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Department of the Treasury

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)

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

OMB No 1545-0047 2009

Open to Public

		2000		r, or tax year beginning 07-	-01-2009 and ending 06-30-2010			Inspection		
		Г	•	C Name of organization	-01-2009 and ending 00-30-2010	,	D Employer i	dentification number		
	dress ch	' '	Please use IRS	B'NAI B'RITH			53-01799	971		
		lange	label or	Doing Business As			E Telephone			
	me cha	_	print or type. See				(202) 857-6600			
Init	tial retu		Specific Instruc-		ox if mail is not delivered to street address	ss) Room/suite	-	ts \$ 19,071,900		
Tei	mınate	_	tions.	2020 K STREET NW 7TH FLOO	DR .		G Gloss leceip	15 \$ 19,071,900		
┌ Am	ended	return		City or town, state or country	, and ZIP + 4					
Г _{Арі}	olication	n pending		WASHINGTON, DC 20006						
		` `	E Nan	L ne and address of principal	officer	11/->				
				L S MARIASCHIN	omcer		ıs a group retu ates?	Irn for		
				STREET NW 7TH FLOOR				,,		
			WASHI	INGTON,DC 20006		H(b) Are al	II affiliates inclu	uded?		
——— т Та	y-eyem	npt status	▽ 501(c)) (3) ◄ (insert no)	2)(1) or			st (see instructions)		
					a)(1) 01 327	H(c) Grou	ıp exemption i	number 🕨 0947		
J W	ebsite	e: 🕨 WWV	V BNAIBR	RITH ORG						
K Fon	n of or	ganızatıon	✓ Corporat	tion Trust Association O	ther ►	L Year of fo	rmation 1936	M State of legal domicile DC		
Pa	rt I	Summ	nary			•				
Governance	1	B'naı B'rı organızat	ith Interna tion Since		most significant activities the Jewish community, is a Jewish Jewish unity, security, continuity					
<u>.</u>										
ž0k	2	Checkth	us hov 🖳		tinued its operations or disposed	of more than	25% of its no	t assets		
ా శర			•	_						
es a	3				ody (Part VI, line 1a)			3 172 4 171		
Ė	4		•	_	e governing body (Part VI, line 1b)	•			
Activities	5			nployees (Part V , line 2a)						
4.	6			olunteers (estimate if neces						
	1			iness taxable income from I	Part VIII, column (C), line 12 .	•		7a 142,226 7b 0		
	_ B	Wet unie	iateu Dusi	——————————————————————————————————————		Drie	or Year	Current Year		
	8	Contrib	utions and	d grants (Part VIII, line 1h	7110	23,899,999	14,969,583			
≗	9)		1,288,080	1,087,250		
Revenue	10	-		me (Part VIII, column (A),		-478,414	77,299			
æ	11				5, 6d, 8c, 9c, 10c, and 11e)		-289,308			
	12		-		t equal Part VIII, column (A), line	<u> </u>				
					<u> </u>		24,420,357	15,933,982		
	13	Grants	and sımıla	ar amounts paid (Part IX, co	olumn (A), lines 1-3)		14,800,956	5,827,362		
	14	Benefits	s paid to o	or for members (Part IX, col	umn (A), line 4)		2,750	3,000		
ø	15		s, other co	ompensation, employee ber	nefits (Part IX, column (A), lines 5	-	6 442 506	F 700 744		
Expenses		10)					6,443,596	5,782,711		
কু	16a				nn (A), line 11e)		270,121	453,824		
ठ	Ь			enses (Part IX, column (D), line 2	· · · · · · · · · · · · · · · · · · ·					
	17				11a-11d, 11f-24f)		6,442,971	5,284,783		
	18		•		ual Part IX, column (A), line 25)		27,960,394	17,351,680		
	19	Revenu	e less exp	enses Subtract line 18 fro	om line 12	1	-3,540,037	-1,417,698		
Net Assets or Fund Balances						_ `	g of Current 'ear	End of Year		
Set afan	20	Totalac	ssate /Dar	rt X line 16)		'	8,687,680	7,235,455		
d B	21			Part X, line 26)			20,271,395	22,075,681		
2 E	22		-	id balances Subtract line 2			-11,583,715	-14,840,226		
	1311		ture Blo				11,303,713	11,010,220		
		_			uned this return, including accompanying	schedules and s	tatements and t	n the hest of my knowledge		
					n of preparer (other than officer) is based					
Sigr Here		***** Signat	* ture of office	 er		2012- Date	-04-16			
	-									
			MARSHALL (or print nam							
		 	•		D-L-	Sharake of	D= / 1			
		Preparer's signature		N M BRAUNSTEIN		Check If elf-	Preparer's idei (see instructio	ntıfyıng number ns)		
Paid			<u> </u>			mpolyed 🕨 🦵	_ (SSS MISHAGERONIS)			
	arer's	Firm's nan	ne (or yours	Snyder Cohn PC			EIN Þ			
Use (Unly		and ZIP + 4	11200 Rockville Pike Suite 4						
				North Bethesda, MD 20852	Phone no 🕨 (301) 652-6700					
May	the IR	S discuss	this retu	•	above? (see instructions)			✓ Yes No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

- B'nai B'rith International, the global voice of the Jewish community, is a Jewish humanitarian, human rights, and advocacy organization. Since 1843, BBI has worked for Jewish unity, security, continuity, and tolerance. BBI's reach extends to more than 50 countries around the world. Today B'nai B'rith International is a national and global leader in the fight against anti-Semitism and anti-Israel bias, provides senior housing and advocacy on issues of vital concern to seniors and their families, helps communities in crisis, and promotes Jewish identity through cultural activities. The work of B'nai B'rith International is focused in its centers. These centers provide the framework for intensive study of issues and thoughtful responses through the combined efforts of dedicated volunteer leaders and professional staff.
- 2 Did the organization undertake any significant program services during the year which were not listed on ┌ Yes ┌ No If "Yes." describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes 🔽 No If "Yes," describe these changes on Schedule O 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 \$ 6,398,039 including grants of \$ 5,668,181) (Revenue \$ DISASTER SERVICES PROGRAMS, GENERAL/OTHER ACTIVITIES OF THE B'NAI B'RITH DISASTER RELIEF FUND AND OTHER RELATED PROGRAMMING DURING THE YEAR, THE ORGANIZATION PROVIDED ASSISTANCE TO VICTIMS OF EARTHOUAKES AND TO VARIOUS HUMANITARIAN PROJECTS IN PERU, ARGENTINA, PARAGUAY, AND CUBA CONTINUED TO AID VICTIMS OF HURRICANE KATRINA AND OTHER GULF HURRICANES ALSO, THROUGH THE COMMUNITIES IN CRISIS PROGRAM, PROVIDED MILLIONS OF DOLLARS OF PHARMACEUTICAL DRUGS, SCHOOL BOOKS, ETC TO NEEDY IN SOUTH AMERICA (500,000 PEOPLE SERVED) (Code) (Expenses \$ 1,141,976 including grants of \$ 11,529) (Revenue \$ 341,996) 4b COMMUNITY, BUSINESS & INDUSTRY PROGRAMS, GENERAL/OTHER COMMUNITY INVOLVEMENT LOCAL COMMUNITY VOLUNTEER SERVICE ACTIVITIES BY MEMBERS OF B'NAI B'RITH CHAPTERS AND OTHER SUPPORTERS THROUGHOUT THE UNITED STATES AND IN 50 OTHER COUNTRIES PROJECTS VARY BY COMMUNITY, BUT INCLUDE PROJECT HOPE AND OTHER ACTIVITIES TO HELP THE POOR, ENLIGHTEN AMERICA ESSAY CONTESTS AND OTHER ANTI-HATE PROGRAMMING, CHILDREN'S PROGRAMMING INCLUDING TEDDY BEARS FOR SICK KIDS AND THE SMARTER KIDS, SAFER KIDS PROGRAM, HEALTH AWARENESS PROGRAMMING LIKE THE PROSTATE CANCER AWARENESS PROJECT. VOLUNTEERS IN THE US ARE AIDED BY A NETWORK OF STAFF WHO PROVIDE ASSISTANCE TO VOLUNTEERS LOCATED IN 17 B'NAI B'RITH REGIONS (150,000 MEMBERS AND SUPPORTERS) (Code) (Expenses \$ 1.771.298 including grants of \$ 79.452) (Revenue \$ 4c HUMAN RIGHTS, POLICY, SOCIAL ACTION & ADVOCACY PRIMARILY THROUGH THE CENTER FOR HUMAN RIGHTS AND PUBLIC POLICY, SPEAK ABOUT PUBLIC POLICY ISSUES OF PARTICULAR INTEREST TO THE JEWISH PEOPLE AT THE UNITED NATIONS, EUROPEAN UNION, ORGANIZATION OF AMERICAN STATES, MERCOSUR, AND OTHER INTERNATIONAL BODIES, TO THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE FEDERAL GOVERNMENT, AND TO STATE LEGISLATIVE AND EXECUTIVE BODIES PREPARES AND DISTRIBUTES POLICY ANALYSIS FOR ISSUES OF CONCERN THROUGH THE CENTER FOR SENIOR SERVICES, ADVOCATES ON BEHALF OF SENIOR CITIZENS 4d Other program services (Describe in Schedule O) See also Additional Data for Description 68,200) (Revenue \$ (Expenses \$ 1,765,629 including grants of \$ 745,254)

