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Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For t	the 2009 calen	dar year,	or tax year beginnin	g	, 200	9, and endin	g				
В	Check	if applicable		С				-	D Employ	er Identifi	cation Number	,
		Address change	Please use IRS label	Jewish Feder	ation of Gre	eater			73-	05792	76	
	\square	lame change	or print or type.	Oklahoma Cit					E Telepho	ne numbe	r	
	\vdash	nitial return	Sée specific	710 West Wil		103			(40)	5) 84	8-3132	
	\vdash	ermination	Instruc- tions	Oklahoma Cit	y, OK 73116							
	\vdash	Amended return	""						G Gross re	ncounte ¶	1 13	6,411.
	\vdash		E Nama	I and address of principal offi			-	H(a) Is th	is a group retur			es X No
	⊔"	application pending		, ,	261				all affiliates incl		``⊨	es A No
_				As C Above		047(-)(1)		If 'No	o,' attach a list	(see ınstrı		
<u> </u>		x-exempt statu		(c) (3) (in	sert no) 49	947(a)(1) or	527					
<u>J</u>		ebsite: > N/				Π.			p exemption nu			
K		m of organization	Corpor	ation Trust As	sociation Other	<u> </u> L	Year of Format	ion	M s	tate of leg	al domicile	
_	rt I	Summa							- 1.6			
Ś	1			ganization's mission								<u>eater</u>
\$ 8				Jewish Commun								
Activities & Governance S				hin_the_comm	inity,and to	_act_as_	the_Jewi	sn Ii	ind_rais	sing_a	agency () <u>r</u>
E .		the com							050/			
ု မိ	3	Check this bo		if the organization dates of the governing			posed of mo	re man	25% 01 118	3		18
	4		-	nt voting members of			ne 1h)			4		
FFF	5			yees (Part V, line 2a		-, (. c.,	,			5		
٦	6			teers (estimate if ned	•					6		(
– ₽	7 a	Total gross u	nrelated I	ousiness revenue fro	m Part VIII, colum	n (C), line 12				7a		0.
דל	l t	Net unrelated	business	s taxable income from	n Form 990-T, line	: 34				7b		0.
20									Prior Year		Current	Year
Revenue	8	Contributions	and gran	nts (Part VIII, line 1h))				704,4	39.		1,128.
nue	9			ue (Part VIII, line 2g					427,5			0,063.
ĕ.	10	_		art VIII, column (A),					16,4			0,397.
ď	11	Other revenu	e (Part V	III, column (A), lines	5, 6d, 8c, 9c, 10c,	and 11e)			48,4		7	4,823.
	12	Total revenue	e – add li	nes 8 through 11 (m	ust equal Part VIII	, column (A),	lıne 12)		1,196,9	07.	1,13	6,411.
	13			ounts paid (Part IX,								
	14	Benefits paid	to or for	members (Part IX, c	olumn (A), line 4)							
_	15	Salaries, other	er compe	nsation, employee be	enefits (Part IX, co	lumn (A), line	s 5-10)		256,2	88.	28	3,095.
Expenses	16 a			ng fees (Part IX, colu			,		<u>, </u>			
Den	l			-				s		<u> </u>	\$ /	
Ä	l			nses (Part IX, colum		CENT					<u></u>	0.005
	l .			IX, column (A), lines			U	-	954,2			<u>8,905.</u>
	l .			nes 13-17 (must equ	1//	(A), line 25)	70		1,210,5			2,000.
	19	Revenue less	expense	s Subtract line 18 fr	om line IZ NO	V 1 9 2010	181	+	-13,6	59.		4,411.
Net Assets or Fund Balancos					"	Luit	. S	Beg	inning of Y		End of '	
Salar	20	Total assets	•	•	77761	THE WAY	اعواهي		1,079,8			7,429.
A P	21	Total liabilitie	s (Part X	, line 26)		SEIN !!	\mathbf{I}		231,7	94.	26	<u>5,247.</u>
	22			ances Subtract line	21 from line 20		T. BERREY		848,0	91.	85	2,182.
Pa	rt II	Signat	ure Blo	ck								
		Under penalty	s of perary,	I declare that I have exami Declaration of preparer (o	ned this return, including	accompanying scl	hedules and stat	ements, ar	nd to the best of	f my knowl	ledge and belie	f, it is
		true, correct, a	and composete	Declaration of preparer (o	ther than officer) is based	u on all informatio	n or which prepa	rer nas an				
Sig	ın		Well	Moder	an				11-15	5-10)	
He	re	Signature	of officer			. ,		ι	Date			
		► Edi	e Ko	doman Exe	cutive Dir	cotor						
		Type or pr	rint name an									
			$\overline{}$	000	7		Date		Check if	Prep (see	arer's identifyin instructions)	g number
Pai	id	Bronzer's	/11	1.1 1X00	lu por	4		_	self- employed	X	,	
Pre		Preparer's signature	► JKE	W. Beller of	$K^{\prime\prime},UYF$	+	11-14-	10	, ,		1059720	
	rer's	Firm's name (. BELLER AND	COMPANY, PL	LC						
Üs		yours if self- employed), > 2601 NW EXPRESSWAY STE 210 WEST								0-837	5134	
On	ıу	address, and ZIP + 4		AHOMA CITY, C							507-2943	3
Mar	, the			with the preparer sho							X Yes	No
				rwork Reduction Act			ctions		TEEAO112			
DΑ	m ro	r Privacy ACT	ани гаре	I WOIN REGUCTION ACT	. Nouce, see the St	parate instru	CUVIIS.		TEEA0113L	12/29/09	Louina	990 (2009)

