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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**Jewish Federation of Jacksonville, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

8505 San Jose Boulevard

City or town, state or country, and ZIP + 4

Jacksonville, FL 32217-4307**F** Name and address of principal officer **Alan Margolies**
Same as above**D** Employer identification number**59-0637864****E** Telephone number**904-448-5000****G** Gross receipts \$**2,566,809.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (03) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.jaxjewish.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1977****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	The purpose of the Federation is to conduct community fundraising & resource development and allocate	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	55
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<65,563.>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,904,305.	2,557,314.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7c)	47,118.	4,726.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,951,423.	2,562,040.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,131,252.	1,749,584.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	624,504.	619,533.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,262.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	355,519.	294,973.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,111,275.	2,664,090.
19	Revenue less expenses Subtract line 18 from line 12	<159,852.>	<102,050.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,233,757.	4,143,131.
	21	Total liabilities (Part X, line 26)	2,108,376.	2,053,809.
	22	Net assets or fund balances Subtract line 21 from line 20	2,125,381.	2,089,322.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer **Alan Margolies, Executive Director**
 Type or print name and title

Date **11/16/2010**

Paid Preparer's Use Only

Preparer's signature **Dale C. Nes Smith CPA**
 Date **11/16/10**
 Firm's name (or yours if self-employed), address, and ZIP + 4
Erwin, Fountain & Jackson, P.A.
8762 Perimeter Park Boulevard
Jacksonville, FL 32216-6347

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **904-733-4335**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

See Schedule O for Organization Mission Statement Continuation

SCANNED DEC 22 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Federation is a fundraising & community relations resource
organization. Contributions raised through annual campaigns support
local, regional & national health & welfare agencies.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

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

4a (Code) (Expenses \$ 1,749,584. including grants of \$ 1,597,197.) (Revenue \$ 2,384,797.)

Charitable Contributions - Allocations to various national, regional,
and local Jewish welfare, philanthropic, and charitable agencies.

4b (Code) (Expenses \$ 225,061. including grants of \$) (Revenue \$)

Community Relations - To represent the Jewish community with the
community at-large in order to promote understanding and fellowship,
such as Martin Luther King Day Program and the Holiday Mitzvot program.

4c (Code) (Expenses \$ 120,492. including grants of \$) (Revenue \$)

Community Events - To promote community volunteerism and resource
development.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,095,137.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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 II	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 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 X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
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	X
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	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
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	X
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	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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.		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b 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?	X	
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
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)?		X
4b If "Yes," enter the name of the foreign country. <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter:		
a 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).		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2009)

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

	Yes	No
1a Enter the number of voting members of the governing body	55	
b Enter the number of voting members that are independent	55	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Jan Olander - Controller - (904) 448-5000**
8505 San Jose Boulevard Jacksonville, Florida 32217-4307

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								178,000.	0.	0.

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 **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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 individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,557,314.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,557,314.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,495.			9,495.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		4,769.				
	c Gain or (loss)		<4,769.>				
	d Net gain or (loss)			<4,769.>			<4,769.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2,562,040.	0.	0.	4,726.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,749,584.	1,749,584.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	262,750.	89,335.	86,708.	86,707.
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	250,478.	82,594.	83,942.	83,942.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,639.	2,597.	2,521.	2,521.
9 Other employee benefits	98,666.	33,015.	32,826.	32,825.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,500.		7,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	14,614.	3,360.	6,012.	5,242.
14 Information technology				
15 Royalties				
16 Occupancy	12,328.	3,082.	4,623.	4,623.
17 Travel	2,227.	1,036.	989.	202.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,400.	31,500.	11,128.	7,772.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,488.		7,744.	7,744.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Communications</u>	28,766.	28,766.		
b <u>Bad Debts</u>	59,700.		59,700.	
c <u>Beit Midrash</u>	54,330.	54,330.		
d <u>Equipment Maintenance</u>	15,769.	315.	3,709.	11,745.
e <u>Dues and Other</u>	14,915.	9,100.	261.	5,554.
f All other expenses	18,936.	6,523.	7,028.	5,385.
25 Total functional expenses. Add lines 1 through 24f	2,664,090.	2,095,137.	314,691.	254,262.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	250.	1	250.
	2 Savings and temporary cash investments	1,569,876.	2	601,971.
	3 Pledges and grants receivable, net	1,471,926.	3	1,871,799.
	4 Accounts receivable, net	28,373.	4	16,864.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,793.	9	43,425.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 375,517.		
	b Less: accumulated depreciation	10b 259,253.	10c	116,264.
	11 Investments - publicly traded securities	183,299.	11	639,434.
	12 Investments - other securities. See Part IV, line 11	2,500.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	809,793.	15	853,124.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,233,757.	16	4,143,131.	
Liabilities	17 Accounts payable and accrued expenses	44,137.	17	48,345.
	18 Grants payable	2,064,239.	18	2,005,464.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,108,376.	26	2,053,809.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,358,730.	27	1,317,868.
	28 Temporarily restricted net assets	766,651.	28	771,454.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,125,381.	33	2,089,322.
	34 Total liabilities and net assets/fund balances	4,233,757.	34	4,143,131.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 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.")	3862390.	3304637.	3411631.	2904305.	2557314.	16040277.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3862390.	3304637.	3411631.	2904305.	2557314.	16040277.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						564,182.
6 Public support. Subtract line 5 from line 4						15476095.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3862390.	3304637.	3411631.	2904305.	2557314.	16040277.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,033.	89,392.	83,170.	47,118.	9,495.	271,208.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						16311485.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.88 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.18 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule DS
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	<u>3</u>	
2 Aggregate contributions to (during year)	<u>0.</u>	
3 Aggregate grants from (during year)	<u>84,236.</u>	
4 Aggregate value at end of year	<u>28,375.</u>	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	<u>2a</u>
b Total acreage restricted by conservation easements	<u>2b</u>
c Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>
d Number of conservation easements included in (c) acquired after 8/17/06	<u>2d</u>