11,076,942

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	
_	complete Schedule A	1	, , , ,	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 quasiendowments? 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, line10? 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		No
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		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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 ? <i>If "Yes," complete Schedule F, Part III</i>	16	Yes	
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	Yes	
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	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	

			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						
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
2a	gaming (gambling) winnings to prize winners?	1c					
	Statements filed for the calendar year ending with or within the year covered by this return						
b	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				
Ь	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)?						
b	If "Yes," enter the name of the foreign country ▶ IS 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		Νο			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
	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		Νo			
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).						
а	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	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
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					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?	9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	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						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
	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						

2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006

(202) 857-6600

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 172			
ь	Enter the number of voting members that are independent 1b 171			
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		Νo
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		Νο
4	4		Νο	
5	5		Νο	
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	110
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	163	
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	.1 Thas the organization provided a copy of this Form 990 to an members of its governing body before ming the form.			
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	.2a Does the organization have a written conflict of interest policy? If "No," go to line 13			
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?			
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		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	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?	4.51		
C -		16b		
<u>5e</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CT, DC, FL, G.	Λ ΤΙ	KC KA	<u>΄</u> ΙΛ
	MA, MD, ME, MI, MN, MS, NC, ND, OK, OR, RI, SC, TN, UT, VA, WA, V	NH,N		
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 of which 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 KATE MARSHALL	ne orga	ınızatıor	n ►

Part VIII 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, and current key employees 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 employee"
- 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, or 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 i	or key employee									
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page		
1b	Total	0		41,03		
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▶6					
_			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated em	ployee				
	on line 1a? If "Yes," complete Schedule J for such individual	• з		Νo		
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? If "Yes," complete Schedule J for such	.e				
	ındıvıdual	• • 4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for service rendered to the organization? If "Yes," complete Schedule I for such person	ces 5		No		
1	Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization					
	(A) (B)		((
BDI	Name and business address Description of s DEVELOPMENT	ervices	Compe	nsation		
431	ANGELES, CA 90010 FUNDRAISING			357,368		
805	AB DATA MARKETING 8050 N PORT WASHINGTON ROAD MILWAUKEE, WI 532172600 FUNDRAISING - DIRECT MAIL					
_	Total number of independent contractors (including but not limited to those listed should who recovered more	. +h.n.				
2	Total number of independent contractors (including but not limited to those listed above) who received more \$100,000 in compensation from the organization ►2	: 111411				

Form **990** (2009)

Form 990 (2009) Page 9								
Part \	<u>/+++</u>	Statement o	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
nts nts	1a	Federated cam	paıgns 1a					
호호	b	Membership du	es 1b	1,207,436				
S, G	c	Fundraising eve	ents 1c	1,267,669				
#£ #e	d	Related organiz	ations 1d					
<u>ي</u> آ	e	Government grant	s (contributions) 1e					
្តែ	f	All other contribution	ons, gifts, grants, and 1f	12,494,478	İ			İ
ë Pe	g		butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ _	,610,681					
ပ္ပန	h	Total. Add lines	s 1a-1f	· · · •	14,969,583			
				Business Code				
nua	2a	PROGRAM PARTIC	IPATION	900,099	413,246	413,246		
Program Serwice Revenue	ь	MEMBER INSURAN	CE PROGR	524,298	341,996			341,996
ů.	c	LECTURE BUREAU		900,099	172,447	172,447		
Ser w	d	ADVERTISING SALE	ES	541,800	142,226		142,226	
2	e	GENERAL PROGRA	M INCOME	900,099	17,335	17,335		
_ E	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a-2f		1,087,250			
	3		ome (including dividen		, ,			
			aramounts)	. F	154,412			154,412
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	l_	Gross amount	(i) Securities	(II) O ther				
	7a	from sales of assets other than inventory Less cost or	2,568,496 2,645,609					
	Ь	other basis and sales expenses	2,043,003					
	c	Gain or (loss)	-77,113					
	d	Net gaın or (los	s)		-77,113			-77,113
Other Revenue	8a	Gross income f events (not inc \$1,267	-					
÷ •		of contributions See Part IV, lin	reported on line 1c)					
Č.		See Fare IV, III	a .	5,530				
<u>=</u>	ь	Less direct ex	penses b	488,865				
ŏ	С	Net income or ((loss) from fundraising	events 📂	-483,335			-483,335
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	Ь	Less direct ex		L				
	10a	Gross sales of	(loss) from gaming acti	villes				
	100	returns and allo		635				
	b c		oods sold b (loss) from sales of inve	3,444	-2,809			-2,809
		Miscellaneous		Business Code				
	11a	MISCELLANEC) US	900,099	268,860	268,860		
	ь	NET TRANSFE		900,099	18,546	18,546		
	c		HANGE ADJUS	900,099	-1,412	-1,412		
	d	All other reven						
	e	Total. Add lines	s 11a-11d		285,994			
	12	Total revenue.	See Instructions .	· .	15,933,982	889,022	142,226	-66,849

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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 no	ot include amounts reported on lines 6b, p, 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	90,052	90,052				
2	Grants and other assistance to individuals in the						
	U S See Part IV, line 22	46,400	46,400				
3	Grants and other assistance to governments,						
	organizations, and individuals outside the U.S. See	5 600 040	5 600 040				
	Part IV, lines 15 and 16	5,690,910	5,690,910				
4	Benefits paid to or for members	3,000	3,000				
5	Compensation of current officers, directors, trustees, and key employees	694,575	395,654	220,346	78,575		
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	2,636,977	1,344,214	779,932	512,831		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,423,243	224,189	1,113,665	85,389		
9	Other employee benefits	669,830	90,172	540,667	38,991		
10	Payroll taxes	358,086	211,271	82,360	64,455		
11	Fees for services (non-employees)						
а	Management						
b	Legal	127,034	27,015	99,935	84		
c	Accounting	75,746		75,746			
d	Lobbying						
e	Professional fundraising See Part IV, line 17	453,824			453,824		
f	Investment management fees						
g	Other						
12	Advertising and promotion						
13	Office expenses	150,010	42,537	97,760	9,713		
14	Information technology						
15	Royalties						
16	Occupancy	1,336,201	727,357	507,751	101,093		
17	Travel	482,026	327,435	99,948	54,643		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	645,881	583,967	27,385	34,529		
20	Interest	51,677		51,677			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	274,747		274,747			
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	BANK AND OTHER SERVICE	724,848	520,137	46,544	158,167		
b	POSTAGE AND SHIPPING	625,008	256,281	55,084	313,643		
С	PRINTING AND PUBLICATIO	446,063	297,728	50,180	98,155		
d	TELEPHONE	97,843	65,984	14,166	17,693		
e	GENERAL ADMINISTRATION	72,270	38,966	9,922	23,382		
f	All other expenses	175,429	93,673	58,208	23,548		
25	Total functional expenses. Add lines 1 through 24f	17,351,680	11,076,942	4,206,023	2,068,715		
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						
	campaign and idiatalong sonetation	İ	<u> </u>	1			

