632	577-3342
Mr.	Edward	Berlin	Elected	102 Rutledge Ave	Charleston	SC	29401-1723	843-853-6863	744-4499
Mr.	Jack	Brickman	Past President	14 Lockwood Blvd Apt 9-C	Charleston	SC	29401-1126	843-723-4068	722-2915
Dr.	Jeffrey	Buncher	President Elect	1658 Seignious Dr	Charleston	SC	29407-9661	843-769-4884	556-3462
Mrs.	Leah	Chase	Elected	13 Jamaica Dr	Charleston	SC	29407-7434	843-556-0525	830-6049-c
Mr.	David	Cohen	Past President	15 Saint Augustine Dr	Charleston	SC	29407-6017	843-556-6650	577-9700
Mr.	Jeffrey	Cohen	Elected	1681 Southport Dr	Charleston	SC	29407-9685	843-763-3965	554-3840
Mrs.	Judi	Corsaro	Staff	1695 W Sandcroft Dr	Charleston	SC	29407-3068	843-769-7733	571-6565
Mr.	Ted	Corsaro	Treasurer	1695 W Sandcroft Dr	Charleston	SC	29407-3068	843-769-7733	
Mr.	Mitchell	Fischbein	Past President	2816 Harvey St	Sullivan's Island	SC	29482-9640	843-883-3553	266-6904
Mr.	Harold	Fox	Ex Officio (JCRC)	43 Fort Royal Ave	Charleston	SC	29407	843-556-4955	
Dr.	Richard	Friedman	Imm. Past President	33 Rebellion Rd	Charleston	SC	29407-7457	843-556-6600	769-2000
Mr.	Richard	Gershon	Elected	749 Whispering Marsh Dr	Charleston	SC	29412-4436	843-795-9144	412-3659-c
Mr.	Slade	Gleaton	Ex Officio (AHA-Co-chair)	6 Charlestowne Rd	Charleston	SC	29407-7427	843-556-1551	853-5880
Mr.	Jason	Goldberg	Elected	725 Schaffer Dr	Charleston	SC	29412-4524	843-406-0594	266-8700
Mr.	William	Golde	Elected	6218 Josie Ridge Rd	Wadmalaw Is	SC	29487-6841	843-559-6057	425-6258
Mrs.	Ruthie	Gorrelle	Staff	265 Pineshadow Dr	Goose Creek	SC	29445-4688		571-6565
Mrs.	Barbara	Halpern	VP/Cmpgn. Co-chair	4 Blackburn Cir	Charleston	SC	29407-3415	843-763-5158	
Mrs.	Marilyn	Hoffman	Elected	72 Rebellion Rd	Charleston	SC	29407-7448	843-571-1442	577-7029
Mr.	Dave	Holtz	Elected	1685 Wayah Dr	Charleston	SC	29414	843-571-1955	554-3840
Rabbi	Anthony	Holz	Ex Officio (KKBE)	450 Polony Pl	Charleston	SC	29414-4955	843-571-6927	723-1090
Mr.	Bruce	Horowitz	Elected	296 Molasses Lane	Mount Pleasant	SC	29484-2564	843-881-0161	388-9227
Mr.	David	Jaffee	Ex Officio (KKBE)	36 Ripplemoor Ln	Charleston	SC	29414-7333	843-556-5797	725-5901
Mr.	Ellis	Kahn	Past President	316 Confederate Cir	Charleston	SC	29407-7431	843-556-0664	577-2128
Mr.	David	Kalik	JCRC Chair	2227 Portside Way	Charleston	SC	29407-9657	843-769-0219	860-3442-c
Ms.	Ellen	Katzman	Staff	523 Carters Grove Rd	Charleston	SC	29414-9015	843-556-0201	571-6565
Mr.	Jonathan	Krell	Elected	PO Box 399	Charleston	SC	29402	843-270-5847	723-7491
Mrs.	Lara	LeRoy	Ex Officio (AHA Co-chair)	1624 Seignious Dr	Charleston	SC	29407-9661	843-722-4070	442-3436-c
Dr.	Morey	Lipton	Past President	1130 Santa Elena Way	Johns Island	SC	29455	843-557-0306	
Mr.	Spencer	Lynch	Elected	1567 Spinnaker Ln	Charleston	SC	29407-9659	843-571-1314	720-3515
Dr.	Bernard	Mendelson	Past President	498 Albemarle Rd Apt 411	Charleston	SC	29407-7576	843-766-9736	
Dr.	Robert (Bob)	Miller	Ex Officio (KKBE)	3239 Sand Marsh Ln	Mount Pleasant	SC	29466-9162	843-849-1595	637-1210-c
Dr.	Olga	Mintzer	Elected	3203 Marshall Blvd	Sullivan's Island	SC	29482-8660	843-883-3896	740-1592 x0
Mr.	Norman	Nirenblatt	Elected	75 Rebellion Rd	Charleston	SC	29407-7456	843-556-8310	571-2210

