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Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE JEWISH FEDERATION OF RHODE ISLAND IS THE CENTRAL FUNDRAISING ORGANIZATION FOR THE GREATER RHODE ISLAND JEWISH COMMUNITY, ALLOCATING FUNDS, ASSISTING JEWISH AGENCIES LOCALLY, IN ISRAEL AND THROUGHOUT THE WORLD, AND ADVOCATING AS THE JEWISH VOICE FOR SOCIAL JUSTICE IN OUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 5,261,354 including grants of \$ 4,396,392) (Revenue \$ 6,813,452)
	TO PROMOTE GENERAL JEWISH WELFARE THROUGH THE SUPPORT OF JEWISH CHARITABLE, CULTURAL, AND RELIGIOUS ORGANIZATIONS AND ASSIST IN COMMUNAL ACTIVITIES
4b	(Code) (Expenses \$ 365,600 including grants of \$ 0) (Revenue \$ 290,016)
	TO PUBLISH BI-WEEKLY AND ANNUAL NEWSPAPERS FOR THE JEWISH COMMUNITY
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 5,626,954

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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 year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
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		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a16	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a25	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b If "Yes," enter the name of the foreign country: VI, CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	36	
b	Enter the number of voting members that are independent	1b	36	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MINNA ELLISON 130 SESSIONS STREET PROVIDENCE, RI 02906 (401) 421-4111

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	461,376	0	53,770
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,813,415			
	g	Noncash contributions included in lines 1a-1f \$ 472,015					
	h	Total. Add lines 1a-1f		6,813,415			
Program Service Revenue	2a	LOCAL PUBLICATIONS	Business Code 511,110	290,016		290,016	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		290,016			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		691,818		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 10,344,963				
b		Less cost or other basis and sales expenses	10,013,228				
c		Gain or (loss)	331,735				
d		Net gain or (loss)		331,735			331,735
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		8,126,984	0	290,016	1,023,553	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,338,678	4,338,678		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	57,714	57,714		
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	535,948	256,534	113,859	165,555
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	611,232	401,574	59,544	150,114
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,039	10,231	2,328	3,480
9	Other employee benefits	94,508	58,432	10,466	25,610
10	Payroll taxes	65,402	36,347	9,300	19,755
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	33,223	25,388	2,612	5,223
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	40,000	40,000		
g	Other	66,411	39,283	3,379	23,749
12	Advertising and promotion				
13	Office expenses	129,068	111,373	3,733	13,962
14	Information technology				
15	Royalties				
16	Occupancy	58,740	38,827	6,755	13,158
17	Travel	9,487	8,786	17	684
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	114,330	50,384	852	63,094
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,735	20,391	3,597	7,747
23	Insurance	12,316	8,613	1,256	2,447
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	UNRELATED BUSINESS TAX	2,833	2,833		
b	BAD DEBTS	148,489	7,500	140,989	
c	COMMISSIONS	60,496	60,496		
d	CAMPAIGN	35,837			35,837
e	COMMUNITY PROGRAM	29,819	29,819		
f	All other expenses	35,711	23,751	3,204	8,756
25	Total functional expenses. Add lines 1 through 24f	6,528,016	5,626,954	361,891	539,171
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			25,482	1	35,606
	2	Savings and temporary cash investments			829,030	2	2,220,176
	3	Pledges and grants receivable, net			1,766,366	3	1,477,861
	4	Accounts receivable, net			148,319	4	125,553
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			30,725	9	38,114
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,114,673	75,734	10c	70,663
	b	Less accumulated depreciation	10b	1,044,010			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			36,463,454	12	40,159,622
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			137,603	15	142,798
16	Total assets. Add lines 1 through 15 (must equal line 34)			39,476,713	16	44,270,393	
Liabilities	17	Accounts payable and accrued expenses			158,662	17	158,542
	18	Grants payable			2,750,296	18	2,879,425
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			5,997,647	25	6,249,240
	26	Total liabilities. Add lines 17 through 25			8,906,605	26	9,287,207
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			25,115,009	27	27,980,127
	28	Temporarily restricted net assets			755,962	28	906,346
	29	Permanently restricted net assets			4,699,137	29	6,096,713
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			30,570,108	33	34,983,186
	34	Total liabilities and net assets/fund balances			39,476,713	34	44,270,393

