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EXTENSION GRANTED TO FEBRUARY 15, 2011

Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Inspection

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

Open to Public

Α	For the	2009 cal	endar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
В	Check if		C Name of organization	D Employer identific	cation number
	applicable	Please use IRS			
Г	Addres		JEWISH FEDERATION OF DELAWARE, INC.		
F	Name	type	Doing Business As	51-0	064315
	lchange lnitial	See	Number and street (or P 0 box if mail is not delivered to street address) Room/su		
F	return Termin	Specific			427-2100
늗	ated Amend	Instruc-			4,189,830.
⊨	return Applica	- I	City or town, state or country, and ZIP + 4	G Gross receipts \$	
_	tion pendin		WILMINGTON, DE 19801-1628	H(a) Is this a group re	
		F Nan	ne and address of principal officer SETH KATZEN	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	
		empt statu			list (see instructions)
			W.SHALOMDELAWARE.ORG	H(c) Group exemption	
				ear of formation 1936 N	State of legal domicile DE
P	art I	Summ	ary		
ø	1	Briefly des	scribe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt MOBIL}}}$	IZE THE JEWIS	H COMMUNITY
Š	'	TO AD	DRESS ISSUES, MEET NEEDS, AND BUILD AN	AGENDA FOR TH	E FUTURE.
Ę	2	Check this	s box Fig. 1 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	21
Ğ	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	21
S	5		nber of employees (Part V, line 2a)	5	13
ij	6		aber of volunteers (estimate if necessary)	6	200
÷	7a		ss unrelated business revenue from Part VIII, column (C), line 12	7a	117,457.
¥		_	ated business taxable income from Form 990-T, line 34	7b	-11,137.
20 98Activities & Governance	3	rict dilicit	ated business taxable income norm controlled by income	Prior Year	Current Year
		Contribut	ions and grants (Part VIII, line 1h)	2,414,835.	2,122,591.
Legal Control			- '	108,517.	117,457.
M.A.B.veflue	9	-	service revenue (Part VIII, line 2g)	175,063.	254,136.
A	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,158,379.	1,155,786.
≊	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,856,794.	3,649,970.
	12		enue - add lines 8 through 1/7 (must-equal Part VIII, column (A), line 12)	1,486,829.	1,575,719.
Expenses Expenses	13		nd similar amounts paid (Part IX, chturen (A)thres 19)	1,400,027.	1,3/3,/17.
Ž	14		paid to or for members (Partox), column (A), Infe(4)	779,337.	645,570.
€s	15		other compensation, employee benefits (Part IX, column (A), Ines 5-10)	119,331.	043,370.
ดี ธ	16a		nal fundraising fees (Part 12 column (A), fine 1 (a) 11		
Š	• b			2 220 212	2 015 020
ш	17		penses (Part IX, column A) lines (14) 10, 7) 7:240	2,230,313.	2,015,038.
			enses. Add lines 13-17 (must equal Part-IX, column A), line 25)	4,496,479.	4,236,327.
	19	Revenue	less expenses. Subtract line 18 from line 12	-639,685.	-586,357.
Net Assets or	2			Beginning of Current Year	End of Year
set	20	Total asse	ets (Part X, line 16)	31,515,075.	31,890,348.
TAS T	21	Total liabi	ilities (Part X, line 26)	9,863,858.	10,156,006.
			ts or fund balances Subtract line 21 from line 20	21,651,217.	21,734,342.
P	art II		ture Block		
		Under pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled; dge	ge and belief, it is true, correct,
Sig	gn		Na X Kole	2.10.	11
Не	re	Sigi	nature of office(Date	
			ETH KATZEN, CHIEF EXECUTIVE OFFICER		
		Тур	e or print name and title		
_		Preparer'	Date Date	,	er's identifying number structions)
Pa		signature		self- employed ▶ ☐	, , , , , , , , , , , , , , , , , , ,
	eparer's	Firm's nam	eor WHEELER, WOLFENDEN & DWARES, P.A.	EIN ►	
US	e Only	yours if self-employ		1	
		address, at ZIP + 4	WILMINGTON, DE 19808	1	302) 254-8240
M:	av the II		ss this return with the preparer shown above? (see instructions)		X Yes No
1710	-, <u>1,10 11</u>		HA For Privacy Act and Panerwork Reduction Act Notice see the separate	instructions	Form 990 (2009)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No					
•	If "Yes," complete Schedule A	1	X						
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for								
	public office? If "Yes," complete Schedule C, Part I	3		X					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	X					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and								
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to								
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete								
	Schedule D, Part III	8		X					
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide								
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?								
	If "Yes," complete Schedule D, Part V	10	X						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		l						
	as applicable	11	X	ļ					
•	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 separate or consolidated infancial 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	Х	1					
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								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ <u></u>	X					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization								
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	L	X					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals								
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х					
column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I									
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	<u> </u>	X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1,,					
	complete Schedule G, Part III	19		X V					
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X					