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		302,746.	209,271.	93,475.
d Equipment		72,771.	49,982.	22,789.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				116,264.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,562,040.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,664,090.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<102,050.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	65,991.
9	Total adjustments (net) Add lines 4 through 8	9	65,991.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<36,059.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,628,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	65,991.
e	Add lines 2a through 2d	2e	65,991.
3	Subtract line 2e from line 1	3	2,562,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,562,040.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,664,090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,664,090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,664,090.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

Part XI, Line 8 - Other Adjustments:

Unrealized Loss on Investments: -169.

Unrealized Gain From Charitable Remainder Trust: 66160.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jacksonville Jewish Foundation 4131 Sunbeam Road, Suite 270 Jacksonville, FL 32257	59-3343214		72,000.	0.			Allocation for Jewish welfare
Jewish Family & Community Services 3601 Cardinal Point Drive Jacksonville, FL 32257	59-0637868		257,200.	0.			Allocation for Jewish welfare
River Garden Hebrew Home 11401 Old St. Augustine Road Jacksonville, FL 32225	59-0624438		187,450.	0.			Allocation for Jewish welfare
Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208		187,450.	0.			Allocation for Jewish welfare
Martin J. Gottlieb Day School 3662 Crown Point Road Jacksonville, FL 32257	59-0624411		101,200.	0.			Allocation for Jewish welfare
National Funding Of UJC 111 Eighth Avenue, Suite 11E New York, NY 10011	13-1624240		18,794.	0.			Allocation for Jewish welfare

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

3 Enter total number of other organizations

▶ **14.**

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

Schedule I (Form 990) 2009

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 Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Schedule I, Part I, Line 2: Local organizations are given assistance to help with general overhead expenses. Currently, there is no monitoring of the use of these funds. Assistance given to other organizations is based on funding for a specific project that has been approved by the allocation committee. The Organization receives reports on the use of the funds from these entities. These reports are reviewed by the allocation committee to ensure the funds are used as directed.

SCHEDULE 1-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
River Garden Hebrew Home- Donor Advised - 11401 Old St. Augustine Road - Jacksonville, FL 32225	59-6024438		10,000.	0.			Allocation for Jewish welfare		
Jewish Community Alliance - Donor Advised - 8505 San Jose Boulevard - Jacksonville, FL 32217	59-2620208		10,000.	0.			Allocation for Jewish welfare		
The Jewish Federations of North America - 111 Eighth Avenue, Suite 11E - New York, NY 10011	13-1624240		727,205.	0.			Allocation for Jewish welfare		
Birthright Israel 111 Eighth Avenue, Suite 11E New York, NY 10011	13-1624240		9,858.	0.			Allocation for Jewish welfare		
Torah Academy of Jacksonville 10167 San Jose Boulevard Jacksonville, FL 32257	26-0067800		22,000.	0.			Allocation for Jewish welfare		
Torah Academy of Jacksonville - Donor Advised - 10167 San Jose Boulevard - Jacksonville, FL 32257	26-0067800		20,000.	0.			Allocation for Jewish welfare		
Congregation Ahavath Chesed - Donor Advised - 8727 San Jose Boulevard - Jacksonville, FL 32217	59-0774176		12,000.	0.			Allocation for Jewish welfare		
San Marco Preservation Society - Donor Advised - 1652 Atlantic Boulevard - Jacksonville, FL 32207	59-1674207		10,000.	0.			Historic area preservation		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

