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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

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 \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF VOLUSIA AND FLAGLER COUNTIES, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 470 ANDALUSIA AVENUE City or town, state or country, and ZIP + 4 ORMOND BEACH FL 32174
D Employer identification number 59-1774958	E Telephone number (386) 672-0294
F Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► <http://www.jewishdaytona.org>

J Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **► \$ 771,922.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1 714,061.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 57,861.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 771,922.
10 Grants and similar amounts paid (attach schedule) See L-10 Stmt.	10 317,244.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 112,931.
13 Professional fees and other payments to independent contractors	13 3,275.
14 Occupancy, rent, utilities, and maintenance	14 10,894.
15 Printing, publications, postage, and shipping	15 7,864.
16 Other expenses (describe ► See Other Expenses Statement)	16 208,766.
17 Total expenses (add lines 10 through 16)	17 660,974.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 110,948.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 2,486,892.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt.	20 -117,808.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 2,480,032.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,208,310.	2,205,796.
23 Land and buildings	283,852.	274,071.
24 Other assets (describe ► Deposits)	165.	165.
25 Total assets	2,492,327.	2,480,032.
26 Total liabilities (describe ► Payroll Taxes)	5,435.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,486,892.	2,480,032.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0812 01/14/09

AMENDED RETURN

SCANNED JUL 22 2010

EXPENSES

ASSETS

5/17/10: HUB:dr

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **FEDERATED FUND RAISING ACTIVITIES**

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

Expenses

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

28 CASE WORK AND DIRECT FINANCIAL AID TO INDIVIDUALS AND FAMILIES CONSISTING OF FOOD, CLOTHING, INFORMATION AND FINANCIAL ASSISTANCE WITH UTILITIES OR RENT NUMBER SERVED - 18,280 (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	138,847.
29 SCHOOL SUPPLY DISTRIBUTION TO NEEDY CHILDREN IN VOLUSIA COUNTY NUMBER SERVED - 6,200 (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	100,678.
30 COMMUNITY EDUCATION AND LEADERSHIP NUMBER SERVED - 3500 (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	17,414.
31 Other program services (attach schedule) Grants to Others (Grants \$ 317,244.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	333,514.
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	590,453.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MAX, GLORIA SHERWOOD DRIVE ORMOND BEACH FL 32174	EXEC DIR 40.00	71,500.	0.	
FURMAN, MICHAEL 12 BROADWATER DRIVE ORMOND BEACH FL 32174	PAST PRESIDENT 1.00	0.	0.	
NEWFIELD, NORMA 1170 JOHN ANDERSON DR ORMOND BEACH FL 32176	DIRECTOR 1.00	0.	0.	
KOHEN, MARIAN 568 RIVERSIDE DR ORMOND BEACH FL 32176	PRES ELECT 1.00	0.	0.	
AMOLS, STUART 35 RIVER RIDGE TRAIL ORMOND BEACH FL 32174	DIR 1.00	0.	0.	
BLUM, RICHARD 11 SHADOW CREEK WAY ORMOND BEACH FL 32174	TREASURER 1.00	0.	0.	
GLICKSTEIN, GERALD 753 MARINA POINT DRIVE DAYTONA BEACH FL 32114	PAST PRES 1.00	0.	0.	
GOLDSMITH, JILL 8 HUNTSMAN LOOK ORMOND BEACH FL 32174	DIR 1.00	0.	0.	
HEASTER, LEWIS 90 RIVERSIDE DR ORMOND BEACH FL 32176	DIR 1.00	0.	0.	
NEWFIELD, DR ARON 1170 JOHN ANDERSON DR ORMOND BEACH FL 32176	DIR 1.00	0.	0.	
NEWFIELD, DR JEFFREY 641 MARINA PT DRIVE DAYTONA BEACH FL 32114	DIR 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39 a	
b Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed	Florida	

42 a The books are in care of GLORIA MAX Telephone no (386) 672-0294
 Located at 470 ANDALUSIA AVENUE ORMOND BEACH FL ZIP + 4 32174

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

	Yes	No
42 b		X
42 c		X

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country:

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

43 ☐

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

	Yes	No
44		X
45		X

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

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

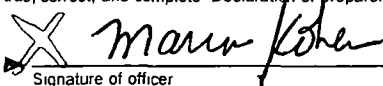
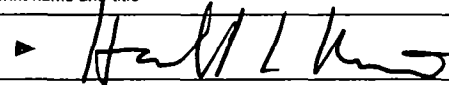
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
49b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>May 17, 2010</u>	
	<u>MARLAN KOLHEN</u> Type or print name and title		PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	 Date <u>5-17-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BENNETT, WOODWARD & ASSOC., CPA's 1238 RIDGEWOOD AVENUE HOLLY HILL FL 32117-2722		
	EIN	Phone no (386) 252-4669		

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

BAA

Form 990-EZ (2008)

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	536,827.	829,661.	710,373.	843,297.	714,061.	3,634,219.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3	536,827.	829,661.	710,373.	843,297.	714,061.	3,634,219.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,634,219.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	536,827.	829,661.	710,373.	843,297.	714,061.	3,634,219.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	26,611.	29,382.	37,918.	54,129.	50,116.	198,156.
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.)	0.					0.
11 Total support. Add lines 7 through 10						3,832,375.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.83 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	91.89 %

16a **33-1/3 support test – 2008.** 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 – 2007.** 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 – 2008.** 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 – 2007.** 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the 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)

[illegible]

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Case Work and Direct Aid	57,495.
Communications	4,403.
Depreciation	9,781.
Direct Fundraising Expenses	1,743.
Dues and subscriptions	421.
Equipment Repairs and Maintenance	2,523.
Insurance - Other	2,671.
Leadership and Community	17,414.
Office Supplies	5,244.
Other Expenses	981.
School Supply Distribution	100,678.
Travel and Conferences	5,412.
Total	208,766.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> NYE, MARILYN 904 PRINCETON AVENUE ORMOND BEACH FL 32176 Foreign city _____ Foreign country _____	Title DIR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RABIN, ELLEN 19 CHOCTAW TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____	Title 2ND VP Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RHODES, DR RICHARD 5 RIVER RIDGE TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____	Title DIR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RITTER, LYNN 24 IROQUOIS TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____	Title PRESIDENT Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RUBIN, DR MARK 891 N BEACH ST ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____	Title DIR Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SIMON, MIRIAM 231 WESTHAMPTON DR PALM COAST FL 32164 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> UNATIN, STEVE 513 OYSTER BAY DRIVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ABEL, SUE 6 BEND CREEK WAY ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BROK, JEFFRY 34 OLD BRIDGE WAY ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> COGAN, SONDR PO BOX 350156 PALM COAST FL 32135 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CONLEY, BARBARA DOLINER 2 OLD CANYON AVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FREEDMAN, MARILYN 700 OCEAN SHORE BLVD ORMOND BEACH FL 32176 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MABE, MARY ELLEN ROUTE 3, BOX 356B2 HAMLIN WV 25523 Foreign city _____ Foreign country _____	Title DIR Hours/Week 1.00 Title PAST PRES Hours/Week 1.00 Title SECRETARY Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MILLER, MARVIN 40 RIVERSIDE DR ORMOND BEACH FL 32176 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PERNICONE, DR MARY P.O. BOX 730 DELEON SPRINGS FL 32130 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PRANIKOFF, DR HOWARD 49 RIVER RIDGE TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, RONA 227 RIO PINAR DR ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, DR JAMES 227 RIO PINAR DRIVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROSE, SHEILA 5408 DAYLILLY STREET PORT ORANGE FL 32128 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PERNICONE, DR MARY P.O. BOX 730 DELEON SPRINGS FL 32130 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PRANIKOFF, DR HOWARD 49 RIVER RIDGE TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, RONA 227 RIO PINAR DR ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, DR JAMES 227 RIO PINAR DRIVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROSE, SHEILA 5408 DAYLILLY STREET PORT ORANGE FL 32128 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PRANIKOFF, DR HOWARD 49 RIVER RIDGE TRAIL ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, RONA 227 RIO PINAR DR ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, DR JAMES 227 RIO PINAR DRIVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROSE, SHEILA 5408 DAYLILLY STREET PORT ORANGE FL 32128 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, RONA 227 RIO PINAR DR ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FINGOLD, DR JAMES 227 RIO PINAR DRIVE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROSE, SHEILA 5408 DAYLILLY STREET PORT ORANGE FL 32128 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROSE, SHEILA 5408 DAYLILLY STREET PORT ORANGE FL 32128 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SINGER, HARVEY 31 CAMBRIDGE TERRACE ORMOND BEACH FL 32174 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STOFSKY, HERB 352 FLUSHING AVE DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WEISS, MAUREEN 12 MOSS POINT DR ORMOND BEACH FL 32176 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MAYER, RABBI AMY 1400 S PENINSULA DR DAYTONA BEACH FL 32118 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment Voluntary Payment to Affiliate