Note: Bold names comprise the executive committee.

All eligible to vote except Ex Officio and Staff

CJF Board of Directors 2009

Title	FirstName	LastName	Position	Address1	City	State	Zip	H-Phone	W-Phone
Mrs.	Rebecca	Nirenblatt	Wom. Div. Pres.	75 Rebellion Rd	Charleston	SC	29407-7456	843-556-8310	
Mrs.	Neda	Nussbaum	Elected	37 Rebellion Rd	Charleston	SC	29407-7457	843-766-5864	766-5864
Mr.	David	Odle	President	1618 Seignious Dr	Charleston	SC	29407-9661	843-814-1400	554-3840
Mrs.	Rory	Parsley	Ex Officio (JCC)	1388 Parkshore Dr	Charleston	SC	29407-3124	843-766-9309	571-3511
Dr.	Mark	Pinosky	Ex Officio (Emanu-El)	296 N. Hobcaw Dr	Mount Pleasant	SC	29464-2562	843-849-8774	402-1436
Mr.	Eli	Poliakoff	Elected	5 Ponce de Leon Court	Charleston	SC	29407	843-571-7475	
Mrs.	Shirley	Prystowsky	Past President	330 Concord St Apt 5B	Charleston	SC	29401	843-723-0295	
Mrs.	Patricia	Rones-Sykes	Elected	10 Eaton Rd	Charleston	SC	29407-3309	843-766-6162	849-3887
Rabbi	Adam	Rosenbaum	Ex Officio (Emanu-El)	5 Windsor Dr.	Charleston	SC	29407		571-3264
Mr.	Ira	Rosenberg	Elected	10 Old English Dr	Charleston	SC	29407-6014	843-556-1195	696-2474
Mr.	Herbert	Rosner	Past President	1 Dade Dr	Charleston	SC	29407-7432	843-556-4254	722-3874
Mr.	Lester	Schwartz	JEF President	1689 Seignious Dr	Charleston	SC	29407-8232	843-766-7558	571-7919
Mr.	Harold	Sherman	Past President	70 Rebellion Rd	Charleston	SC	29407-7448	843-766-6703	722-2602
Judge	Hugo	Spitz	Past President	337 Confederate Cir	Charleston	SC	29407-7430	843-556-2328	
Dr.	Gordan	Stine	Past President	1 Bishop Gadsden Way Apt 125	Charleston	SC	29412	843-406-2389	792-7529
Rabbi	Ari	Sytner	Ex Officio (BSBI)	74 Montagu St	Charleston	SC	29401-1237	843-723-0656	577-6599
Dr.	Stuart	Tessler	Campaign Co-chair	3 49th Ave	Isle of Palms	SC	29451-2609	843-886-5391	571-0602
Mrs.	Sharon	Toporek	Past Pres./JEF Rep.	2720 Bayonne St	Sullivans Island	SC	29482-9670	843-883-9404	
Mrs.	Anita	Zucker	Past President	16 Buckingham Dr	Charleston	SC	29407-3455	843-571-2538	

Note: Bold names comprise the executive committee.

All eligible to vote except Ex Officio and Staff