Page 4

	ı	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u> 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1ь 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	1	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•		.,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		_		v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		_X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E	Bank and			
-	Financial Accounts.				Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transar if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regainstrated in the control of the con		30		
·	Tax Shelter Transaction?	ding i fornibited	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	- 50		
•	any contributions that were not tax deductible?	o organization concil	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or aifts			
_	were not tax deductible?	J	6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods and services			
	provided to the payor?		7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h		^
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce	ess business noldings	8		х
9	at any time during the year? Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a	•	Х
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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:				
а	Gross income from members or shareholders N/A	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	007	
			Form	990	(2009)

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

<u>Sec</u>	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body	1a		21			
b	Enter the number of voting members that are independent	1b	,	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wit	h any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he dır	ect supervision				
	of officers, directors or trustees, or key employees to a management company or other person?				3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	ers of the				.,
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durli	ng the year				
	by the following:					.,	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ache	d at the				.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Code.)				
				ı		Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	oters, affiliates,		401		
	and branches to ensure their operations are consistent with those of the organization?	e.i.			10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	tiling '	the form?		11	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				40-	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that conto conflicts?	oula g	ive rise		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	," descпbe				
	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	Х	
14	Does the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by	ındependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				v
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-			n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ation's				
	exempt status with respect to such arrangements?			_	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE						
17		T /50	1(-)(2)	-1-1-1-	.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (50	r (c)(S)S only) av	aliable	ıOr		
	public inspection. Indicate how you make these available. Check all that apply. Own website. X Another's website. X Upon request.						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confl	ct of interest po	licy, ar	id fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a DIANE ELSER - (302) 427-2100	and re	ecords of the org	ganızat	ion: 🕨	_	
		801					
					Form	990	(2009)

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

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

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

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

Check this box if the organization did not co	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours	(6)		Posi		app	W	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustæ	Officer		Highest compensated C		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SUZANNE GRANT									•	0
BOARD MEMBER	1.00	Х	L			<u> </u>		0.	0.	0.
GLENN M. ENGELMANN, ESQ.		l								•
PRESIDENT	1.00	X		X		_		0.	0.	0.
ROBIN KAUFFMAN SARAN	1 00									0
VICE PRESIDENT	1.00	X		Х	_			0.	0.	0.
CONNIE SUGARMAN	1 00	3,7		37					0.	0.
VICE PRESIDENT	1.00	Х		Х		-		0.	0.	<u> </u>
WENDY BERGER	1 00	v		Х				0.	0.	0.
SECRETARY	1.00	X	_	^		├		0.	0.	0.
ALLISON LAND, ESQ. ASST. SECRETARY	1.00	X		X				0.	0.	0.
WILLIAM W. WAGNER	1.00	Α.		A	-		-			-
TREASURER	1.00	X		x				0.	0.	0.
DR. BARRY BAKST	1.00	1		 	-					
ASSISTANT TREASURER	1.00	x	1	X				0.	0.	0.
JACK B. BLUMENFELD, ESQ.		 	\vdash			1				
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ELZUFON, ESQ.										
BOARD MEMBER	1.00	Х						0.	0.	0.
DOUGLAS HERRMANN, ESQ.										
BOARD MEMBER	1.00	X						0.	0.	0.
DR. NELL HOCKSTEIN									_	_
BOARD MEMBER	1.00	X			<u> </u>	\perp		0.	0.	0.
DR. ROBIN KAROL-ENG										
BOARD MEMBER	1.00	X				_	_	0.	0.	0.
BARRY S. KAYNE, DDS										
BOARD MEMBER	1.00	X	<u> </u>	ļ		<u> </u>	<u> </u>	0.	0.	0.
LAURA KRAMER	1 00	,,					1	0.	0.	0.
BOARD MEMBER	1.00	Х	+	-	 —	+	\vdash	 	ļ	ļ
DR. RICHARD LEFF	1.00	X						0.	0.	0
BOARD MEMBER RICHARD A. LEVINE, ESQ	1.00	+^	\vdash	+	\vdash	+	+	 		
VICE PRESIDENT	1.00	X		X				0.	0.	О.
ATCE LUDIDINI	1.00	123	Ь.	1 41	1				1	Form 990 (2009