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization JEWISH FEDERATION OF RHODE ISLAND	Employer identification number 05-0259003
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,753,665	5,690,506	4,266,376	3,341,872	7,101,957	26,154,376
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,753,665	5,690,506	4,266,376	3,341,872	7,101,957	26,154,376
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)						3,678,164
6 Public Support. Subtract line 5 from line 4						22,476,212

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,753,665	688,896	4,266,376	3,341,872	7,101,957	26,154,376
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	504,348	688,896	819,299	688,963	691,818	3,393,324
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	34,284	50,482		186,170	213,660	484,596
11 Total support (Add lines 7 through 10)						30,032,296

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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	74 840 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	82 310 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF RHODE ISLAND	Employer identification number 05-0259003
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	126	
2 Aggregate contributions to (during year)	2,446,241	
3 Aggregate grants from (during year)	766,693	
4 Aggregate value at end of year	12,511,755	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☒ Yes	☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	4,806,751	6,256,642			
b Contributions	1,349,711	116,367			
c Investment earnings or losses	617,311	-1,295,790			
d Grants or scholarships	234,500	205,322			
e Other expenditures for facilities and programs					
f Administrative expenses	67,547	65,146			
g End of year balance	6,471,726	4,806,751			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 31.120 %

b

Permanent endowment ▶ 68.880 %

c

Term endowment ▶ 0 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,300		1,300
b Buildings		667,105	641,550	25,555
c Leasehold improvements				
d Equipment		135,537	103,739	31,798
e Other		310,731	298,721	12,010
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				70,663

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,126,984
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,528,016
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,598,968
4	Net unrealized gains (losses) on investments	4	3,107,492
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-293,382
9	Total adjustments (net) Add lines 4 - 8	9	2,814,110
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,413,078

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	10,882,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,681,453
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	395,342
e	Add lines 2a through 2d	2e	3,076,795
3	Subtract line 2e from line 1	3	7,806,111
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	320,873
c	Add lines 4a and 4b	4c	320,873
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,126,984

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	6,469,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	213,660
e	Add lines 2a through 2d	2e	213,660
3	Subtract line 2e from line 1	3	6,256,168
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	271,848
c	Add lines 4a and 4b	4c	271,848
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,528,016

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		change in value OF SPLIT INTEREST AGREEMENT 121514 miscellaneous income-fasb 136 reversal 60168 interest and dividends- fasb 136 reversal -87278 gifts- fasb 136 reversal -188899 FUNDS HELD IN AGENCY -44696 FASB 136 REVERSAL - GRANTS 271848 fasb 136 REVERSAL - unrealized gains and losses -426039
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 121514 SHARED ACCOUNTING SERVICES 175364 EMPLOYEE HEALTH INSURANCE CONTRIBUTIONS 35296 MISCELLANEOUS INCOME 60168 grant income 3000
Part XII, Line 4b - Other Adjustments		GIFTS - FASB 136 REVERSAL 188899 INTEREST & DIVIDENDS INCOME - FASB 136 REVERSAL 87278 REALIZED GAIN - FASB 136 REVERSAL 44696 unREALIZED GAIN - FASB 136 REVERSAL 426039 fasb 134 unrealized gains/ losses -426039
Part XIII, Line 2d - Other Adjustments		SHARED ACCOUNTING SERVICES 175364 employee health insurance contributions 35296 grant allocations-fasb 136 3000
Part XIII, Line 4b - Other Adjustments		fasb 136 reversal 271848
		PART V, LINE 4 THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE AS FOLLOWS 1) PROFESSIONAL DEVELOPMENT OF JEWISH COMMUNAL PROFESSIONALS IN RHODE ISLAND 2) SUPPORT OF THE ORGANIZATION'S ANNUAL CAMPAIGN 3) SUPPORT OF THE BUREAU OF JEWISH EDUCATION OF RI'S EVENING OF JEWISH RENAISSANCE 4) SUBSIDIZE TRAVEL TO ISRAEL BY STUDENTS, TEENS AND YOUNG ADULTS 5) PAYMENTS OF THE ORGANIZATION'S UNEMPLOYMENT CLAIMS, AND 6) SUPPORT OF THE URI HILLEL