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Federated Fundraising	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> United Jewish Communities 111 Eighth Avenue Suite 11E New York NY 10011	<u>Affiliated Organization</u>	263,944.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Subsidize the Cost of Private Not-For-Profit School

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>School Subsidy</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Bet Sefer Academy</u> <u>55 N Washington St</u> <u>Ormond Beach FL 32174</u>	<u>None</u>	<u>40,500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Organization gives Scholarships to Rabbinical Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarships</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ARZA</u> <u>633 Third Avenue</u> <u>New York NY 10017</u>	<u>None</u>	<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Non Tuition Assistance for Students who go to University of Florida

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non tuition assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Florida Hillel</u> <u>2020 W University Ave</u> <u>Gainesville FL 32603</u>	<u>None</u>	<u>2,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Purchase food for the People of the Ukraine

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Feed the Hungry	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Jewish Agency Isreal 111 Eighth Street Suite 11E New York NY 10011	None	2,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment To keep people informed about issues of poverty & government

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Public Information	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Jewish Council Public Affairs 116 E 27th St 10th Floor New York NY 10016	None	3,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Assistance to local war veterans

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Public Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Jewish War Vets 71 Frankford Lane Palm Coast FL 32137	None	300.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Combat Anti-Semitism

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Information</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Jews for Judiasm</u> <u>P.O. Box 15059</u> <u>Baltimore MD 21282</u>	<u>None</u>	<u>1,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support homeless and handicapped children in Israel

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Handicapped Children</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Keren-Or</u> <u>350 Seventh Avenue</u> <u>New York NY 10001</u>	<u>None</u>	<u>1,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Provide scholarships for Rabbinical students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarships</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Mizorti-Conservative Israel</u> <u>475 Riverside Dr Suite 832</u> <u>New York NY 10115</u>	<u>None</u>	<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Support for Etheopean Jews

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Nacoej</u> <u>132 Nassua St Suite 412</u> <u>New York NY 10038</u>	<u>None</u>	<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Provide support for non Jewish spouse

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Outreach Judaism</u> <u>1270 Broadway Suite 609</u> <u>New York NY 10001</u>	<u>None</u>	<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support the elderly and disabled

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Myriam's Dream Inc,</u> <u>907 Four Seasons Drive</u> <u>Wayne NJ 07470</u>	<u>None</u>	<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment The help the poor in Israel

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>Friends of Yad Sarah World Wide</u>	<u>None</u>	
	<u>450 Park Avenue Suite 3201</u>		
	<u>New York NY 10022</u>		<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Social Services

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>World Jewish Congress</u>	<u>None</u>	
	<u>2125 Biscayne Blvd Suite 310</u>		
	<u>Miami FL 33137</u>		<u>500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
<u>Unrealized Gain (Loss on Marketable Securities)</u>	<u>-117,808.</u>
Total	<u>-117,808.</u>

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

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

OMB No 1545-0172

2008Attachment
Sequence No **67**

Name(s) shown on return

JEWISH FEDERATION OF VOLUSIA AND FLAGLER COUNTIES, INC.

Identifying number

59-1774958

Business or activity to which this form relates

Form 990 / Form 990EZ**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

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 2008	17	9,781.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	9,781.
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.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
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						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44