Pa	rt X	Balance Sheet			
			(A)		(B)
	Ι.		Beginning of year	_	End of year
	1	Cash—non-interest-bearing	845,193		813,888
	2	Savings and temporary cash investments	661,053		229,281
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,559,754	4	3,215,277
	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			
Assets		Schedule L		6	
	7	Notes and loans receivable, net	4,977	7	3,318
	8	Inventories for sale or use	49,067	8	38,009
	9	Prepaid expenses and deferred charges	194,146	9	139,506
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	4,062,476	11	2,539,574
	12	Investments—other securities See Part IV, line 11	311,014	12	256,602
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,687,680	16	7,235,455
	17	Accounts payable and accrued expenses .	1,930,197	17	1,958,476
	18	Grants payable		18	
	19	Deferred revenue	853,959	19	1,153,263
	20	Tax-exempt bond liabilities		20	
Səj	21	Escrow or custodial account liability		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lìa		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,000,000	23	997,314
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	16,487,239	25	17,966,628
	26	Total liabilities. Add lines 17 through 25	20,271,395	26	22,075,681
5		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27			
Fund Balance		through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	-12,813,115	27	-16,184,242
8	28	Temporarily restricted net assets	1,229,400	28	1,344,016
핃	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
ō		lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	44015 55
Net	33	Total net assets or fund balances	-11,583,715	33	-14,840,226
	34	Total liabilities and net assets/fund balances	8,687,680	34	7,235,455

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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			
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		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	3b		

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2000

2009

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

B'NAI B'RITH

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

Public Charity Status and Public Support

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

ns. Inspection
Employer identification number

F2 0170071

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ection 509(a	a)(3).	. Check
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h h a fr	nip fees, and an 331/3% rom busing fees from 509 (in 509 fees feet from 50 feet fro	11g(ii) 11g(iii) In (Am sup

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.)

S	ection A. Public Support			,	- /		
	endar 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")	13,400,504	17,397,057	25,577,694	23,899,999	14,969,583	95,244,837
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 5	Total. Add lines 1 through 3 The portion of total contributions	13,400,504	17,397,057	25,577,694	23,899,999	14,969,583	95,244,837
3	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public Support. Subtract line 5						95,244,837
_	from line 4 ection B. Total Support						
	endar year (or fiscal year	(a) 2005	(b) 2006	(a) 2007	/d) 2008	(a) 2000	/f) Total
_	beginning in)		` '	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4 Gross income from interest,	13,400,504	17,397,057	25,577,694	23,899,999	14,969,583	95,244,837
8	dividends, payments received on securities loans, rents, royalties and income from similar	391,471	448,979	415,010	322,346	154,412	1,732,218
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	92,760	323,428	71,923	399,766	285,994	1,173,871
11	Total support (Add lines 7 through 10)						98,150,926
12	Gross receipts from related activit	ıes, etc (See ıns	tructions)		<u>.</u>	12	9,694,438
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's first, second,	thırd, fourth, or fı	fth tax year as a !	501(c)(3) organiz	ation,
S	ection C. Computation of Pu						
14	Public Support Percentage for 200	•		11 column (f))		14	97 040 %
15	Public Support Percentage for 200	8 Schedule A, Pa	irt II, line 14			15	96 920 %
	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organization	alıfıes as a public e organization did	ly supported organ	nization k on line 13 or 16		•	►✓
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization me	— 2009. If the org	anization did not c facts and circumst	heck a box on lin ances" test, chec	k this box and st e	op here. Explain	,
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	ie "facts and circui	mstances" test, c	heck this box and	stop here.	FI
18	supported organization Private Foundation If the organizations						▶□ ▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private 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

Explanation

 $\underline{\textbf{Schedule A, Part II, Line 10, Explanation of Other Income} \quad \textbf{MISCELLANEOUS - RELATED PURPOSES}$

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493107011582

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization an	swered "Yes," to	Form 990, Part IV	, Line 3, or Form	990-EZ, Part VI, line	: 46 (Political Campaign Activ	′ities),
then						

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

If the	e organization answered "Ye	t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F			•
	ction 501(c)(4), (5), or (6) organi me of the organization	zations Complete Part III		Employer iden	tification number
B'NA	AI B'RITH			53-0179971	
Par	I-A Complete if the or	ganization is exempt under	section 501(organization.
1		ganization's direct and indirect poli			
2	Political expenditures			.	\$ 0
3	V olunteer hours				0
	<u> </u>	ganization is exempt under			
1		e tax incurred by the organization u			\$0
2		e tax incurred by organization mana		n 4955 📭	·
3		ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				│ Yes │ No
b Dar	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) except section E01	1(c)(3)
1	•	ended by the filing organization for s	•		¢
2		organization's funds contributed to			Ψ
_	exempt funtion activities	riganization's lands contributed to c	other organizations	► • • • • • • • • • • • • • • • • • • •	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	#
4	Did the filing organization file F			,	Yes No
5		nd employer identification number (FIN) of all section	527 political organizations	·
	were made For each organizat contributions received that we	ion listed, enter the amount paid from the property and directly delivered the property of the	om the filing organi o a separate politi	ızatıon's funds Also enter t cal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
_					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (Form 990 or 990-EZ) 2009				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	led F	orm	5768	3
		(a)		(b)		
		Yes	No	'	A mour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes			10	9,421
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i				10	9,421
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s		
1	Were substantially all (90% or more) dues received nondeductible by members?		١	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\ <u>\</u>		ectio	
rai	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	••
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					
Со	implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	l Part	II-B, lın	ie 1ı		
	Tdentifier Peturn Peterence Evnlanat	ion				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493107011582

OMB No 1545-0047

SCHEDULE D

Department of the Treasury

(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.