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(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	l , .			ition			Reportable	Reportable	i	Estimat	
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co	amount other ompens from the organization and relation	r ation ne ition ited
JOHN TERMONIA BOARD MEMBER	1.00	х					-	0.	0			0.
DR. KENNETH KAMM	1.00	1	_	 					•	╫		
BOARD MEMBER	1.00	X						0.	0			0.
MICHAL ROSEN								!				
BOARD MEMBER	1.00	Х		ļ				0.	0			0.
CRAIG STERNBERG												
BOARD MEMBER	1.00	X					ļ	0.	0	<u>.</u>	<u> </u>	0.
SAMUEL H. ASHER								155.015	_			
FORMER EXECUTIVE VP	40.00		-	_	┡	<u> </u>	X	177,217.	0	•	26,3	<u> </u>
RUTH ROSENBERG	40.00							0.	0			0.
INTERIM EXECUTIVE DIRECT	40.00							0.		-		<u> </u>
1b Total								177,217.	0	•	26,3	368.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			1
										_	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on	3	X	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f						ices rendered to	5		х
the organization? If "Yes," complete Sched	uie j for such	pers	son									122
Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of comper	nsation	n from	
(A) Name and business	address							(B) Description of s	services		(C) pensation	on
										_		
2 Total number of independent contractors (i		not l	mite	ed to		se li	stec	d above) who received n	nore than		•••••	

Pa	t V	111	Statement of Rever	nue					
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	1	b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c					
Contributions, gifts, grants and other similar amounts		e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and	122,591.			***************************************	
Contr and o			Noncash contributions included in lines Total. Add lines 1a-1f		156,962.	2,122,591.			
	2	а	JEWISH VOICE AD	VERTISI	Business Code 541800	108,519.		108,519.	
Program Service Revenue		b c	JEWISH VOICE CI	RCULATI	541800	8,938.		8,938.	
Gram		d e							
			All other program service reve Total. Add lines 2a-2f	enue	>	117,457.			
	3		Investment income (including other similar amounts) Income from investment of ta		•	146,309.			146,309.
	5 6	а	Royalties Gross Rents	(i) Real 1061059.	(II) Personal				
		c	Less rental expenses Rental income or (loss) Net rental income or (loss)	1061059.		1,061,059.			1061059.
	7	а	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 647,687.	(II) Other				
		С	and sales expenses Gain or (loss)	539,860. 107,827.	•	107,827.			107,827.
enne	8		Net gain or (loss) Gross income from fundraisin including \$			107,027.			107,027.
Other Revenue		ь	contributions reported on line Part IV, line 18 Less. direct expenses	a 1c) See a b					
0	9	С	Net income or (loss) from fund Gross income from gaming at Part IV, line 19		•				
	10	С	Less' direct expenses Net income or (loss) from gan Gross sales of inventory, less	b ning activities					
	10	b	and allowances Less cost of goods sold	a b					
	11	а	Net income or (loss) from sale Miscellaneous Revenu INVESTMENT FEES	Je	Business Code 900099	94,727.	94,727.		
		b c d	All other revenue						
9320	12	е	Total Add lines 11a-11d Total revenue See instructions		>	94,727. 3,649,970.		117,457.	
02-04	10								Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	 	 		<u> </u>
	not include amounts reported on lines 6b, 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	1			***************************************
	organizations in the U.S. See Part IV, line 21	1,575,719.	1,575,719.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	537,478.	115,327.	289,337.	132,814.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	32,751.	5,988.	18,132.	8,631.
9	Other employee benefits	39,129.	4,963.	21,900.	12,266.
10	Payroll taxes	36,212.	8,708.	18,876.	8,628.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	25,010.		25,010.	
d	Lobbying				-
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	35,735.	- 1-50	35,735.	
g	Other	5,160.	5,160.	2 225	
12	Advertising and promotion	3,825.	22.450	3,825.	16 740
13	Office expenses	74,978.	33,452.	24,783.	16,743.
14	Information technology				
15	Royalties	22 044	2 251	15 (55	14 020
16	Occupancy	33,044.	3,351.	15,655.	14,038.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 000	1 271	2 262	1 100
19	Conferences, conventions, and meetings	4,823.	1,371.	2,263.	1,189.
20	Interest	13,979.	13,979.		
21	Payments to affiliates	CE 2 222	646 060	()()	
22	Depreciation, depletion, and amortization	653,020.	646,060.	6,960.	
23	Insurance	6,556.		6,556.	1-11
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)				
а	FACILITIES MANAGEMENT	1,038,305.	1,038,305.		
b	EDUCATION	30,711.	30,711.		
С	BAD DEBT	27,565.	3,339.		24,226.
d	PROGRAM EXPENDITURES	15,914.			15,914.
е	POSTAGE	15,756.	8,297.	2,640.	4,819.
f	All other expenses	30,657.	13,292.	5,934.	11,431.
25	Total functional expenses Add lines 1 through 24f	4,236,327.	3,508,022.	477,606.	250,699.
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				······
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. GI	• / •	Balance Sheet		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		320.	1	320.
	2	Savings and temporary cash investments		1,114,837.	2	1,372,444.
	3	Pledges and grants receivable, net		1,282,650.	3	1,110,412
	4	Accounts receivable, net		60,970.	4	59,311
	5	Receivables from current and former officers, director	rs, trustees, key			
		employees, and highest compensated employees C	·			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defin	ed under section			
		4958(f)(1)) and persons described in section 4958(c)				
		Part II of Schedule L	,		6	
2	7	Notes and loans receivable, net			7	
Hooeld	8	Inventories for sale or use			8	
Ű.	9	Prepaid expenses and deferred charges		135,002.	9	73,854
	10a	Land, buildings, and equipment: cost or other		•		
		basis Complete Part VI of Schedule D 10a				
	ь	Less. accumulated depreciation 10	8,776,658.	15,515,060.	10c	14,881,132
	11	Investments - publicly traded securities		12,716,167.	11	13,704,235
	12	Investments - other securities See Part IV, line 11		316,250.	12	299,730
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		373,819.	15	388,910
	16	Total assets. Add lines 1 through 15 (must equal line	∋ 34)	31,515,075.	16	31,890,348
	17	Accounts payable and accrued expenses		57,145.	17	47,221
	18	Grants payable		1,077,483.	18	1,075,099
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
?	21	Escrow or custodial account liability Complete Part	V of Schedule D	7,418,480.	21	7,981,886
	22	Payables to current and former officers, directors, tru	ıstees, key employees,			
LIGOIIILES		highest compensated employees, and disqualified p	ersons Complete Part II			
1		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	third parties	1,310,750.	23	1,051,800
	24	Unsecured notes and loans payable to unrelated thin	d parties	- ···	24	
	25	Other liabilities. Complete Part X of Schedule D		0.66.050	25	10 156 006
	26	Total liabilities. Add lines 17 through 25		9,863,858.	26	10,156,006
		Organizations that follow SFAS 117, check here	► X and complete			
ŝ		lines 27 through 29, and lines 33 and 34.		15 605 600		17 622 220
2	27	Unrestricted net assets		17,685,632.	27	17,633,339
5	28	Temporarily restricted net assets		989,129.	28	1,122,238
2	29	Permanently restricted net assets	, _	2,976,456.	29	2,978,765
2		Organizations that do not follow SFAS 117, check	here 🕨 📖 and			
5		complete lines 30 through 34.				
ב מ	30	Capital stock or trust principal, or current funds			30	
Ź	31	Paid-in or capital surplus, or land, building, or equipr			31	
net Assets of Fund balances	32	Retained earnings, endowment, accumulated incom	e, or other funds	21 651 217	32	21 724 242
-	33	Total net assets or fund balances		21,651,217.	33	21,734,342
	34	Total liabilities and net assets/fund balances		31,515,075.	34	31,890,348