			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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	 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		Ţ.	10
	 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 		4 · 1 · 1	,
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		Х
12	AWas 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 Yes No 12 A X	N.Y.T		*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
ı	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		Х
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		Х
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		х
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		Х
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	_	Х
	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_X_

_	rm 990 (2009) Jewish Federation of Greater	730579276	P	Page 4
Pa	art IV Checklist of Required Schedules (continued)		T.,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organi. United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	zations in the		Χ_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	States on Part 22		х
23	3 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' is Schedule J.	nization's current complete		Х
24	1a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$ as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b is complete Schedule K. If 'No, 'go to line 25.	\$100,000 through 24d and 24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the y any tax-exempt bonds?	vear to defease		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	5a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transac disqualified person during the year? If 'Yes,' complete Schedule L, Part I	etion with a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Y Schedule L, Part I	a prior year, and 'es,' complete		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employed person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule's	ployee, or e <i>L</i> , <i>Part II</i> 26		X
27	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, si contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' Schedule L, Part III	ubstantial ' complete		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions)	Part IV		Yan J
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	a family member) 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I	M 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	I conservation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31		X
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' co Schedule N, Part II	emplete 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ations sections 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts I line 1	II, III, IV, and V, 34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' comple Part V, line 2	ete Schedule R,		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re organization? If 'Yes,' complete Schedule R, Part V, line 2	elated 36		Х
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organizatreated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	zation and that is		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 a Note. All Form 990 filers are required to complete Schedule O	and 19?		Х

Form **990** (2009)

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance				
					Yes	No
1	a Enter tl Informa	ne number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. ation Returns. Enter -0- if not applicable	1a 0:			
	b Enter tl	ne number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0			
(c Did the (gambli	organization comply with backup withholding rules for reportable payments to vendoing) winnings to prize winners?	rs and reportable gaming	1 c		
2	a Enter the calendar	number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the year ending with or within the year covered by this return	2a 0			
2	b If at lea	ast one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b		
	Note. If	the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ref	turn (see instructions)			~ ~
3	a Did the this ret	organization have unrelated business gross income of \$1,000 or more during the yearing?	ar covered by	3a		Х
	b If 'Yes'	has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4.	a At any financia	time during the calendar year, did the organization have an interest in, or a signature al account in a foreign country (such as a bank account, securities account, or other f	e or other authority over, a financial account)?	4a		Х
	b If 'Yes,	enter the name of the foreign country				
		e instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of al Accounts	Foreign Bank and			
5	a Was the	e organization a party to a prohibited tax shelter transaction at any time during the ta	ıx year [?]	5 a		Х
	b Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5 b		X
1	c If 'Yes, Tax Sh	' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ei elter Transaction?	ntity Regarding Prohibited	5 c		
6	a Does the	ne organization have annual gross receipts that are normally greater than \$100,000, a any contributions that were not tax deductible?	and did the organization	6a		Х
	b If 'Yes, deducti	' did the organization include with every solicitation an express statement that such c ble?	ontributions or gifts were not	6b		
7	Organi	zations that may receive deductible contributions under section 170(c).				
		organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and services	7a		
	b If 'Yes,	did the organization notify the donor of the value of the goods or services provided?	'	7b		
	c Did the Form 8	organization sell, exchange, or otherwise dispose of tangible personal property for w 282?	hich it was required to file	7с		Х
		' indicate the number of Forms 8282 filed during the year	7d			
	benefit	organization, during the year, receive any funds, directly or indirectly, to pay premiur contract?		7e		Х
		organization, during the year, pay premiums, directly or indirectly, on a personal ber	r	7f		X
	-	contributions of qualified intellectual property, did the organization file Form 8899 as		7 g		
		stributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h		
8	support	oring organizations maintaining donor advised funds and section 509(a)(3) supporti ting organization, or a donor advised fund maintained by a sponsoring organization, h s at any time during the year?	ng organizations. Did the nave excess business	8		
9		oring organizations maintaining donor advised funds.				
	-	organization make any taxable distributions under section 4966?		9a		
		organization make any distribution to a donor, donor advisor, or related person?		9b		
		n 501(c)(7) organizations. Enter				
	a Initiatio	n fees and capital contributions included on Part VIII, line 12	10a			
	b Gross f	Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section	n 501(c)(12) organizations. Enter				
		ncome from other members or shareholders.	11a			
	b Gross i amoun	ncome from other sources (Do not net amounts due or paid to other sources against to due or received from them) $$	11 Ь			
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a		
	h If 'Voc	' enter the amount of tay-exempt interest received or accrued during the year	12h			