Open to Public

ternal R	evenue Service	► Attach to Fo	orm 990. 🟲 See separa	ite instructions.		Inspectio	n
	e of the organiz	zation			Emplo	yer identification number	
R.NAI	B'RITH				53-01	.79971	
Par		zations Maintaining Donor A		Other Similar F			ıf the
	organız	ation answered "Yes" to Form 99		1.6		\ -	
	F - 4 - 1		(a) Donor ad	vised funds	(b) Funds and other accounts	
	Total number at	•					
	55 5	ributions to (during year) ts from (during year)					
		e at end of year					
5	Did the organiz	ation inform all donors and donor advi ganization's property, subject to the	_		or advise		- No
5	Dıd the organız used only for ch	ation inform all grantees, donors, and naritable purposes and not for the ben rmissible private benefit	donor advisors in writ	ing that grant funds	•		- No
Part	Conse	r vation Easements. Complete	ıf the organızatıon	answered "Yes" t	o Form	990, Part IV, line 7.	
	Protection Preservation Complete lines	on of land for public use (e g , recreating of natural habitation of open space 2a-2d if the organization held a qualing last day of the tax year	Γ	Preservation of a	certified		
		,				Held at the End of the Ye	
a ·	Total number o	f conservation easements			2a		
ь .	Total acreage r	estricted by conservation easements			2b		
c I	Number of cons	ervation easements on a certified his	toric structure includ	ed ın (a)	2c		
d I	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d		
3 [Number of cons	ervation easements modified, transfe	erred, released, exting	uished, or terminate	d by the	organization during	
f	the taxable yea	r > _					
l i	Number of state	es where property subject to conserva	ation easement is loca	ated 🗠			
5 1	Does the organ	ization have a written policy regarding the conservation easements it holds	g the periodic monitor	•	— dling of v		- No
5 :	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing	conservation easem	nents dur	ing the year ▶	
7 /	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing cons	servation easements	s during t	the year 🟲 \$	
		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	tion	┌ Yes ┌	_ No
1	balance sheet, the organization	scribe how the organization reports c and include, if applicable, the text of t n's accounting for conservation easer	the footnote to the org nents	anızatıon's fınancıal	stateme	ents that describes	
art		zations Maintaining Collection to the collection to the community of the community of the collection and the collection are collected to the collection and the collection are collected to th			or Othe	er Similar Assets.	
	If the organizat art, historical ti	ion elected, as permitted under SFAS reasures, or other similar assets held XIV, the text of the footnote to its fir	116, not to report in for public exhibition,	its revenue stateme education or researd	ch in furt		
_	-	ion placed as normitted under CEAC					
		ures, or other similar assets held for owing amounts relating to these items				· · · · · · · · · · · · · · · · · · ·	
ı	provide the follo	ures, or other similar assets held for	public exhibition, educ			· · · · · · · · · · · · · · · · · · ·	
1	provide the follo	ures, or other similar assets held for owing amounts relating to these items	public exhibition, educ			ance of public service,	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	asur	es, or C	the	r Simil	<u>ar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	lowing th	at are	a sıgnıfıca	nt us	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan or	excha	ange progi	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	ganızatıor	's ex	empt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	ation			es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ons or	other ass	ets n	ot	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			A mo	unt	
с	Beginning balance						-	1c		Allio	-	
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						+	1f				
2a	Did the organization include an amount on Fo	orm QQO Dart V line	2717				L				Yes	
	If "Yes," explain the arrangement in Part XIV		c 2 I ′							'	1 65	1 140
	rt V Endowment Funds. Complete		n and	wor	ad "Vac"	' to Fo	orm 990	Dari	t IV lin	<u>α 10</u>		
	Endownient i unus. complete	(a)Current Year)Prior			o Years Bac				e) Four Y	ears Back
1a	Beginning of year balance	10,096,661	,		1,885,972			1				
b	Contributions	642,854		:	1,229,645							
c	Investment earnings or losses	1,328,176		-:	1,575,998							
d	Grants or scholarships	74,844			733,742							
e	Other expenditures for facilities and programs	314,934			531,874							
f	Administrative expenses	104,979			177,342							
g	End of year balance	11,572,934		10	0,096,661							
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨	50.000 %										
ь	Permanent endowment 43.000 %											
С	Term endowment ▶ 7.000 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held a	and ad	mınıstere	d for t	the			
	organization by										Yes	No
	(i) unrelated organizations							•		. 3a(i)		No
_	(ii) related organizations									3a(ii)	+	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						•		. 3b	Yes	<u> </u>
4 Do:	t VI Investments—Land, Buildings					0 Dar	+ V Juno	10				
Pal	t VI Investments—Land, Buildings	s, and Equipme	III. S								\top	
	Description of investment				a) Cost or o		(b) Cost or basis (ot			cumulated reciation	(d) E	Book value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements		•									
d	Equipment		•								4	
	Other											
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B,), line	10(c).)			•	▶	•		0
									Sche	edule D (Form 9	90) 200

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year market value	
Financial derivatives Classity hald agusty interests			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
	(b) Amount		
Federal Income Taxes ACCRUED PENSION BENEFIT COST, FASB 158	17,966,628		
ACCROED FENSION BENEITH COST, FASB 130	17,900,020		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	17,966,628		

art VIII, column (A), line 1. Part IX, column (A), line 25 ear Subtract line 2 from line s) on investments of facilities (1) d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin L but not on Form 990, Part vestments of facilities ants	c Combine lines 3 d Financial Statement	tateme	nts With R	evenue p 67,998	1 2 3 4 5 6 7 8 9 10 er Re	-1,417,698 67,998 289,232 -2,196,043 -1,838,813 -3,256,511
ear Subtract line 2 from line s) on investments of facilities d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	s Combine lines 3 d Financial Statement	tateme	nts With R		3 4 5 6 7 8 9 10	289,232 -2,196,043 -1,838,813 -3,256,511 eturn
s) on investments of facilities (1) d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin L but not on Form 990, Part vestments	Combine lines 3 d Financial S tancial statement	tateme	nts With R		4 5 6 7 8 9 10	289,232 -2,196,043 -1,838,813 -3,256,511
of facilities (1) d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin L but not on Form 990, Part vestments	d Financial Stancial Stancial statement	tateme	nts With R		5 6 7 8 9 10	289,232 -2,196,043 -1,838,813 -3,256,511 eturn
d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments	d Financial Stancial Stancial statement	tateme	nts With R		6 7 8 9 10	-2,196,043 -1,838,813 -3,256,511 eturn
d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	d Financial Stancial Stancial statement	tateme	nts With R		7 8 9 10	-2,196,043 -1,838,813 -3,256,511 eturn
d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	d Financial Stancial Stancial statement	tateme	nts With R		8 9 10	-2,196,043 -1,838,813 -3,256,511 eturn
d lines 4 - 8 ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	d Financial Stancial Stancial statement	tateme	nts With R		9 10 er Re	-1,838,813 -3,256,511 eturn
ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	d Financial Stancial Stancial statement	tateme	nts With R		10 er R	-3,256,511 eturn
ear per financial statements f Revenue per Audite other support per audited fin but not on Form 990, Part vestments of facilities ants	d Financial Stancial Stancial statement	tateme	nts With R		er R	eturn
other support per audited fin L but not on Form 990, Part vestments	iancial statement	. 2a 2b	nts With R			
l but not on Form 990, Part vestments		. 2a		67,998	1	16,427,561
restments	VIII, line 12	2b		67,998		
of facilities	· · · · · · · · · · · · · · · · · · ·	2b		67,998		
ants	 					
		2c				
v)						
		. 2d		488,865		
					2e	556,863
				[3	15,870,698
			ı			
,	VIII, line 7b .	4a				
•		4b		63,284		
					4c	63,284
					_	15,933,982
	ed Financial S	stateme	ents with i	expenses	per	17,777,261
· · · · · · · ·					1	17,777,201
. but not on Form 990, Part	IX, line 25					
of facilities		. 2a				
		. 2b				
		2c				
V)		. 2d		488,865		
					2e	488,865
					3	17,288,396
			1			
•		. 4b		63,284		
					4c	63,284
· · · · · · · · · · · · · · · · · · ·	l Form 990, Part	I, lıne 18)		5	17,351,680
	990, Part VIII, line 12, but included on Form 990, Part V) Band 4c. (This should equal fexpenses per Audit per audited financial but not on Form 990, Part of facilities V) 990, Part IX, line 25, but rincluded on Form 990, Part V)	990, Part VIII, line 12, but not on line 1 Included on Form 990, Part VIII, line 7b V) Band 4c. (This should equal Form 990, Part I FEXPENSES PER Audited Financial Sepandited financial but not on Form 990, Part IX, line 25 of facilities V) 990, Part IX, line 25, but not on line 1: ncluded on Form 990, Part VIII, line 7b V) 3 and 4c. (This should equal Form 990, Part	1990, Part VIII, line 12, but not on line 1 Included on Form 990, Part VIII, line 7b . 4a V)	1990, Part VIII, line 12, but not on line 1 Included on Form 990, Part VIII, line 7b . 4b V)	1990, Part VIII, line 12, but not on line 1 4a	3 990, Part VIII, line 12, but not on line 1 4a 4c 4c 4c 4c 4c 4c 4c

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

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	BBI has an endowment fund which benefits both the general charitable purpose of BBI as well as restricted purposes. The "endowment" includes both donor-restricted endowment funds as well as funds designated by BBI to function as endowments. The majority of the endowment is set up for restricted purposes such as to provide an income distribution to support BBI's human rights and public policy, our Judaic programs, camp scholarships, sports lodges or BB's seniors program. There are some philanthropic funds which support B'nai B'rith as well as other charitable organizations not related to B'nai B'rith A dditionally, there is a general endowment that provides for an income distribution for unrestricted purposes to the organization
Part X	Description of Uncertain Tax Positions Under FIN 48	Accounting for uncertainty in income taxes - BBI accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for uncertain tax positions. Interest and penalties, if any, are accrued as a component of general and administrative expenses when assessed. BBI has identified its tax status as a tax exempt entity under Section 501(c)(3) and its reporting of unrelated business income as tax positions, however, BBI has determined that such tax positions do not result in an uncertainty requiring recognition. BBI files unrelated business income tax returns in the United States and District of Columbia. BBI is not under audit in any jurisdiction for any period. Unrelated business income tax returns for years ended prior to June 30, 2007 are no longer subject to examination by taxing authorities.
Part XI, Line 8 - Other Adjustmen	ts	PENSION LIABILITY ADJUSTMENT - FASB 158 -2030698 PRIOR YEAR COST VS MARKET DIFFERENCE -35124 CURRENT YEAR COST VS MARKET DIFFERENCE -130221
		PART XII, LINE 2D - SPECIAL EVENT EXPENSES - \$488,865 PART XII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT - \$63,284 PART XIII, LINE 2D - SPECIAL EVENT EXPENSES - \$488,865 PART XIII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT - \$63,284