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

37

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization JEWISH FEDERATION OF RHODE ISLAND	Employer identification number 05-0259003
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☒ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☐ Independent compensation consultant		
☒ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		No
6b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Schedule J (Form 990) 2009

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1b	The employment contract of the Executive Vice President provides for the organization to pay him 1/2 of the after tax cost of tuition for his 2 daughters. Once this amount is determined at the beginning of the academic year, the Executive Vice President is paid this amount over the course of the organization's fiscal year. Item 7. The employment contract of the Executive Vice President provides for the organization to pay him a bonus of up to \$20,000 during the fiscal year ended 6/30/10. The criteria for this bonus is based on numerous goals that are agreed to by the employee and the President of our organization. In evaluating the employee's achievement of these goals, a compensation committee reviews the employee's performance and recommends that the employee receive a certain amount of the eligible bonus. For the fiscal year ended 6/30/10, the compensation committee determined that the Executive Vice President had attained 80% of his goals and accordingly, he was paid \$16,000 during this fiscal year.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
EDWARD D FELDSTEIN	DIRECTOR		LEGAL SERVICES		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
JEWISH FEDERATION OF RHODE ISLAND

Employer identification number
05-0259003

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	45	472,015	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	QUESTION 32A THE ORGANIZATION USES INDEPENDENT BROKERAGE FIRMS TO SELL THE PUBLICLY TRADED SECURITIES THAT IT RECEIVES

Additional Data

Software ID:

Software Version:

EIN: 05-0259003

Name: JEWISH FEDERATION OF RHODE ISLAND

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133044111

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization JEWISH FEDERATION OF RHODE ISLAND	Employer identification number 05-0259003
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FAMILY RELATIONSHIPS BETWEEN OFFICERS AND BOARD MEMBERS DORIS FEINBERG (PRESIDENT) AND ALAN FEINBERG (DIRECTOR) ARE SPOUSES RICHARD LICHT (VICE PRESIDENT) AND SUSAN LEACH DEBLASIO (DIRECTOR) ARE COUSINS MELVIN G ALPERIN (DIRECTOR) AND DAVID M HIRSCH (DIRECTOR) ARE BROTHERS-IN-LAW HARRIS N ROSEN (DIRECTOR) AND MYRNA K ROSEN (DIRECTOR) ARE SPOUSES ALAN HASSENFELD (DIRECTOR) AND ROBERT D MANN (DIRECTOR) ARE COUSINS BUSINESS RELATIONSHIPS BETWEEN OFFICERS AND BOARD MEMBERS EDWARD D FELDSTEIN (DIRECTOR) IS ASSOCIATED WITH THE LAW FIRM OF ROBERTS CARROLL FELDSTEIN & PIERCE, INCORPORATED FROM TIME TO TIME, THIS LAW FIRM MAY PROVIDE LEGAL SERVICES TO A NUMBER OF BOARD MEMBERS NO OTHER BUSINESS CONFLICTS WERE REPORTED TO US