Form 990 (2009)

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.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 18					
		number of voting members that are independent.	1 b					
2		officer, director, trustee, or key employee have a family relationship or a business re	elationship with any other					
2	officer, d	irector, trustee or key employee?		2		X		
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		x		
4		rganization make any significant changes to its organizational documents		4		X		
		prior Form 990 was filed?						
5		rganization become aware during the year of a material diversion of the organization	on's assets?	5		Х		
6		organization have members or stockholders?		6		Х		
_	Does the	organization have members, stockholders, or other persons who may elect one or	more members of the			х		
ŀ	governin Are anv	g body? decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7a 7b		X		
8	-	rganization contemporaneously document the meetings held or written actions under						
the following								
á	The gove	erning body?		8a		X		
t	Each cor	nmittee with authority to act on behalf of the governing body?		86		Х		
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								
Sec		Policies (This Section B requests information about policies not	required by the Internal					
	enue Code	•	,					
					Yes	No		
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		X		
	f 'Yes.'	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b				
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	\vdash		
		in Schedule O the process, if any, used by the organization to review this Form 99	_			·		
			See Schedule O	12a		X		
		organization have a written conflict of interest policy? If 'No,' go to line 13	that applied apple was	124				
	to conflic		,	12b				
(Does the Schedule	organization regularly and consistently monitor and enforce compliance with the poet O how this is done	olicy? If 'Yes,' describe in	12c		L		
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 p	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent					
			CISIOIT	15 a		X		
	_	nization's CEO, Executive Director, or top management official				X		
•		icers of key employees of the organization		15 b	_			
		o line 15a or 15b, describe the process in Schedule O (See instructions)						
16	Did the on the one of a property of a proper	irganization invest in, contribute assets to, or participate in a joint venture or similal ring the year?	r arrangement with a taxable	16 a		X		
	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b				
Sec	tion C.	Disclosures						
17	List the	states with which a copy of this Form 990 is required to be filed $ ightharpoonup OK$						
18	Section inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a in Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) av	aılabl'	e for	public		
		website Another's website Upon request						
19	Describe statemer	ın Schedule O whether (and if so, how) the organization makes its governing docuits available to the public	ments, conflict of interest poli	cy, ar	nd fina	ancıal		
		e name, physical address, and telephone number of the person who possesses the last above	books and records of the orga	anızatı	on			
			 -					

Form 990 (2009)