	·		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
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.	3ь		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Name of the organization

51-0064315 JEWISH FEDERATION OF DELAWARE, Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) 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). 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. **b** Type II c Type III · Functionally integrated d ____ Type III - Other a Type I 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of (II) EIN organization in col organization in col (ı) listed in your organization in col support organization (i) organized in the (described on lines 1-9 governing document? (I) of your support? above or IRC section (see instructions)) Yes

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Schedule A (Form 990 or 990-EZ) 2009

amount shown on line 11,		ł				
column (f)						714,8
6 Public support. Subtract line 5 from line 4						132184
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
7 Amounts from line 4	3257227.	3505946.	2632692.	2414835.	2122591.	1393329

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1207368. 1305296. 1674397. 1656382. 1273968. 7117411. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 21050702. 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15 69 21 8

Public support percentage for 2009 (line 6, column (i) divided by line 11, column (ii)

15 Public support percentage from 2008 Schedule A, Part II, line 14

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.

stop here. The organization qualifies as a publicly supported organization

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

19.

supported organization) included on line 1 that exceeds 2% of the

Section A. Public Support	(-) 000T	41.0000	4-1 000-	4.5.0000	4 \ 0000	/o. =
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 ")			-			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	• • •					
7a Amounts included on lines 1, 2, and				-		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public 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
9 Amounts from line 6		1,7-	\ ',			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			Į			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	he organization'	s first, second, thii	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						> L
Section C. Computation of Public	Support Pe	rcentage			1 1	
15 Public support percentage for 2009 (line)	e 8, column (f) d	livided by line 13, o	column (f))		15	
16 Public support percentage from 2008 S	Schedule A, Part	III, line 15			16	
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 2009	9 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 20	08 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	►□
b 33 1/3% support tests - 2008. If the o	rganization did i	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, checl	k this box and st	t op here . The orga	ınızatıon qualıfıes a	as a publicly supp	orted organization	▶∟

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF DELAWARE, INC.