DLN: 93493107011582

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization B'NAI B'RITH					Employer ide	ntification number
					53-017997	
Part I General Infor			de the United State	s. Complete	e if the orgar	nization answered
1 For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grant	sor
	- -	-	assistance, and the se			
the grants or assistan	ice?					. Ves No
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring t	he use of grar	nt funds outsıd	e the
3 Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a progra describe sp	ty listed in (d) am service, ecific type of s) in region	(f) Total expenditures for region
Middle East and North Africa	1	1	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION	SUPPORTIN JEWISH PRO HUMANITA TO GEORGI SCHOLARSI	OGRAMS, RIAN HELP A,AND	347,510
EUROPE	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION		OGRAMS	14,729
SOUTH AMERICA			PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION	PROVIDING SUPPLIES T COMMUNIT CRISIS	о .	5,610,681
	1		Ī	1		

5,972,920

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Nam organiza		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and Nort Africa	h PROVIDING HUMANITARIAN HELP TO GEORGIA	45,000	ELECTRONIC FUND OR WIRE TRANSFER			
		MIDdle East and North Africa	SUPPORTING LOCAL JEWISH PROGRAMS	15,000	ELECTRONIC FUND OR WIRE TRANSFER			
		EUROPE	SUPPORTING LOCAL JEWISH PROGRAMS	5,000	ELECTRONIC FUND OR WIRE TRANSFER			
		SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			5,363,577	MEDICAL SUPPLIES	MANUFACTURER FORMULA
		SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS			247,104	MEDICAL SUPPLIES	MANUFACTURER FORMULA
		EUROPE	SUPPORTING LOCAL JEWISH PROGRAMS	7,500	ELECTRONIC FUND OR WIRE TRANSFER			
2 Enter t	otal number of recip empt by the IRS, or	nient organizations l for which the grant	isted above that are i tee or counsel has pro	recognized as chari ovided a section 50	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as . ▶	6
3 Enter t	otal number of othe	r organızatıons or e	entities				. ▶	0
							Schedule	F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other) SCHOLARSHIP Middle East and North 1 5,500 ELECTRONIC FUND OR WIRE TRANSFER A frica

Schedule F (Form 990) 2009

Identifier	ReturnReference	ed in Part I, line 2, and any additional information. Explanation
	ReturnReference	
Procedure for Monitoring Grants		Schedule F, Part I, Line 2 The organization has both the program
Outside the U S		director and the fiscal staff sign off on any expenses that are to
		be charged to grant funds. This ensures that the expenses are in
		accordance with the specifications of the agreement. Additionally
		the organization set up account codes to indicate revenue and
		expenses associated with grants so that it can track expenses
Method Used to Acccount for		Schedule F, Part I, Line 3 The organization set up account codes
Expenditures		to indicate revenue and expenses associated with the various
·		grants so that it can track expenses associated with these
		grants
-		

As Filed Data -

DLN: 93493107011582

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No. 1545-0047

iliterilai Revenue Service	F Attach to Form 990 of Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
B'NAI B'RITH		
		53-0179971

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
 - a 🔽 Mail solicitations
- e 🔽 Solicitation of non-government grants

▶ ▼ Internet and e-mail solicitations

Solicitation of government grants

c 🔽 Phone solicitations

a Special fundraising events

- In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Vec	

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5.000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No			
AB DATA MARKETING	CONSULTS ON DIRECT MAIL PROGRAM	Yes		2,073,895	294,972	2,073,895
BDI DEVELOPMENT	CONSULTS ON DINNERS PROGRAM	Yes		684,543	357,368	684,543
TELEFUND INC	CONSULTS ON TELEMARKETING SERVICES		No	0	76,236	0
Total			•	2,758,438	728,576	2,758,438

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK,AL,AR,AZ,CA,CT,DC,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OK,OR,RI,SC,TN,UT,VA,WA,WI

Pai	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1 DINNERS (event type)	(b) Event #2 GIVING CLUBS (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col		
EU-	1	Gross receipts	684,543	583,126	5,530		1,27	3,199
Revenue	2	Less Charitable	684,543	583,126			1,26	7,669
—	3	Gross income (line 1 minus line 2)			5,530			5,530
	4	Cash prizes						
ص ص	5	Non-cash prizes						
ense:	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	488,865				48	8,865
	10	Direct expense summary Add line	es 4 through 9 in column	(d)			48	8,865
	11	Net income summary Combine lir	nes 3, column d, and line	10			-48	3,335
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	ì
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
	1	Gross revenue						
S O	2	Cash prizes						
xpenses	3	Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes% Г No			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1, column d, ai	nd line 7	<u> </u>		Yes	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	,		 .	· 9a		
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, susper	ided or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficial ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	. 11		
					Schedule G (Form 9	990 or 990	-EZ) 20	109

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Part I General Information on Grants and Assistance

DLN: 93493107011582

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

B'NAI B'RITH

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

Inspection

Employer identification number

53-0179971

Form 990, Part IV	, line 21 for any	to Governments and received recipient that received (90) if additional space	d more than \$5,000). Check this box if	no one recipient rec	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
EWISH COUNCIL FOR UBLIC AFFAIRS116 EAST 7TH STREET 10TH FLOOR ew York, NY 10016		501(C)(3)	5,563				TO SUPPORT THE REPRESENTATIVE VOICE OF THE ORGANIZED AMERICAN JEWISI COMMUNITY
ONFERENCE OF RESIDENTS633 THIRD VE 21ST FLOOR EW YORK, NY 10017		501(C)(4)	45,964				TO SUPPORT TAKI THE LEAD TO EXPLAIN AND ANALYZE ISSUES, PROVIDE A LINK BETWEEN AMERIC JEWRY AND THE U GOVERNMENT, AN MARSHALL A COORDINATED COMMUNITY RESPONSE
BYO INC2020 K ST NW O 7800 ASHINGTON,DC 20006		501(C)(3)	5,000				TO SUPPORT YOU JEWISH PEOPLE SO THAT THEY MAY ENRICH OTHER JEWISH PEOPLE A THE WORLD
ational Conference on oviet Jewry2020 K ST NW O 7800 ASHINGTON, DC 20006		501(C)(3)	16,776				TO HELP SECURE THE WELL-BEING (OVER ONE MILLIO JEWS WHO ARE REBUILDING JEWI LIFE IN THE FORM SOVIET UNION

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.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book,	(f)Description of non-cash assistance
				FMV, appraisal, other)	
SCHOLARSHIP/A WARD	34	46,400			
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization has both the program director and the fiscal staff sign off on any expenses that are to be charged to grant funds. This ensures that the expenses are in accordance with the specifications of the agreement Additionally, the organization set up account codes to indicate revenue and expenses associated with grants so that it can track expenses.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493107011582

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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.

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DINA	AI DRIIN		53-0179971			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	Housing allowance or residence for	personal use			
	▼ Travel for companions	Payments for business use of perso	nal residence			
		Health or social club dues or initiati				
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organizerimbursement orprovision of all the expenses described			1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire			2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that approximate Compensation committee					
	Independent compensation consultant	✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensat	tion committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-control payn	nent?		4a		Νo
ь	Participate in, or receive payment from, a supplemental r	nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must corpersons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of		ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue ar	ıy			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr		ı-fıxed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Reg in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the reb	uttable presumption procedure describe	d in Regulations			

section 53 4958-6(c)?