Part VII* Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title Average hours per week Reportable compensation from related organizations (W-2/1099-MISC) Linda Gardner Past President O Jackie Bendorf Director O Diane Robinson Director O Harriett Carson Director O O O O O O O O O O O O O O O O O O	
Linda Gardner Past President O Jackie Bendorf Director O Diane Robinson Director O Director	
Past President 0 0. 0. Jackie Bendorf 0 0. 0. Director 0 0. 0. Diane Robinson 0 0. 0. Director 0 0. 0. Harriett Carson 0 0. 0.	,
Jackie Bendorf 0 0. 0. Director 0 0. 0. Director 0 0. 0. Harriett Carson 0 0. 0.	
Director 0 0. 0. Diane_Robinson 0 0. 0. Director 0 0. 0. Harriett Carson 0 0. 0.	0.
Diane_Robinson	
Director 0 0. 0. Harriett Carson	0.
Harriett Carson	
	0.
Director 0 0 0. 0.	
	0.
Lisa Slater	
Director 0 0. 0.	0.
Loren Plotkin	
Treasurer 0 0. 0.	0.
Rick Black	
Director 0 0. 0.	0.
Marcel Silberman	
Director 0 0. 0.	0.
Lisa Kaitcer	
<u>Director</u> 0 0. 0.	0.
Arlette Poplin	
Secretary 0 0. 0.	0.
Stephen Tanenbaum	
<u>Director</u> 0 0. 0.	0.
Sharon Cohen	
Vice President 0 0. 0.	0.
Ruth Charnay	
<u>Director</u> 0 0. 0.	0.
Larry Davis	
Vice President 0 0. 0.	0.
Ruth Levenson	
<u>Director</u> 0 0. 0.	0.
Marty Lichtmann	
Director 0 0. 0.	0.
Susan Silver	
Director 0 0. 0.	0.

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trust	lees, k	(ey	Em	ıplo	ye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B) (c)							(D)	(E)	(F)
Name and Title			Position (check all that					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or dir	nstit	Officer	Keye	Highest compensate	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		dual ector	nstitutional trustee	14	employee	yee oyee	द			organization and related
		trust	al tru		yee	mpe				organizations
		8	stee			nsated				
						٦				
Edie Roodman										
Executive Direc	40				Х		_	90,500.	0.	0.
	!									
		Ш							<u> </u>	· · ·
· · · · · · · · · · · · · · · · · · ·						 				<u> </u>
1 b Total	L		1				~	90,500.	0.	0.
2 Total number of individuals (including but not limited	d to tho	se lis	sted	abo	ove)	wh	o re		است.	
from the organization 0										
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу	emp	loye	ee, d	or hi	ghest compensate	ed employee	
<u>.</u>										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the	nan \$15	0,00	02/	f 'Y	es' d	com	plet	e Schedule J for s	uch	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch.	ompens nedule J	atıor <i>I for</i>	n fro suci	m a h pe	iny i	unre	elate	d organization for	services	5 X
Section B. Independent Contractors										1 - 1 - 1
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
								(5)		~
(A) Name and business address	5							(B) Description o	f Services	(C) Compensation
										
							-			
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	list	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization			- '					,		

Pai	t VIII Statement of Revenue					,
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns 1a					
AN	b Membership dues 1b	611,128.				
2 Š	c Fundraising events 1c	· -				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	d Related organizations 1 d					
	e Government grants (contributions) 1 e					
SIS						
돌	f All other contributions, gifts, grants, and similar amounts not included above					
E O	g Noncash contribns included in Ins 1a-1f. \$	<u> </u>				
S A	h Total. Add lines 1a-1f		611,128.			
핕	II Totali / Ida III/00 Ta Ti	Business Code	022,220			
Ĕ	2a Camp Chaverim		191,230.	191,230.		
<u> </u>	b Events Income		128,024.	128,024.		-
CE	c Grants Income		79,638.	79,638.		
- 26	d Other Project Income		11,171.	11,171.		-
Σ	a ocher_rroject_income		11/1/1.	11,1,1.		
₽.W	f All other program service revenue					
õ	g Total. Add lines 2a-2f	•	410,063.			ŧ .
-	 		410,005.			· · · · · · · · · · · · · · · · · · ·
	3 Investment income (including dividend other similar amounts)	is, interest and	40,397.	40,397.		
	4 Income from investment of tax-exemp	t bond proceeds	,			
	5 Royalties	•				
	(ı) Real	(II) Personal	7	*:	ν,	· · · · · · · · · · · · · · · · · · ·
	6a Gross Rents.		, ,	*,	,	
	b Less rental expenses					*: ** 1
	c Rental income or (loss)				· .	
	d Net rental income or (loss)	>				
	(i) Securities	(II) Other	>	-		. ,
	7a Gross amount from sales of assets other than inventory					**,
				,		
	b Less cost or other basis and sales expenses		*	, * ,	*	
	c Gain or (loss)		*			
	d Net gain or (loss)	•				
	• ,					> 1
빌	8a Gross income from fundraising events (not including \$					
KEN	of contributions reported on line 1c)		٠,			*
Z	See Part IV, line 18	a	Ť			, 1
OTHER REVENU	b Less direct expenses	b				í
5	c Net income or (loss) from fundraising	events ►				
	9a Gross income from gaming activities See Part IV, line 19	a				1
	b Less direct expenses.	b				
	c Net income or (loss) from gaming acti	vities ►	~			
	, , ,					
	10a Gross sales of inventory, less returns and allowances.	al l				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
Ì	11a Other Income		74,823.			74,823.
	b		<u> </u>			
	c		"			
	d All other revenue					
	e Total. Add lines 11a-11d	•	74,823.			
	12 Total revenue. See instructions	•	1,136,411.	450,460.	0.	74,823.