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ANY INDIVIDUAL THAT IS AT LEAST 18 YEARS OF AGE AND HAS CONTRIBUTED AT LEAST \$18 TO OUR ORGANIZATION'S ANNUAL CAMPAIGN IS CONSIDERED A MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ANNUALLY, THE MEMBERS OF THE ORGANIZATION MEET AND ELECT THE OFFICERS AND DIRECTORS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MAJOR ORGANIZATIONAL CHANGES (SUCH AS CHANGES IN BY-LAWS) REQUIRE THE APPROVAL OF THE MEMBERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRIOR TO THE FILING OF THIS RETURN, THE ORGANIZATION'S FINANCE COMMITTEE REVIEWED FORM 990 IN DETAIL AND RECOMMENDED TO THE BOARD THAT IT ACCEPT THIS RETURN THE BOARD APPROVED THIS ACTION A COPY OF FORM 990 WAS MADE AVAILABLE TO EVERY BOARD MEMBER BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY, OFFICERS AND DIRECTORS ARE REQUIRED TO REVIEW THE WRITTEN CONFLICT OF INTEREST POLICY AND PROVIDE THE ORGANIZATION WITH A SIGNED STATEMENT DISCLOSING ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OR DISCLOSING THAT THEY HAVE NO INTERESTS THAT WOULD GIVE RISE TO CONFLICTS THE ORGANIZATION RETAINS THE SIGNED STATEMENTS AND THE SECRETARY MONITORS COMPLIANCE WITH THIS POLICY CONFLICTS ARE PERIODICALLY REPORTED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		IN THE PREVIOUS FISCAL YEAR, THE ORGANIZATION AND THE EXECUTIVE VICE PRESIDENT/CEO EXECUTED A NEW EMPLOYMENT AGREEMENT TO REPLACE AN EXPIRING EMPLOYMENT AGREEMENT IN DETERMINING THE COMPENSATION FOR THIS INDIVIDUAL, THE ORGANIZATION APPOINTED A COMPENSATION COMMITTEE TO REVIEW RELEVANT FACTORS THE COMMITTEE PERFORMED A COMPENSATION SURVEY OF NUMEROUS OTHER ORGANIZATIONS INCLUDING OBTAINING INFORMATION FOR THE COMPENSATION OF OTHER EXECUTIVE VICE PRESIDENTS IN OUR FEDERATED SYSTEM AFTER PROLONGED DELIBERATION, REVIEW OF DATA OBTAINED FROM THEIR SURVEY, AND CONSIDERATION OF THE NEEDS OF THE ORGANIZATION, THE COMMITTEE SET THE EXECUTIVE'S COMPENSATION BASED ON THE COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS DOCUMENTATION SUPPORTING THIS DECISION WAS RETAINED BY THE ORGANIZATION THE MATTER WAS REPORTED TO THE BOARD FORM 990, PAGE 6, PART VI, GOVERNANCE, SECTION B, QUESTION 15b NO KEY EMPLOYEES WERE HIRED DURING THE FISCAL YEAR WHEN A KEY EMPLOYEE IS HIRED, THE FOLLOWING IS OUR ORGANIZATION'S PRACTICE IN CONNECTION WITH DETERMINING COMPENSATION THE EXECUTIVE VICE PRESIDENT OBTAINS COMPARABLE SALARY INFORMATION AVAILABLE VIA THE EXAMINATION OF RELEVANT 990'S AND FROM SALARY DATA INFORMATION AVAILABLE FOR COMPARING POSITIONS IN OUR FEDERATED SYSTEM THE EXECUTIVE VICE PRESIDENT THEN CONSULTS WITH THE PRESIDENT AND APPROPRIATE OFFICERS IN SETTING THE COMPENSATION FOR THIS POSITION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE - 130 SESSIONS STREET, PROVIDENCE, RI 02906

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF RHODE ISLAND

Employer identification number

05-0259003

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JEWISH COMMUNITY CENTER OF RHODE ISLAND 401 ELMGROVE AVE PROVIDENCE, RI 02906 05-0258887	PROVIDE EDUCATIONAL SERVICES	RI	501(C)3	9	N/A

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) JEWISH COMMUNITY CENTER OF RHODE ISLAND	B	315,668
(2) JEWISH COMMUNITY CENTER OF RHODE ISLAND	D	2,547,771
(3) JEWISH COMMUNITY CENTER OF RHODE ISLAND	J	2
(4) JEWISH COMMUNITY CENTER OF RHODE ISLAND	N	152,884
(5) jewish COMMUNITY CENTER OF RHODE ISLAND	O	53,048
(6)		

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return
JEWISH FEDERATION OF RHODE ISLAND

Business or activity to which this form relates
Form 990 Page 10

Identifying number
05-0259003

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	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	31,735
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 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 2009 Tax Year Using the Alternative Depreciation System

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

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

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	31,735
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														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

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

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

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

Part VI Amortization

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

Additional Data

Software ID:

Software Version:

EIN: 05-0259003

Name: JEWISH FEDERATION OF RHODE ISLAND

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DORIS FEINBERG PRESIDENT	4 00	X		X				0	0	0
SHARON GAINES VP GOVERNANCE & LEADERSHIP	1 00	X		X				0	0	0
BONNIE STEINBERG JENNIS VP WOMEN'S ALLIANCE	1 00	X		X				0	0	0
RICHARD LICHT VP FINANCIAL RESOURCE DEV	1 00	X		X				0	0	0
ALAN LITWIN VICE PRESIDENT AT LARGE	1 00	X		X				0	0	0
JAMES PIOUS VP PLANNING & allocations	1 00	X		X				0	0	0
BARBARA SOKOLOFF VP COMMUNITY RELATIONS	1 00	X		X				0	0	0
LAWRENCE HERSHOFF SECRETARY/TREASURER	1 00	X		X				0	0	0
ALAN FEINBERG AREA VP NEWPORT COUNTY	1 00	X		X				0	0	0
HAROLD FOSTER AREA VP EAST BAY	1 00	X		X				0	0	0
SCOTT LIBMAN AREA VP SOUTHERN RHODE ISL	1 00	X		X				0	0	0
GARY SIPERSTEIN AREA VP WEST BAY	1 00	X		X				0	0	0
SUSAN SUSSMAN AREA VP NORTHERN RHODE ISL	1 00	X		X				0	0	0
DAVID YAVNER ARE VP PROVIDENCE/PAWTUCKE	1 00	X		X				0	0	0
SUSAN LEACH DEBLASIO DIRECTOR	50	X						0	0	0
LINN FREEDMAN DIRECTOR	50	X						0	0	0
MARC GERTSACOV DIRECTOR	50	X						0	0	0
ALAN HASSENFELD DIRECTOR	50	X						0	0	0
RALPH POSNER PRESIDENTIAL APPOINTEE	50	X						0	0	0
MICHAEL SCHAFFER DIRECTOR	50	X						0	0	0
KENNETH SCHNEIDER DIRECTOR	50	X						0	0	0
RABBI PETER STEIN DIRECTOR	50	X						0	0	0
ROBERT STOLZMAN DIRECTOR	50	X						0	0	0
MINDY WACHTENHEIM DIRECTOR	50	X						0	0	0
MELVIN G ALPERIN DIRECTOR	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK R FEINSTEIN DIRECTOR	50	X						0	0	0
EDWARD D FELDSTEIN DIRECTOR	50	X						0	0	0
DAVID M HIRSCH DIRECTOR	50	X						0	0	0
ROBERT D MANN DIRECTOR	50	X						0	0	0
HARRIS N ROSEN DIRECTOR	50	X						0	0	0
HERBERT B STERN DIRECTOR	50	X						0	0	0
DAVID A COHEN DIRECTOR	50	X						0	0	0
STANLEY GROSSMAN DIRECTOR	50	X						0	0	0
MYRNA K ROSEN DIRECTOR	50	X						0	0	0
MATHEW D SHUSTER DIRECTOR	50	X						0	0	0
MELVIN L ZURIER DIRECTOR	50	X						0	0	0
STEPHEN R SILBERFARB EXECUTIVE VICE PRESIDENT/C	40 00					X		231,580	0	27,700
MANUEL E DAROSA CHIEF FINANCIAL OFFICER/CO	40 00					X		102,387	0	14,174
BRADLEY S LAYE CHIEF PHILANTHROPY OFFICER	40 00					X		127,409	0	11,896

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UNRELATED BUSINESS TAX	2,833	2,833		
BAD DEBTS	148,489	7,500	140,989	
COMMISSIONS	60,496	60,496		
CAMPAIGN	35,837			35,837
COMMUNITY PROGRAM	29,819	29,819		