Employer identification number 51-0064315

Par	† Organizations Maintaining Donor Advise	···	or Accounts Complete 4ths
Pal			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e b. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	38	0
1 2	Aggregate contributions to (during year)	381,279.	0.
	(),	435,860.	0.
3	Aggregate grants from (during year)	1,399,686.	0.
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		X Yes No
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	
Pai	mpermissible private benefit? † II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 990. B	
		•	ait iv, line 7.
1	Purpose(s) of conservation easements held by the organization		hamaelli i jaraantaat laad ayaa
	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat	Preservation of a certi	fled historic structure
•	Preservation of open space	£	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Tatal averbay of announcetion appropriate		
a	Total number of conservation easements		2a
	Total acreage restricted by conservation easements	weeks we speake at the Co	2b
	Number of conservation easements on a certified historic str	• •	2c 2d
	Number of conservation easements included in (c) acquired		<u> </u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year •	asment to located	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- ·	Yes No
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		•
6	Amount of expenses incurred in monitoring, inspecting, and		
7 8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	ion escements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	tion's infancial statements that describes	the organization s accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
, 4	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, or	•	
	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 tre	asures, or other similar assets for financial	
_	the following amounts required to be reported under SFAS 1		· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
-			

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(including name of security)	(b) Book value		of valuation: year market value
inancial derivatives			
osely-held equity interests			
ther			
			· · ·
			•
			• •
-			
			- · · ·
<u></u>			
			······································
tal (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	3	
			of valuation:
(a) Description of investment type	(b) Book value		year market value
		·	
		*****	· · · · · · · · · · · · · · · · · · ·
			······································
			
4-1 (0-1/b)41 F 000 D-AV1/B) b 40 \	i i		
Part IX Other Assets. See Form 990, Part X, Iir			(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, IIr	ne 15. a) Description		(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir (a	ne 15. a) Description		
Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X	ne 15. a) Description	(b) Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
Part IX Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
Other Assets. See Form 990, Part X, III (a) Otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part	ne 15. a) Description	(b) Amount	
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otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. a) Description	(b) Amount	

uncertain tax positions under FIN 48 932053 02-01-10

Sche	dule D (Form 990) 2009 JEWISH FEDERATION OF DELAWA	RE,	INC.		51-0	0064315	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financi	al State	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,649	,970.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,236	,327.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-586	,357.
4	Net unrealized gains (losses) on investments			4			,482.
5	Donated services and use of facilities			5			-
6	Investment expenses			6			
	Prior period adjustments			7	·		
7	•		<u> </u>	8			
8	Other (Describe in Part XIV.)		<u> </u>			669	,482.
9	Total adjustments (net). Add lines 4 through 8	_	-	9			$\frac{125}{125}$
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	o turn		, 123.
	TXII Reconciliation of Revenue per Audited Financial Statemen	ILS VV	itii Revent	ie ber F		4,224	725
1	Total revenue, gains, and other support per audited financial statements				1	4,224	, 123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _		400			
а	Net unrealized gains on investments	2a	669	,482.	4		
b	Donated services and use of facilities	2b			4		
С	Recoveries of prior year grants	2c			↓		
d	Other (Describe in Part XIV)	2d			1		
е	Add lines 2a through 2d				2e	669 3,555	<u>,482.</u>
3	Subtract line 2e from line 1				3	3 , 555	<u>,243.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	_					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94	,727.			
b	Other (Describe in Part XIV)	4b] 1		
С	Add lines 4a and 4b				4c	94	,727.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	94 3,649	,970.
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	Vith Expen	ses per	Retu		
1	Total expenses and losses per audited financial statements			•	1	4,141	,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					•	
a	Donated services and use of facilities	2a	1				
b	Prior year adjustments	2b			1 1		
0	Other losses	2c		·	1 1		
ن		2d			1		
d	,		l		2e		0.
_	Add lines 2a through 2d				3	4,141	
3	Subtract line 2e from line 1				3	1,111	,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		1 9/	,727.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79	, 121.	 		
	Other (Describe in Part XIV)	4b	L		┨ . │	0.4	,727.
С	Add lines 4a and 4b				4c	4,236	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·-		5	4,230	, 32 / •
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4; Part
X, lır	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	ete thi	s part to provi	de any ad	ditional	I information.	037
PA	RT IV, LINE 2B: THE FEDERATION HOLDS FUNDS	TN	THEIR I	NVEST	MEN.	I POOL	ON
			01100 0			TONG ED	014
$_{\rm BE}$	HALF OF OTHERS. THE FEDERATION HAS NO CONT	KOT	OVER L)ISTRI	RO.L.	TONS FRO	OM
TH	E FUNDS. THESE ACCOUNTS ARE DEPOSITS HELD	FOR	OTHERS	AND	MUS	T BE	
LI	QUIDATED AND DISTRIBUTED UPON THE OWNERS RE	QUE	ST.				
PΑ	RT V, LINE 4: THE FEDERATION USES THE ENDOW	MEN	TO PF	ROVIDE	E A		
PR	EDICTABLE STREAM OF FUNDING FOR THE USE OF	SUF	PORTING	CERT	CAIN	PROGRA	MS
AN	D OTHER MISSION RELATED PURPOSES.						
					Sched	dule D (Form 9	990) 2009
9320 02-0	54						, 0 0 0
02-0	-1U						