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).

	All other organizations must com-		(B)	(C)	(D)
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
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	90,500.	76,925.	13,575.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	172,432.	146,567.	25,865.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,163.	17,139.	3,024.	
	Fees for services (non-employees)				
ä	a Management				
ı	Legal				
	: Accounting	10,000.		10,000.	
	i Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
	Advertising and promotion.				
13	Office expenses				
14	Information technology				
15	Royalties	15 400		15 400	
16	Occupancy	15,480.		15,480.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	194,405.	194,405.		
22	Depreciation, depletion, and amortization	8,553.	8 <u>,5</u> 53.		
	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)				
	Camp Chaverim	194,309.	194,309.		
	Contributions	164,796.	164,796.		
	: Special Events	154,111.	154,111.		
(Program Operating Expenses	61,373.	61,373.		
•	Misc Projects	12,522.	12,522.		
1	All other expenses	33,356.		33,356.	
25	Total functional expenses. Add lines 1 through 24f	1,132,000.	1,030,700.	101,300.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form 990 (2009)

Par	<u>t X</u>	Balance Sheet				,				
					(A) Beginning of year		(B) End of year			
	1	Cash — non-interest-bearing			343,493.	1	358,671.			
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net	19,657.	4	47,590.					
ŀ	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trus II of S	tees, key employees, [chedule L	_	5				
	6	Receivables from other disqualified persons (as defin				-				
		and persons described in section 4958(c)(3)(B) Com	plete F	Part II of Schedule L		6				
ŝ	7	Notes and loans receivable, net		7						
S S E T S	8	Inventories for sale or use				8				
s	9	Prepaid expenses and deferred charges			2,428.	9	3,126			
	10 a	Land, buildings, and equipment cost or other basis	10 a	108,479.						
		Complete Part VI of Schedule D								
	b	Less accumulated depreciation	10 b	75,304.	41,203.	10 c	33,175.			
	11	Investments - publicly-traded securities				11				
- {	12	Investments - other securities See Part IV, line 11		• • •	12					
	13	Investments - program-related See Part IV, line 11			13					
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11		673,104.	15	674,867.				
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,079,885.	16	1,117,429.			
	17	Accounts payable and accrued expenses	11,199.	17	44,652.					
	18	Grants payable		18	•					
	19	Deferred revenue		19						
ᅡ	20	Tax-exempt bond liabilities			20					
À	21	Escrow or custodial account liability Complete Part	IV of S	chedule D		21				
A B L T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, rsons	key employees, Complete Part II						
<u>i</u>		of Schedule L				22				
Š	23	Secured mortgages and notes payable to unrelated the	nird pa	rties		23				
	24	Unsecured notes and loans payable to unrelated third	l partie	s		24				
	25	Other liabilities Complete Part X of Schedule D		<u>_</u>	220,595.	25	220,595.			
	26	Total liabilities. Add lines 17 through 25			231,794.	26	265,247.			
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X ar	nd complete lines						
ا ۵	27	Unrestricted net assets		ŗ	848,091.	27	852,182.			
Ĕ	28	Temporarily restricted net assets			000,000	28				
1 1		Permanently restricted net assets		ļ		29	······			
R		Organizations that do not follow SFAS 117, check he	are >	and complete			`&`			
- 1		lines 30 through 34.								
F UZD	30	Capital stock or trust principal, or current funds	_							
- 1		Paid-in or capital surplus, or land, building, and equip	fund		30 31					
ξ		Retained earnings, endowment, accumulated income			32					
ฉิเ	33	Total net assets or fund balances	, 0, 00	ioi iuliuu	848,091.	33	852,182.			
Ĕ	33 34	Total liabilities and net assets/fund balances			1,079,885.	34	1,117,429.			
BAA		Total habilities and het assets/fullu balances			1,017,003.	<i>-</i>	Form 990 (2009)			