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(ı) (ıı)	324,690 0	0	4,448	0	l '	343,224 0	0
	(ı) (ıı)	155,472 0	0	_	0	l '	160,163 0	0
Mark Olshan	(E)	176,113 0	0	0	0 0	l '	191,824 0	0 0

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

Ident if ier	Ret urn Reference	Explanation

Schedule J (Form 990) 2009

Employer identification number

OMB No 1545-0047

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SCHEDULE M (Form 990)

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

NonCash Contributions

Department of the Treasury Internal Revenue Service Name of the organization B'NAI B'RITH

					53-0179971			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies	X	1	5 610 681	COST OF DONATE	D PRC	PERT	
	Taxidermy			3,010,001	COST OF BONATE	D I KO	LICI	<u> </u>
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ►()							
	Other ▶()							
	Other ▶ ()							
20 29	Number of Forms 8283 received							
29	for which the organization compl				29			
	,		,	J			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti			·		30a		No
Ь	If "Yes," describe the arrangem					30a		
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?		ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
h	If "Yes," describe in Part II					<u> </u>		
	If the organization did not report	revenues	ın column (c) for a type of n	roperty 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.

Ident if ier	Return Reference	Explanation			
Third Party Use	,	Brother's Brother contributed the medical supplies to the organization and assisted in the distribution of these contributions to the recipients			

Schedule M (Form 990) 2009

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DLN: 93493107011582

OMB No 1545-0047

2009

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SCHEDULE 0

(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.

Name of the organization
B'NAI B'RITH

Employer identification number
53-0179971

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Inne 11		The organization's CFO and Fiscal Manager review the Form 990. They compare it to the audit and adjust for differences. They also look for various benchmarks in terms of their expectations. They run various reports so that they can compare the form to w hat they have in the general ledger and financial statements. In addition, they discuss the form with the paid preparers.

ldentifier Return Reference		Explanation				
Form 990, Part VI, Section B, line 12c		The organization regularly sends out conflict of interest disclosure forms to officers, directors, trustees, and key employees. The organization collects these forms at regularly scheduled meetings to monitor and ensure compliance.				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization will, depending on the employee or potential employee, use a compensation committee and comparability data to determine the compensation of said employee or potential employee. The compensation committee usually consists of several board members. The most common comparability data used is the Form 990 of a comparable organization.

ldentifier Return Reference		Explanation					
Form 990, Part VI, Section C, line 19		The organization's financial statements and Form 990 are posted on its wiebsite. Copies of the organization's governing documents and conflict of interest policy are available upon request					

ldentifier	Return Reference	Explanation				
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	In addition to the amounts paid for professional fundraising services listed on Schedule G, the organization also paid fundraisers the following AB Data Marketing List Rental \$ 43,684 Postage \$ 222,874 Lettershop/Mailhouse \$ 62,185 Print Components \$ 145,959 Laser Printing \$ 25,411 BDI Development Office Expense \$ 533 Postage \$ 9,752 Printing \$ 7,377 Travel \$ 12,331 Entertainment \$ 12,434 Miscellaneous \$ 2,076 The organization was provided with detailed invoices from the aforementioned fundraisers that distinguish the amounts paid for professional fundraising services and the amounts paid for fundraising expenses				

ldentifier	Return Reference	Explanation
		FORM 990, SCHEDULE G, PART I, LINE 2B(III) DESCRIPTION OF CUSTODY OR CONTROL ARRANGEMENT BDI Development and AB Data Marketing have custody of the raised funds until they are transferred to the organization During this time, they do not have the authority to use the funds or direct their use. How ever, depending on the way the funds were contributed, they could have the authority to deposit these funds in a holding account until the funds are transferred to the organization. Telefund, Inc does not have custody or control of funds as they work for the organization through AB Data Marketing.

Identifier	Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 1	CONTINUATION OF THE ORGANIZATION'S MISSION STATEMENT	The Center for Human Rights and Public Policy (CHRPP) brings a Jew ish voice to international and domestic policy and in defense of Israel BBI has served as an NGO (non-governmental organization) at the United Nations since 1947 Whether an issue is before the Human Rights Council, the Security Council, or on the desk of a Un official, BBI leaders and staff provide expert testimony and advocacy for Israel and the Jew ish population worldwide in the United States, CHRPP advocates for the safety, security, and rights of the Jew ish people and the State of Israel in Latin America, CHRPP works to build tolerance and promotes social justice. Throughout the United States, in Europe, and around the world, CHRPP is a leader in the fight against anti-Semtism And in Central and Eastern Europe, CHRPP is a strong advocate for Holocaust restitution. The Center for Senior Services (CSS) provides the tangible - housing and practical information on aging - and the intangible - advocacy and national leadership - on issues affecting Jew ish seniors. BBI is the largest national Jew ish sponsor of senior housing in the United States and operates nearly 50 fixed-income and market-rate housing facilities worldwide. BBI brings programs and services to seniors and gives them the opportunity to take control of their own inturies. Through a steady flow of information on topics as far-ranging as Medicare Part D and aging safely in place to national and international advocacy on vital issues such as income protection and stem cell research, BBI presents a concerned voice for all seniors. The Center for Community Action (CCA) helps Brial Brith International serve individual Jew ish communities and the world, providing disaster relief and services to those in need, promoting respect for others and supporters have provided the funds to aid these disaster and war-torn areas, seeking to fill the needs that might otherwise be overlooked in local communities and wind and advocacy on vital instruments and supporters have provided the funds to aid

ldentifier	Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 1A	FORM 1096 FILING EXPLANATION	THE ORGANIZATION FILED A 2009 FORM 1096 UNDER ITS NAME AND FEDERAL EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 55 FORMS OF THOSE 55 FORMS, 12 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN #53 0209632) SINCE ALL 55 OF THE FORMS WERE REPORTED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 1A AND NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990 HOWEVER, THE 2009 FORM 990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS EXPLANATION

ldentifier	Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 2A	FORM W-3 FILING EXPLANATION	THE ORGANIZATION FILED A 2009 FORM W-3 UNDER ITS NAME AND FEDERAL EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 249 W-2 FORMS OF THOSE 249 W-2 FORMS, 174 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN #53 0209632) SINCE ALL 249 OF THE FORMS WERE REPORTED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 2A AND NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990 HOWEVER, THE 2009 FORM 990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS EXPLANATION

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

DLN: 93493107011582

2009

Open to Public Inspection

Name of the organization B'NAI B'RITH					Employer	ident if icat	tion number
					53-01799		
Part I Identification of Disr	egarded Entities (Complete	e if the organization a	nswered "Yes" on	n Form 990, Part	IV, line 33.)		
(a) Name, address, and EIN of disregarded entity		(b) Primary activity Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year asse	ets [(f) Direct controlling entity
	ted Tax-Exempt Organiza empt organizations during the		ne organization an	nswered "Yes" o	n Form 990, I	Part IV, I	ine 34 because it had one
(a) Name, address, and EIN of relate	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	ion Public char (if section !	rıty status	(f) Direct controlling entity
B'NAI B'RITH FOUNDATION OF THE US							
2020 K STREET NW 7TH FLOOR		OPERATE A CHARITABLE	DC	E01/C)/2)		LINE 7	N/A
WASHINGTON, DC 20006 53-0257218		ENDOWMENT FUND	DC	501(C)(3)		LINE /	IN/A
B'NAI B'RITH HILLEL FOUNDATION							
2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006		SERVICE FOR CAMPUS JEWISH YOUTH	DC	501(C)(3)		LINE 7	N/A
53-0238141 B'NAI B'RITH YOUTH COMMISSION							
2020 K STREET NW 7TH FLOOR		TEEN SERVICES	DC	501(C)(3)		LINE 7	N/A
WASHINGTON, DC 20006 53-0209634							
B'NAI B'RITH HENRY MONSKY FOUNDATION							
2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006		TO OPERATE CHARITABLE CAMPING AND OFFICE FACILITIES	DC	501(C)(3)		LINE 7	N/A
53-0209632 B'NAI B'RITH HOUSING INC							
2020 K STREET NW 7TH FLOOR		PROVIDE HOUSING AND OTHER SERVICES FOR LOW AND MODERATE INCOME	DC	501(C)(3)		LINE 7	N/A
WASHINGTON, DC 20006 52-1438504		SENIORS					
						_	