PART X: THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM
CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FEDERATION'S TAX-EXEMPT
PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. NO TAXES WERE
DUE IN 2010 AND 2009. IN ADDITION, THE FEDERATION QUALIFIES FOR THE
CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(A) AND HAS BEEN
CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER
SECTION 509(A)(2).
EFFECTIVE JULY 1, 2009, THE FEDERATION ADOPTED ASC 740-10, INCOME TAXES,
AS IT RELATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS
CURRENT AND PAST FEDERAL, STATE AND LOCAL INCOME TAX POSITIONS AND HAS
DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT
THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A
MATERIAL TAX ASSESSMENT WOULD BE MADE IF A RESPECTIVE GOVERNMENT AGENCY
EXAMINED TAX RETURNS SUBJECT TO AUDIT. ACCORDINGLY, NO PROVISION FOR THE
EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED.
CURRENTLY, THE 2006, 2007 AND 2008 TAX YEARS ARE OPEN AND SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE FEDERATION IS
NOT UNDER AUDIT NOR HAS THE FEDERATION BEEN CONTACTED BY THE IRS.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

Open to Public Inspection **Employer identification number**

16. 2 51-0064315 ဥ ဥ 2 일 ဥ ဥ RGANIZATIONS EFFORTS RGANIZATIONS EFFORTS DRGANIZATIONS EFFORTS RGANIZATIONS EFFORTS DRGANIZATIONS EFFORTS ORGANIZATIONS EFFORTS (h) Purpose of grant COMMUNITY TO ADDRESS IOBILIZE THE JEWISH COBILIZE THE JEWISH or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1.1 (Form 990) if additional space is needed O SUPPORT THE NO SUPPORT THE TO SUPPORT THE O SUPPORT THE O SUPPORT THE TO SUPPORT THE 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 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 non-cash assistance (g) Description of N/A (f) Method of valuation (book, FMV, appraisal, other) 'AIR MARKET AIR MARKET AIR MARKET 'AIR MARKET AIR MARKET AIR MARKET VALUE O. VALUE O. WALUE O. WALUE VALUE VALUE (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 600. 252, 211,974. 35,986. (d) Amount of cash grant 142,736. 627 676 73, 56 INC. DELAWARE, (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 OF 13-1624240 JEWISH FEDERATION 51-0110582 51-0075823 51-0238563 51-0331975 51-0097026 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations CAMPUS LIFE - 47 W DELAWARE AVENUE 1 (a) Name and address of organization EDEN ROAD - WILMINGTON, DE 19803 COMMUNITY CENTER - 101 GARDEN OF HILLEL THE FOUNDATION FOR JEWISH THE JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY NO 1700 -BERNARD AND RUTH SIEGEL JEWISH GRATZ HEBREW HIGH SCHOOL NEW YORK, NY 10004-1010 or government 101 GARDEN OF EDEN ROAD 101 GARDEN OF EDEN ROAD ALBERT EINSTEIN ACADEMY JEWISH FAMILY SERVICES WILMINGTON, DE 19803 WILMINGTON, DE 19803 WILMINGTON, DE 19803 - NEWARK, DE 19711 99 PASSMORE ROAD Part Part II Q

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 932101 02-02-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed JEWISH FEDERATION OF DELAWARE, Schedule I (Form 990) 2009 Part III

Page 2

51-0064315

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) EACH YEAR, MANAGEMENT SELECTS ORGANIZATIONS AND PERFORMS Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information MANAGEMENT REVIEWS THE INFORMATION TO ENSURE THEY ARE CARRYING OUT THE AN AUDIT ON THE AGENCY TO ENSURE THEY ARE IN COMPLIANCE WITH THE GRANT SCHEDULE I, PART I, LINE 2: THE FEDERATION REQUIRES EACH AGENCY WHO TO SUBMIT THEIR BUDGET AND FINANCIAL STATEMENTS. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance INTENDED PURPOSE. RECEIVED A GRANT AGREEMENT