Software ID:
Software Version:
EIN: 05-0259003
Name: JEWISH FEDERATION OF RHODE ISLAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Jewish Joint Distribution Committee Inc 711 Third Avenue 10th Floor New York, NY 10017	13-1656634	501(c)(3)	60,092				PROGRAMMATIC SUPPORT
American Jewish World Service Inc PO Box 96061 Washington, DC 20090	22-2584370	501(c)(3)	15,600				PROGRAMMATIC SUPPORT
Brown Hillel Foundation PO Box 1882 Providence, RI 02912	05-0258809	501(c)(3)	30,523				PROGRAMMATIC SUPPORT
Bureau of Jewish Education of Rhode Island 130 Sessions Street Providence, RI 02906	11-3160032	501(c)(3)	24,055				AGENCY ENDOWMENT WITHDRAWAL
Bureau of Jewish Education of Rhode Island 130 Sessions Street Providence, RI 02906	11-3160032	501(c)(3)	49,400				CULTURAL PROGRAMS
Bureau of Jewish Education of Rhode Island 130 Sessions Street Providence, RI 02906	11-3160032	501(c)(3)	719,441				PROGRAMMATIC SUPPORT
Camp JORI PO Box 5299 Wakefield, RI 02880	05-0268612	501(c)(3)	41,144				PROGRAMMATIC SUPPORT
Chabad Lubavitch of Greenwich 75 Mason Street Greenwich, CT 06830	22-3616874	501(c)(3)	7,500				PROGRAMMATIC SUPPORT
Chabad of Barrington 311 Maple Avenue Barrington, RI 02806	71-1005804	501(c)(3)	10,018				PROGRAMMATIC SUPPORT
Chabad--Providence 362 Hope Street Providence, RI 02906	11-6001111	501(c)(3)	5,000				PROGRAMMATIC SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Holocaust Education & Resource Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0483511	501(c)(3)	18,430				PROGRAMMATIC SUPPORT
Holocaust Education & Resource Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0483511	501(c)(3)	26,250				AGENCY ENDOWMENT WITHDRAWAL
Jewish Agency for Israel25 Broadway Suite 1700 New York, NY 10004	23-0053483	501(c)(3)	22,417				PROGRAMMATIC SUPPORT
Jewish Community Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	38,565				INTEREST SUBSIDY
Jewish Community Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	103,930				AGENCY ENDOWMENT WITHDRAWAL
Jewish Community Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	164,987				CAPITAL IMPROVEMENTS
Jewish Community Center of Rhode Island401 Elmgrove Avenue Providence, RI 02906	05-0258887	501(c)(3)	267,541				PROGRAMMATIC SUPPORT
Jewish Community Day School85 Taft Avenue Providence, RI 02906	05-0378703	501(c)(3)	13,726				INTEREST SUBSIDY
Jewish Community Day School85 Taft Avenue Providence, RI 02906	05-0378703	501(c)(3)	57,393				AGENCY ENDOWMENT WITHDRAWAL
Jewish Community Day School85 Taft Avenue Providence, RI 02906	05-0378703	501(c)(3)	269,794				PROGRAMMATIC SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service959 North Main Street Providence,RI 02904	05-0258888	501(c)(3)	318,825				PROGRAMMATIC SUPPORT
Jewish Federation Council of Greater Los Angeles6505 Wilshire Boulevard Los Angeles,CA 90048	95-1643388	501(c)(3)	10,000				PROGRAMMATIC SUPPORT
Jewish Federation of Palm Beach County Inc4601 Community Drive West Palm Beach,FL 33417	59-0948696	501(c)(3)	9,500				PROGRAMMATIC SUPPORT
Jewish Federation of Palm Springs & Desert Area69930 Highway 111 Suite 204 Rancho Mirage,CA 92270	23-7211881	501(c)(3)	10,000				PROGRAMMATIC SUPPORT
Jewish Federations of North AmericaPO Box 30 Old Chelsea Station New York,NY 10113	13-1624240	501(c)(3)	1,155,781				PROGRAMMATIC SUPPORT
Jewish Funds for Justice330 Seventh Avenue Suite 1902 New York,NY 10001	52-1332694	501(c)(3)	5,000				PROGRAMMATIC SUPPORT
Jewish Seniors Agency100 Niantic Avenue Providence,RI 02907	05-0258889	501(c)(3)	111,067				PROGRAMMATIC SUPPORT