(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 asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

chedule R	(Form 990) 2009		Рa	age 3
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During th	he tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Recei	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, g	grant, or capital contribution to other organization(s)	1b	Yes	
c Gıft, g	grant, or capital contribution from other organization(s)	1 c	Yes	
d Loans	s or loan guarantees to or for other organization(s)	1d	Yes	
e Loans	s or loan guarantees by other organization(s)	1e		No
f Sale o	of assets to other organization(s)	1f		No
g Purch	nase of assets from other organization(s)	1 g		No
h Excha	ange of assets	1h		No
i Lease	of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease	of facilities, equipment, or other assets from other organization(s)	1j		No
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I Perfor	mance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharır	ng of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharii	ng of paid employees	1n	Yes	lacksquare
o Reimb	bursement paid to other organization for expenses	10	Yes	\vdash
p Reimb	bursement paid by other organization for expenses	1р	Yes	\perp
q Other	r transfer of cash or property to other organization(s)	1q	Yes	\vdash
-	transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transaction thres	sholds
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) B'NAI B'RITH FOUNDATION OF THE US	R	97,323
(2) B'NAI B'RITH HENRY MONSKY FOUNDATION	D	320,000
(3) B'NAI B'RITH HENRY MONSKY FOUNDATION	Q	57,260
(4)		
(5)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Additional Data

4d. Other program services

Software ID:

Software Version:

EIN: 53-0179971 **Name:** B'NAI B'RITH

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 826,548 including grants of \$ 68,200) (Revenue \$ 727,919) JUDAISM PROGRAMS, GENERAL/OTHER JEWISH CONTINUITY PROGRAMMING PROVIDED EITHER DIRECTLY OR THROUGH ALLOCATIONS TO B'NAI B'RITH CAMPS, THE B'NAI B'RITH YOUTH ORGANIZATION, INC FOR TEENS, AND THE FOUNDATION FOR JEWISH CAMPUS LIFE FOR COLLEGE LIFE FOR COLLEGE STUDENTS DIRECT SERVICES INCLUDE THOSE OF THE B'NAI B'RITH KLUTZNICK NATIONAL JEWISH MUSEUM, B'NAI B'RITH LECTURE BUREAU, B'NAI B'RITH MAGAZINE (50,000

RECIPIENTS)

(Code) (Expenses \$ 939,081 including grants of \$) (Revenue \$ 17,335)

SENIOR SERVICES AND SENIOR HOUSING ACTIONS BY THE CENTER FOR SENIOR SERVICES, THROUGH A NETWORK OF 37 SPONSORED APARTMENT PROJECTS, PROVIDES HIGH QUALITY HUD SUBSIDIZED HOUSING TO SOME 7,000 LOW INCOME SENIORS ON A NON-SECTARIAN BASIS PROVIDES SERVICES TO IMPROVE THE MANAGEMENT AND ADMINISTRATION OF THE NETWORK, AND WORKS WITH B'NAI B'RITH GROUPS TO PREPARE APPLICATIONS TO HUD FOR ADDITIONAL PROPERTIES ALSO INVESTIGATES THE AFFORDABLE SENIOR HOUSING OPTIONS THE CENTER FOR SENIOR SERVICES ALSO PROVIDES ONGOING WORKSHOPS ON A VARIETY OF TOPICS OF INTEREST TO OLDER PERSONS THAT INCLUDE, ARE NOT LIMITED TO AGING IN PLACE, MEDICARE, SOCIAL SECURITY, TRANSPORTATION, STEM CELL RESEARCH, AND HEALTH CARE REFORM