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

ဥ ဥ ဥ 요 ဥ 5 ဥ ဥ Open to Public ORGANIZATIONS EFFORTS DRGANIZATIONS EFFORTS RGANIZATIONS EFFORTS ORGANIZATIONS EFFORTS DRGANIZATIONS EFFORTS ORGANIZATIONS EFFORTS ORGANIZATIONS EFFORTS ORGANIZATIONS EFFORTS (h) Purpose of grant or assistance COMMUNITY TO ADDRESS MOBILIZE THE JEWISH MOBILIZE THE JEWISH **COBILIZE THE JEWISH COBILIZE THE JEWISH** MOBILIZE THE JEWISH IOBILIZE THE JEWISH KOBILIZE THE JEWISH **MOBILIZE THE JEWISH** Employer identification number 51-0064315 Inspection TO SUPPORT THE PO SUPPORT THE (g) Description of non-cash assistance N/A K/N Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation AIR MARKET AIR MARKET 'AIR MARKET 'AIR MARKET AIR MARKET FAIR MARKET 'AIR MARKET AIR MARKET VALUE VALUE VALUE VALUE VALUE VALUE VALUE O. VALUE ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 。 o (e) Amount of non-cash assistance 500. 500. 500. (d) Amount of cash grant 7,200 8 419 36,000 20,000 5 000 22 12 INC. DELAWARE, (c) IRC section if applicable 501(C)3 26-0689329 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 OF JEWISH FEDERATION 71-0699939 51-0072863 51-0070542 51-0081337 51-0073399 13-6104086 23-7424723 (p) EIN NORAH DRIVE - WILMINGTON, DE 19801 CONGREGATION - WASHINGTON BLVD & AMERICAN FRIENDS OF OHR SOMAYACH HEIFER INTERNATIONAL FOUNDATION 317 MADISON AVENUE, SUITE 607 1399 CONEY ISLAND AVE 2ND FLR 625 ORANGE STREET, 3RD FLOOR UNITED WAY OF DELAWARE, INC. (a) Name and address of organization or government PEF ISRAEL ENDOWMENT FUNDS WILMINGTON, DE 19801-2247 CONGREGATION BETH SHALOM ADAS KODESCH SHEL EMETH BROOKLYN, NY 11230-4137 CONGREGATION BETH EMETH AR 72203 WILMINGTON, DE 19802 WILMINGTON, DE 19802 Name of the organization NEW YORK, NY 10017 1801 BAYNARD BLVD. 300 WEST LEA BLVD. Department of the Treasury Internal Revenue Service CANFEI NESHRAIM LITTLE ROCK, PO BOX 727 Part

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for

(Form 990) Department of the Treasury Internal Review			► Attach to Fo Sched	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	itional informatio Part II or Part III.	n for		Open to Public Inspection
Name of the organization	JEWISH FED	FEDERATION	OF DELAWARE,	, INC.			Employ	Employer identification number $51-0064315$
Part Continuation of	ואו	ssistance to Go	vernments and Organ	izations in the Ur	nited States (Scho	Organizations in the United States (Schedule I (Form 990), Part II.)	ון 11.)	
(a) Name and address of organization or government	address of government	(p) EIN	(c) IRC 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
							_	TO SUPPORT THE
DE FOUNDATION MEDICAL SERVICES	AL SERVICES							ORGANIZATIONS EFFORTS TO
IRON HILL CORPORATE CENTER, 900 PR:	CENTER, 900 PRI					FAIR MARKET		MOBILIZE THE JEWISH
NEWARK, DE 19713		51-0343625	501(C)3	5,000.	0.	VALUE	N/A	COMMUNITY TO ADDRESS
			-					
CONGREATION BETH SHOLOM DOVER	OLOM DOVER							ORGANIZATIONS EFFORTS TO
340 NOKTH QUEEN STREET		51-6029928	501(0)3	2 000	O	O VALUE	&/N	COMMUNITY TO ADDRESS
	Ear Driven Ant and Danamark Baduction Ant Notice see the Institu	tion Act Notice	coo the Instructions	ctions for Form 990				Schedule I-1 (Form 990) 2009
LUA FOI FIIVACY ACI A	alid Papelwoin neuro	יייסון ארו וארויסון	א ספפ נוופ ווופון מכניכוופ	200				, , , , , , , , , , , , , , , , , , ,

932291 04-24-09

THE JEWISH FEDERATIONS OF NORTH AMERICA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD

AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD

AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: HEIFER INTERNATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD

AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH SHALOM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH EMETH

NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD

AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: ADAS KODESCH SHEL EMETH CONGREGATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS

TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD

AN AGENDA FOR THE FUTURE.

Schedule I (Form 990) 2009

NAME OF ORGANIZATION OR GOVERNMENT: PEF ISRAEL ENDOWMENT FUNDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF OHR SOMAYACH (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: CANFEI NESHRAIM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: DE FOUNDATION MEDICAL SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: CONGREATION BETH SHOLOM DOVER (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS EFFORTS TO MOBILIZE THE JEWISH COMMUNITY TO ADDRESS ISSUES, MEET NEEDS, AND BUILD AN AGENDA FOR THE FUTURE.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

See separate instructions.

2009

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF DELAWARE, INC.