TEEA0111L 01/30/10

Form 990 (2009) Jewish Federation of Greater	730579276		Pa	ge 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 X 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?		2a	į	X
b Were the organization's financial statements audited by an independent accountant?		2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	2 c		
If the organization changed either its oversight process or selection process during the tax year, explin Schedule O	laın			1
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year vectorsolidated basis, separate basis, or both	were issued on a			
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 for Audit Act and OMB Circular A-133?	th in the Single	За		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Jewish Federation of Greater

Inspection Employer identification number

			Okla	homa City		730579276								
Part	$\overline{1}$	Reasor	ı for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstruct	ions		
The or	gan	ization is	not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	\bigcap_{i}	A church,	conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2	\prod_{i}	A school	described	I in section 170(b)(1)(A)(ii). (Attach Schedule E	E)								
3	\prod_{i}	A hospita	l or coope	erative hospital service	e organization described	ın secti	on 170(l	οχ1χΑχ	iii).					
4	<u> </u>	A medica	I research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(<i>A</i>	A)(iii) Er	iter the ho	spital's	ı
	_	name, cit	y, and sta	ate	- -									
5	ㅡ ·	170(b)(1)((A)(iv) . (0	Complete Part II)	of a college or university					nmenta	l unit des	scribed in s	section	1
6 7	Π,	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 commu	inity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	I)							
9	; ;	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	_	_		-	exclusively to test for pu									
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													
е	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														
g		Since Au	gust 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	,7		
												_	Yes	No
	1	(i) a pe belo	erson who ow, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	dın (II) a	and (III)	11 g (i)		
		(ii) a fa	mily men	nber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii) a 35	5% contro	olled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide t	he followi	ng information about	the supported organization	ons		,						
	(1)	Name of Su Organizat		(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your irning ment?	the organ	(i) of	ion in organization in f (i) organized in		(vii) Amour	it of Supp	oort
						Yes	No	Yes	No	Yes	No			
		· · · · · ·												
			_											
					_	_	-					-tu-res		
							<u> </u>				-			
Total														

Pai	t II Support Schedule for	•			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)	(vi)		
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Pai	(t i)					
Cale	ndar year (or fiscal year nning 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	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-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·							
Cale begi	ndar year (or fiscal year nnıng in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12			
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)		
	tion C. Computation of Pu					· · ·			
14 15	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2008 Schedule A, Part II, line 14 15 %								
16 a	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								
t	33-1/3 support test – 2008. If the and stop here. The organization				a, and line 15 is 3	3-1/3% or more, c	heck this box		
17 <i>a</i>	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how		
	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 organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	n, or 17b, check th	nis box and see ins	structions •		

	dule A (Form 990 or 990-EZ) 200		ederation of		-)/2)	730579276	Page 3	
Par				Section 505(a	a)(2)			
<u> </u>	(Complete only if you che	cked the box on iii	ne 9 of Part I)					
	tion A. Public Support	4-2 0005	(h) 200C	(2) 2007	(4) 2009	(e) 2009	(n Total	
	dar year (or fiscal yr beginning in) Gifts, grants, contributions and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	membership fees received (Do not include 'unusual grants ')			_			0.	
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						0.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.	
7 a	Amounts included on lines 1, 2, 3 received from disqualified							
	persons	0.	0.	0.	0.	0.	0.	
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		0	0			0	
	year	0.	0.	0.	0.	0.	0.	
	Add lines 7a and 7b	0.	0.	0.	0.	0.	<u> </u>	
8	Public support (Subtract line						0	
	7c from line 6)						0.	
	tion B. Total Support	T			4 11 0000	4 > 0000		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.	0.	0.	0.	0.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.	
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.	
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
13	Total support. (add Ins 9, 10c, 11, and 12)	` "					0.	
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► X	
	tion C. Computation of Pu					- · · · · · · · · · · · · · · · · · · ·		
15	15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))							
	Public support percentage from				<u> </u>	16	%_	
Sec	tion D. Computation of Inv	<u>restment Incon</u>	ne Percentage					
17	Investment income percentage t	for 2009 (line 10c,	column (f) divided	I by line 13, colum	nn (f))	17	%	
18	Investment income percentage f					18	<u>%</u>	
19 a	a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3% check this box and stop here. The organization qualifies as a publicly supported organization.							