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(C tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Daniel S Mariaschin Executive V P	38 00	х		х				329,138	0	9,384			
Dennis Glick President	12 00	Х		х				0	0	0			
Allan J Jacobs Chair of the Executive Committee	2 00	х		х				0	0	0			
Seth Riklin Treasurer	2 00	×		х				0	0	0			
Ted Greenfield Sr VP	2 00	Х		х				0	0	0			
Yves-Victor Kamami Sr VP	2 00	Х		х				0	0	0			
Roberto Nul Sr VP	2 00	Х		х				0	0	0			
S Bruce Pascal Sr VP	2 00	Х		х				0	0	0			
Gary Saltzman Sr VP	2 00	Х		х				0	0	0			
Stephen Zorn Sr VP	7 00	Х		х				0	0	0			
Tommy Baer Honorary President	2 00	Х						0	0	0			
Richard D Heideman Honorary President	2 00	Х						0	0	0			
Joel Kaplan Honorary President	2 00	Х						0	0	0			
Gerard Kraft Honorary President	16 00	Х						0	0	0			
Seymour D Reich Honorary President	2 00	Х						0	0	0			
Kent E Schiner Honorary President	4 00	Х						0	0	0			
Moishe Smith Honorary President	2 00	Х						0	0	0			
Sidney Clearfield Honorary Executive VP	2 00	Х						0	0	0			
Ricardo M Abraham Director	2 00	Х						0	0	0			
Irving Abramovitz Director	2 00	Х						0	0	0			
Israel Abramowitz Director	2 00	Х						0	0	0			
James Altman Dırector	2 00	Х						0	0	0			
Gary W Anderson Dırector	2 00	Х						0	0	0			
Narcisco Attia Director	2 00	Х						0	0	0			
Ramy Attie Director	2 00	×						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (that a	che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Yvonne Attie Director	2 00	x						0	0	0			
Armand Azoulaı Dırector	2 00	Х						0	0	0			
Sheldon Badzın Dırector	2 00	×						О	О	0			
Arie A Bar Zion Director	2 00	х						0	0	0			
Raphael Barel Director	2 00	х						0	0	0			
Earl J Barish Director	2 00	Х						0	0	0			
Ira Bartfield Director	2 00	Х						0	0	0			
Gerald J Batt Director	2 00	Х						0	0	0			
Daniel Belozercovsky Director	2 00	Х						0	0	0			
William Bill Berger Director	2 00	х						0	0	0			
Leon Bırbragher Dırector	2 00	Х						0	0	0			
Eric Bissell Director	2 00	х						0	0	0			
Arlıne P Bittker Dırector	2 00	х						0	0	0			
A dam Bloom Dırector	2 00	Х						0	0	0			
Eric M Book Director	2 00	Х						0	0	0			
William B Bram Director	2 00	х						0	0	0			
Nancy A Braun Director	2 00	х						0	0	0			
Barbara Brenman Dırector	2 00	х						0	0	0			
Mario Brodsky Director	2 00	х						0	0	0			
Marcelo Burman Director	2 00	Х						0	0	0			
Robert H Chicotsky Director	2 00	х						0	0	0			
Harvey Chyette Director	2 00	х						0	0	0			
Alan D Cohen Director	2 00	Х						0	0	0			
Pearl Cohen Director	2 00	х						0	0	0			
Stanley G Cohen Director	2 00	x						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (hat a	che	')	_	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Stewart S Cohen Director	2 00	×						О	0	0			
Karen Cooper Dırector	2 00	Х						0	0	0			
Stuart B Cooper Director	2 00	×						0	0	0			
Shalom P Doron Director	2 00	х						0	0	0			
Bernardo Edelman Dırector	2 00	Х						0	0	0			
Eric Engelmayer Director	2 00	Х						0	0	0			
Hernan Fischman Director	2 00	Х						0	0	0			
Paolo Foa Dırector	2 00	Х						0	0	0			
Marlene Z Franklın Dırector	2 00	Х						0	0	0			
Julio Froimovich Director	2 00	х						0	0	0			
Luis Gaj Director	2 00	х						0	0	0			
David A Geller Director	2 00	х						0	0	0			
Jared Genser Dırector	2 00	х						0	0	0			
Isaac Gilinski Director	2 00	х						0	0	0			
Matthew Glick Director	2 00	х						0	0	0			
Oscar Goldberg Dırector	2 00	х						0	0	0			
Kurt Goldberger Dırector	2 00	х						0	0	0			
Margarete Goldberger Dırector	2 00	х						0	0	0			
Irving Golden Director	2 00	Х						0	0	0			
Robert Golden Dırector	2 00	Х						0	0	0			
A braham Goldstein Director	2 00	Х						0	0	0			
David C Goldstein Director	2 00	Х						0	0	0			
Dennis Goldstein Director	2 00	Х						0	0	0			
Pablo Sergio Grinstein Director	2 00	Х						0	0	0			
Benamı Grobman Dırector	2 00	×						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (that a	che	')	_	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Jules Grosswald Director	2 00	×						0	0	0			
Matılde Groisman Gus Director	2 00	х						0	0	0			
Pedro Gus Director	2 00	×						0	0	0			
Joseph E Hararı Dırector	2 00	х						0	0	0			
Rıcardo Holzer Dırector	2 00	Х						0	0	0			
Jose Iacobescu Director	2 00	х						0	0	0			
Jacques Jacubert Director	2 00	Х						0	0	0			
Gary Javitch Director	2 00	х						0	0	0			
Enrique Jinchuk Director	2 00	х						0	0	0			
Mark E Joseph Dırector	2 00	х						0	0	0			
Borıs Kalnıckı Dırector	2 00	х						0	0	0			
Haım V Katz Dırector	2 00	х						0	0	0			
Robert S Kaufman Dırector	2 00	х						0	0	0			
Rolf D Kemper Dırector	2 00	×						0	0	0			
Philip Kershner Director	2 00	х						0	0	0			
Marshall Klein Director	2 00	х						0	0	0			
Rosalınd Klein Director	2 00	Х						0	0	0			
Eduardo Klestorny Dırector	2 00	х						0	0	0			
Jaime Kopec Director	2 00	Х						0	0	0			
Leība Krantzberg Director	2 00	Х						0	0	0			
Mrs Gisele Kusniec Director	2 00	Х						0	0	0			
Hans Kychenthal Dırector	2 00	Х						0	0	0			
Ursula Kychenthal Director	2 00	х						0	0	0			
Deborah Lakın Dırector	2 00	Х						0	0	0			
Philip Lax Director	2 00	x						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (hat a	che)		T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
David Levy-Bentolila Director	2 00	×						0	0	0			
A aron Liverant Director	2 00	х						0	0	0			
Jorge Loeff Dırector	2 00	×						0	0	0			
Yoram Luft Director	2 00	×						0	0	0			
John Manheim Director	2 00	Х						0	0	0			
Shel Marcus Director	2 00	Х						0	0	0			
Anna Marks Director	2 00	Х						0	0	0			
David Matas Director	2 00	х						0	0	0			
Itzchak Mayer Director	2 00	х						0	0	0			
Wayne J Meisels Director	2 00	х						0	0	0			
Daniel Mermelstein Director	2 00	х						0	0	0			
Hank Meyer Dırector	2 00	Х						0	0	0			
Harold Miller Director	2 00	х						0	0	0			
Benton S Mırman Dırector	2 00	х						0	0	0			
Abraham D Mizrachi Director	2 00	х						0	0	0			
Alan H Morgan Dırector	2 00	х						0	0	0			
Lynell Morris Director	2 00	х						0	0	0			
Richard Morris Director	2 00	Х						0	0	0			
Andre Nadjar Director	2 00	х						0	0	0			
Stuart Novick Director	2 00	Х						0	0	0			
Dvorah O chert Dırector	2 00	Х						0	0	0			
William K Peirez Director	2 00	Х						0	0	0			
Adrienne Perch Director	2 00	Х						0	0	0			
Joelle A Perelberg Dırector	2 00	Х						0	0	0			
Peter Perlman Dırector	2 00	×						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (that a	che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Arthur J Recht Director	2 00	×						0	0	0			
Jacob Reckess Director	2 00	х						0	0	0			
John Peter Reeves Director	2 00	х						0	0	0			
Dennis Rice Director	2 00	х						0	0	0			
John Rofel Director	7 00	Х						0	0	0			
Jeffrey S Ross Director	2 00	Х						0	0	0			
Steven B Rotenberg	2 00	×						0	0	0			
Director Sid Roth	2 00	x						0	0	0			
Director Howard Rothman	2 00	X						0	0	0			
Director Rebecca Saltzman-Halvorsen Director	2 00	Х						0	0	0			
Milton Sarlin Director	2 00	Х						0	0	0			
Stephen R Satisky Director	2 00	Х						0	0	0			
Mark Schiff Director	2 00	х						0	0	0			
Peter Schiff Director	2 00	х						0	0	0			
Daniel M Schydlowsky Director	2 00	х						0	0	0			
Rına Segal Dırector	2 00	х						0	0	0			
Renee Sharon Dırector	2 00	х						0	0	0			
Jeffrey R Sher Dırector	2 00	х						0	0	0			
Zelmar B Shrell Dırector	2 00	х						0	0	0			
Harold Shulman Dırector	8 00	Х						0	0	0			
Murray H Shusterman Dırector	2 00	Х						0	0	0			
Marvın M Sıflınger Dırector	2 00	х						0	0	0			
Irving Silver Director	2 00	х						0	0	0			
Steven I Smiga Director	2 00	х						0	0	0			
Mark B Sperling Director	2 00	x						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (hat a	che	')		ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Jorge Stainfeld Director	2 00	x						0	0	0			
Stephen Stern Dırector	4 00	Х						0	0	0			
Robert G Sugarman Dırector	2 00	Х						0	0	0			
Dan Tartakovskı Dırector	2 00	Х						0	0	0			
Ted Toback Dırector	2 00	Х						0	0	0			
Emily Trotz Director	2 00	Х						0	0	0			
Frits Van Coevorden Director	2 00	Х						0	0	0			
Jack S Ventura Dırector	2 00	Х						0	0	0			
Matt Waas Dırector	2 00	Х						0	0	0			
Jason Wachs Dırector	2 00	Х						0	0	0			
A nalıa Waınberg Dırector	2 00	Х						0	0	0			
Graham Weinberg Director	2 00	Х						0	0	0			
Larry L Wymor Dırector	2 00	Х						0	0	0			
Eduardo Yael Dırector	2 00	Х						0	0	0			
Andres Yusupoff Dırector	2 00	Х						0	0	0			
Andres Zeldis Director	2 00	Х						0	0	0			
Dr Aubrey Zidenberg Director	2 00	Х						0	0	0			
Susana Zolkwer Dırector	2 00	Х						0	0	0			
Stephen B Zorn Dırector	2 00	Х						0	0	0			
Gwen Zuares Dırector	2 00	Х						0	0	0			
Isaac Elias Zviklich Director	2 00	Х						0	0	0			
Witold Zyss Director	2 00	Х						0	0	0			
Kate Marshall Chief Financial Officer	38 00			х				155,472	0	1,200			
Mark Olshan Associate Executive VP	38 00			х				176,113	0	7,168			
DANIEL heckelman DEPUTY EXECUTIVE VP	38 00					x		138,401	0	10,890			

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	1	ti at Institutional Trustee	•	/)	Highest compensated employee	Former	(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
DAVID VOLZ CHIEF OF TECH SERV	38 00					х		126,830	0	12,394
DEBORAH AUERBACH-DEUTSCH VP OF COMMUNICATIONS	38 00					х		103,520	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PROGRAM PARTICIPATION	900,099	413,246	413,246		
MEMBER INSURANCE PROGR	524,298	341,996			341,996
LECTURE BUREAU	900,099	172,447	172,447		
ADVERTISING SALES	541,800	142,226		142,226	
GENERAL PROGRAM INCOME	900,099	17,335	17,335		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BANK AND OTHER SERVICE	724,848	520,137	46,544	158,167
POSTAGE AND SHIPPING	625,008	256,281	55,084	313,643
PRINTING AND PUBLICATIO	446,063	297,728	50,180	98,155
TELEPHONE	97,843	65,984	14,166	17,693
GENERAL ADMINISTRATION	72,270	38,966	9,922	23,382