► Attach to Form 990._

Employer identification number 51-0064315

Par	t I Questions Regarding Compensation			
			Yes	No
	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.			
Į	First-class or charter travel Housing allowance or residence for personal u	į.		
ļ	Travel for companions Payments for business use of personal residen	nce		
Į	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
ł	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director	rs,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		_
	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.			
ļ	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
ļ	X Form 990 of other organizations X Approval by the board or compensation comp	nittee		
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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			
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
	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	8	<u> </u>	X
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
_HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2009

932111 02-02-10 51-0064315 INC.

Page 2

JEWISH FEDERATION OF DELAWARE,

Schedule J (Form 990) 2009

Part It Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	9	177.217.	0	0	12,405.	13,963.	203,585.	175,188.
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Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF DELAWARE, INC.

Employer identification number 51-0064315

Par	t I Types of Property		- · -				
L		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revenu	_	
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	24	156,962.	FAIR MARKET	VALUI	<u> </u>
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 22	Taxidermy Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	-					
25	Other ()						
26	Other ()						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions			
	for which the organization completed Form 82						
	-					Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 th	at it must hold for		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for		
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31 X	+-
32a	Does the organization hire or use third parties	or related or	rganizations to sol	ıcıt, process, or sell noncash			.,
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II						
33	If the organization did not report revenues in	column (c) fo	r a type of propert	y for which column (a) is che	ескед,		
	describe in Part II.	A -4 NI -4:		Singa for Form 000	Calcaded - B	1/Eor 00	0) 2000
LHA	For Privacy Act and Paperwork Reduction	n ACT NOTICE	, see tne instruct	ions for Form 990.	Schedule N	ı (Lotu aa	uj 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Y 2 -

JEWISH FEDERATION OF DELAWARE, INC.

Employer identification number 51-0064315

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF EXECUTIVE OFFICER,

TREASURER AND PRESIDENT REVIEW THE 990 TO ENSURE THE INFORMATION IS

ACCURATE AND APPROPRIATE BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE FEDERATION ASKS BOARD MEMBERS

TO FILL OUT AN ANNUAL CONFLICT OF INTEREST STATEMENT AT THE ANNUAL BOARD

MEETING. THE OFFICERS OF THE BOARD REVIEW THE STATEMENTS TO ADDRESS ANY

POTENTIAL CONFLICTS AS IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15: THE FEDERATION RECEIVES COMPARABLE

INFORMATION FROM OTHER FEDERATIONS ACROSS THE COUNTRY. THIS INFORMATION IS

THEN COMPARED TO CURRENT SALARIES TO DETERMINE IF THEY ARE REASONABLE.

RAISES ARE APPROVED BASED OFF THE RESULTS OF THE COMPARATIVE TESTING.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL KEPT IN THE
ADMINISTRATION OFFICE AND AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

REVIEW OF AUDITED FINANCIAL STATEMENTS

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE AUDITOR.

THE AUDIT COMMITTEE ALSO REVIEWS THE AUDIT RESULTS WITH THE AUDITORS

PRIOR TO THE AUDIT REPORT BEING ISSUED. THIS POLICY IS CONSISTENT WITH

THE PRIOR YEARS.

ACC = 10/14/10

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

IIICE HOLE	intersection 1. The discontinuous experience of the section of the			
•	re filing for an Automatic 3-Month Extension, complete only Part I and check this box			► X
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously file	led For	m 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporat	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete		
Part I only				▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an me tax returns.	exten	sion of time	
noted belo (not autom you must s	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the ated Form 990-T.	addıtional
Type or	Name of Exempt Organization	Emp	oyer identificat	on number
print	JEWISH FEDERATION OF DELAWARE, INC.	5	1-006431	5
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 100 WEST 10TH STREET, SUITE 301			
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19801-1628	·		
Check typ	e of return to be filed (file a separate application for each return):			
X Form	1 990 Form 990-T (corporation) Form 47	20		
Form	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227		
Form	n 990-EZ Form 990-T (trust other than above) Form 60)69		
Form	1 990-PF	370		
Telepho If the or If this is	DIANE ELSER oks are in the care of ► 100 W. 10TH STREET, SUITE 301 - WILMING one No. ► (302) 427-2100 FAX No. ► ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If thi . If it is for part of the group, check this box ► and attach a list with the names and EINs of all	s is fo	the whole group	▶ ☐
is for ▶ □	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a the organization's return for: calendar year or tax year beginning JUL 1, 2009 , and ending JUN 30, 2010		The extension	
	s tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	nting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any efundable credits. See instructions.	3a -	\$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	ayments made. Include any prior year overpayment allowed as a credit.	3ь	\$	
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		· -	
	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
•	nstructions.	3c	\$	N/A
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1		
	Drivery Act and Panenyork Reduction Act Notice, see Instructions		Form 8869	(Rev 4-2000)

e-filed