Miriam Hospital Foundation Box H Annex Station Providence,RI 02902	05-0377502	501(c)(3)	14,752				PROGRAMMATIC SUPPORT
Moses Brown School250 Lloyd Avenue Providence,RI 02906	05-0258906	501(c)(3)	25,000				PROGRAMMATIC SUPPORT
Nechama--Jewish Disaster Response7260 Washington Avenue S Eden Prairie,MN 55433	41-1998750	501(c)(3)	17,042				PROGRAMMATIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Park Square Advocates INC DBA as GLAD30 Winter Street Suite 800 Boston, MA 02108	04-2660498	501(c)(3)	5,000				PROGRAMMATIC SUPPORT
PEF Israel Endowment Funds Inc317 Madison Avenue Room 607 New York, NY 10017	13-6104086	501(c)(3)	154,229				PROGRAMMATIC SUPPORT
Providence Hebrew Day School450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(c)(3)	32,520				AGENCY ENDOWMENT WITHDRAWAL
Providence Hebrew Day School450 Elmgrove Avenue Providence, RI 02906	05-0271953	501(c)(3)	1,384				PROGRAMMATIC SUPPORT
Reconstructionist Rabbinical College1299 Church Road Wyncote, PA 19095	23-1710675	501(c)(3)	5,000				PROGRAMMATIC SUPPORT
Rhode Island Chapter HadassahOne Union Station Providence, RI 02903	05-0460321	501(c)(3)	6,921				PROGRAMMATIC SUPPORT
Rhode Island Coalition for the Homeless1070 Main Street Pawtucket, RI 02860	22-2894547	501(c)(3)	5,000				PROGRAMMATIC SUPPORT
Rhode Island Community Food Bank200 Niantic Avenue Providence, RI 02907	05-0395601	501(c)(3)	7,250				PROGRAMMATIC SUPPORT
							UNEMPLOYMENT CLAIMS
Rhode Island Jewish Historical Association130 Sessions Street Providence, RI 02906	05-6015436	501(c)(3)	27,700				AGENCY ENDOWMENT WITHDRAWAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rhode Island Jewish Historical Association130 Sessions Street Providence, RI 02906	05-6015436	501(c)(3)	7,300				PROGRAMMATIC SUPPORT
Temple Beth-El70 Orchard Avenue Providence, RI 02906	05-0264805	501(c)(3)	23,935				PROGRAMMATIC SUPPORT
Temple Emanu-El99 Taft Avenue Providence, RI 02906	05-0259273	501(c)(3)	49,635				PROGRAMMATIC SUPPORT
The Fund For Community Progress1604 Broad Street Providence, RI 02905	05-0399609	501(c)(3)	10,000				PROGRAMMATIC SUPPORT
The Wolf School Inc215 Ferris Avenue E Providence, RI 02916	05-0506471	501(c)(3)	10,000				PROGRAMMATIC SUPPORT
Trustees of Dartmouth College100 Tuck Hall Hanover, NH 03755	02-0222111	501(c)(3)	11,750				PROGRAMMATIC SUPPORT
United Way of Rhode Island50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	6,289				PROGRAMMATIC SUPPORT
URI Hillel6 Fraternity Circle Kingston, RI 02881	05-6019148	501(c)(3)	154,180				CAPITAL IMPROVEMENTS
URI Hillel6 Fraternity Circle Kingston, RI 02881	05-6019148	501(c)(3)	68,750				PROGRAMMATIC SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Scholarship	1	1,000			
Scholarship	1	1,000			
Scholarship	1	1,625			
Scholarship	1	1,000			
Scholarship	1	800			
Scholarship	1	1,500			
Scholarship	1	950			
Scholarship	1	950			
Scholarship	1	2,000			
Scholarship	1	1,200			
Scholarship	1	600			
Scholarship	1	1,500			
Scholarship	1	1,500			
Scholarship	1	1,000			
Scholarship	1	1,500			
Scholarship	1	2,100			
Scholarship	1	800			
Scholarship	1	1,000			
Scholarship	1	1,350			
Scholarship	1	3,139			
Scholarship	1	1,000			
Scholarship	1	1,500			
Scholarship	1	3,000			
Scholarship	1	1,000			
Scholarship	1	1,000			
Scholarship	1	1,650			
Scholarship	1	2,500			
Scholarship	1	2,250			
Scholarship	1	1,000			
Scholarship	1	1,500			
Scholarship	1	1,000			
Scholarship	1	1,000			
Scholarship	1	1,400			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	800			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	2,650			
SCHOLARSHIP	1	950			
SCHOLARSHIP	1	1,000			