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Schedule A	(Form	990 or 9	990-E	Z) 2009	9 Je	wish	Fede	rati	Lon	of	Grea	ater	•	730579276	Page 4
Part IV:	Suppl Part I	lemen	tal Ir 17a	or 17	ation.	Comp I Part	olete ti	hıs p e 12.	art t	o pr	ovide anv	the	explanations requi r additional inform	red by Part ation, See in	II, line 10;
		,						_							
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service			Part IV, lines 6, 7, 8, 9, 10, 11, o ach to Form 990. ► See separat	or 12. e instructions	Open to Public Inspection					
	of the organization		acii to i ciiii coc.	· mondowons	Employer Identification number					
	vish Federat Lahoma City	ion of Greater			730579276					
Гаг	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.									
	the organi	241011 41137/0104 100 1	(a) Donor advised fund		unds and other accounts					
1	Total number at o	end of year	(a) Bollot advised latit	(5)1	and and other accounts					
2		butions to (during year)								
3	00 0	from (during year)								
4	Aggregate value									
_	00 0	•								
5	funds are the org	janization's property, subject	nor advisors in writing that the ass to the organization's exclusive le	gal control?	Yes No					
6	used only for cha	tion inform all grantees, dono aritable purposes and not for ng impermissible private bene	rs, and donor advisors in writing the benefit of the donor or donor sfit??	that grant funds may be advisor or for any other	Yes No					
Par	t II Conserva	tion Easements Comple	ete if the organization answ	ered 'Yes' to Form 99	0, Part IV, line 7.					
1	Purpose(s) of cor	nservation easements held by	the organization (check all that	apply)						
	Preservation	of land for public use (e g , r	· · · · ·	Preservation of an historica						
	Protection of	natural habitat	<u> </u>	Preservation of certified his	storic structure					
		of open space								
2	Complete lines 2 last day of the ta		on held a qualified conservation o	contribution in the form of a	a conservation easement on the					
	last day of the ta	x year			Held at the End of the Year					
-	Total number of	conservation easements		2a	Tield at the Elia of the Teal					
		stricted by conservation ease	ments	2b						
	•	•	fied historic structure included in							
		ervation easements included i		2d						
3			transferred, released, extinguishe		panization during the tax					
J	year ►	Tration casements meaning,	transferred, released, extinguisme	or terriminated by the eri	gameation dering the tan					
4	·	where property subject to co	onservation easement is located	·						
5	Does the organiz	ration have a written policy re	garding the periodic monitoring, i	nspection, handling of viola	ations, Yes No					
6	Staff and volunte during the year	eer hours devoted to monitorii	ng, inspecting, and enforcing con	_						
7	Amount of expenduring the year		nspecting, and enforcing conserva	ation easements \$						
8		ervation easement reported or nd 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	Yes No					
9	In Part XIV, descri include, if applica conservation eas	able, the text of the footnote	s conservation easements in its reve to the organization's financial stat	enue and expense statement, tements that describes the	and balance sheet, and organization's accounting for					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.										
1 a	treasures, or other	er sımılar assets held for pub	r SFAS 116, not to report in its re lic exhibition, education, or resea ents that describes these items	venue statement and balar rch in furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,					
t	If the organization treasures, or other amounts relating	er similar assets held for pub	r SFAS 116, to report in its reven lic exhibition, education, or resea	ue statement and balance rch in furtherance of public	service, provide the following					
	(i) Revenues inc	cluded in Form 990, Part VIII,	line 1		►\$ ►\$					
	(ii) Assets ınclud	ded in Form 990, Part X			> \$					
2	If the organizatio amounts required	n received or held works of a d to be reported under SFAS	rt, historical treasures, or other si 116 relating to these items	ımılar assets for fınancıal g	ain, provide the following					
		ed in Form 990, Part VIII, line	e 1		▶ \$					
ŧ	Assets included i	ın Form 990, Part X			►\$ ►\$					

Schedule D (Form 990) 2009 Jewis	sh Federa	tion	of Greater	r		7	<u>305792</u>	276		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, o	r Other Simil	ar Asse	ets (c	ontını	ıed)
3 Using the organization's acquisition items (check all that apply)	on accession	and oth	ner records, che	ck any	of the following	that are a signif	icant use	of its	collect	ion
a Public exhibition			d Loan (or excl	nange programs					
b Scholarly research	b Scholarly research e Other									
c Preservation for future gener	ations									
Part XIV	· • ·····									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem	ents (Complete if o	rganı			orm 99	0, Pa	rt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiai	n, or oth	ner intermediary	for co	ntributions or oth	ner assets not		Yes	[No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the followi	ıng tab	le	r				
							<i>F</i>	Amount	<u>. </u>	
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1f		٦.,		
2a Did the organization include an a		m 990,	Part X, line 217	,			L	Yes	L	No
b If 'Yes,' explain the arrangement			ation once	od 1V	as' to Form 00	00 Dort IV I	no 10			
Part V Endowment Funds Co			(b) Prior year		(c) Two years back	1		(0)	our year	
1 a Beginning of year balance	(a) Current	yeai	(D) Filor year	' 	(C) Two years back	k (u) milee ye	ats back	(6)	our year	2 Dack
b Contributions				8	× .					×
c Net Investment earnings, gains, and losses					*2		.\$.	,	``	. ***
d Grants or scholarships				, , , , , , , , , , , , , , , , , , ,	<u> </u>			· · · · · · · ·		
 Other expenditures for facilities and programs 				<i>r</i> .	·		×	,	·	
f Administrative expenses										· · · · · · · · · · · · · · · · · · ·
g End of year balance				· .						
2 Provide the estimated percentage	-	end bala	ance held as							
a Board designated or quasi-endov	vment ►		%							
b Permanent endowment	%									
c Term endowment ►	8									
3a Are there endowment funds not	in the possess	sion of t	he organization	that a	re held and admi	nistered for the		Г	Yes	N ₁
organization by (i) unrelated organizations							1	3a(i)	res	No
(ii) related organizations							ł	3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations	licted as	s required on Sc	chadula	₽?		ŀ	3b		
4 Describe in Part XIV the intended	_						l			·
Part VI Investments—Land, B						. line 10.				
Description of investment			or other basis		Cost or other	(c) Accumula	ited	(d) B	Book Va	alue
	`	(in	vestment)		asıs (other)	Depreciation		(-, -		
1 a Land										
b Buildings	ļ									
c Leasehold improvements					2,577.		602.			<u>, 975.</u>
d Equipment					88,508.		203.		<u> </u>	, 305.
e Other					17,394.	16,	499.			895.
Total. Add lines 1a through 1e (Colum	n (d) must eq	ual Fori	m 990, Part X, c	column	(B), line 10(c))		<u> </u>			,175.
BAA							Schedu	le D (F	orm 99	U) 2009

Schedule D (Form 990) 2009 Jewish Federat			73057	9276 Page 3
Part VII Investments—Other Securities S	ee Form 9	990, Part X, line 1	2. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	ation ket value
Financial derivatives				
Closely-held equity interests				
Other				
		-		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)				
Part VIII Investments-Program Related (See Form	990. Part X. line	13) N/A	
(a) Description of investment type		b) Book value	(c) Method of valua	ation
	`		Cost or end-of-year man	ket value
				
	-			
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	▶			**
Part IX Other Assets (See Form 990, Pa		15)	* * * * * * * * * * * * * * * * * * * *	
the case of the ca	(a) Descript			(b) Book value
Other Current Assets	, ,			2,473.
T. I. (0.1 // // // // // // // // // // // // //	(O) 1 10			674 967
Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities (See Form 990,			<u> </u>	674,867.
(a) Description of Liability	1 art A, III	(b) Amount		
Federal Income Taxes		(b) Amount		
UJC Payable		220,595.	1	
obe rayable		220,000.		
			1	Lamba applications
	-		1	
			1	1
	-		1	
]	
]	
				1
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	•	220,595.		
2 FIN 48 Footpote In Part XIV provide the text of the	e footnote	to the organization's f	inancial statements that reports the	organization's liability

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009	730579276	Page 4
Pa	rt XI: Reconciliation of Change in Net Assets from Form 990 to Financial State	ments N/I	<i>A</i>
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pa	rt XII ⁺ Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return N	/A
	Total revenue, gains, and other support per audited financial statements.	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments 2a		
	b Donated services and use of facilities 2b	[4]	
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1000	
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	N/A
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a	1 2	
1	b Prior year adjustments. 2b		
	c Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***	
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		-
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comprenation	I 4, Part IV, lines 1b a lete this part to provid	nd 2b, Part V, de any additional

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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 Jewish Federation of Greater	/305/92/6	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Particular Properties of the Treasury Internal Revenue Service ► Attach to Form 990.

Name of the organization Jewish Federation of Greater Employer identification number 730579276 Oklahoma City Form 990, Part III, Line 4d - Other Program Services Description Promote the philanthropic social and cultural activities of the Jewish Community in the United States Form 990, Part VI, Line 11 - Form 990 Review Process A review by either the Executive Director or Treasurer is conducted prior to the filing of the return.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization Jewish Federation of Greater Oklahoma City	Employer identification number 730579276
OKIGNOMA CITY	1,000,000
	·