Form 990, Part I, Line 1, Description of Organization Mission:

Federation funds to programs & services that address Jewish needs & responsibilities consistent with the organization's & the community's policies & priorities. Through an allocation process, Federation campaign dollars are distributed fairly & equitably.

Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by the executive director & the controller. Then the Form 990 is reviewed by the BOD treasurer. Since the treasurer is not a CPA, it is also reviewed by a BOD member who is a CPA or another trusted member of the community who is a CPA.

Form 990, Part VI, Section B, Line 12c: The policy is restated at all board meetings. Any business transactions with a BOD member are disclosed if appropriate. Board members are not allowed to vote on any transaction in which they have a financial interest.

Form 990, Part VI, Section B, Line 15: There is an annual performance review and a survey of compensation for like positions within the Federation system as provided by The Jewish Federations of North America.

Form 990, Part VI, Section C, Line 19: Guidestar.org posts the Form 990. All other documents are available upon request.

Form 990, Part XI, line 2c

Audit Oversight

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

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

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

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

The finance committee assumes responsibility for audit oversight of the
organization's financial statements and the selection of an independent
accountant.

The Jewish Federation [34404]
Depreciation Expense

Financial

07/01/2009 - 06/30/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Beg. Accum Depreciation	Current Depreciation	Total Depreciation	Net Book Value
Computers										
Net Hub										
10			4/2/1997	SL / N/A	5 0000	259.00	259.00	0.00	259.00	0.00
GiftTrac/MIP Software										
14			2/28/1998	SL / N/A	3 0000	15,500.00	15,500.00	0.00	15,500.00	0.00
HP 4050T Printer										
27			7/26/2000	SL / N/A	5 0000	1,648.00	1,648.00	0.00	1,648.00	0.00
CTO Pavilion Notebook Computer										
40			6/24/2003	SL / N/A	5 0000	1,289.00	1,289.00	0.00	1,289.00	0.00
Compaq Presario Laptop Computer										
44			6/30/2004	SL / N/A	5 0000	1,234.99	1,234.99	0.00	1,234.99	0.00
BOA Remote Deposit Scanner										
56			6/30/2007	SL / N/A	5 0000	1,500.00	600.00	300.00	900.00	0.00
Dell 3110cn Color laser printer										
57			6/13/2007	SL / N/A	5 0000	274.00	114.17	54.80	168.97	105.03
(3) dell Opti 745 3 20Ghz Computers										
58			6/25/2007	SL / N/A	5 0000	2,553.00	1,021.20	510.60	1,531.80	0.00
dell Dimension E310										
59			7/6/2006	SL / N/A	5 0000	682.65	409.59	136.53	546.12	0.00
(2) Dell Opti 745 3.20 Ghz Computers										
60			4/27/2007	SL / N/A	5 0000	1,557.92	675.09	311.58	986.67	0.00
Dell Opti 745 3 20GHZ Computer										
61			5/16/2007	SL / N/A	5 0000	707.96	306.78	141.59	448.37	0.00
Dell Opti 745 3.20 GHz Computer										
62			6/12/2007	SL / N/A	5 0000	853.00	355.42	170.60	526.02	0.00
(2) Dell Opti 745 3 20 Ghz Computers										
63			6/13/2007	SL / N/A	5 0000	1,706.00	710.83	341.20	1,052.03	0.00
Dell Dual Core 5110 Processor (Server)										
64			6/27/2007	SL / N/A	5 0000	2,998.00	1,199.20	599.60	1,798.80	0.00
Dell Precision T3400 Computer										
72			9/17/2007	SL / N/A	5 0000	1,917.00	670.95	383.40	1,054.35	862.65
(2) Dell 24" Monitors										
74			7/29/2008	SL / N/A	5 0000	763.30	139.94	152.66	292.60	470.70
(4) Dell Latitude E6510 Notebooks										
76			6/30/2010	SL / N/A	3 0000	4,733.08	0.00	0.00	0.00	4,733.08
Dell T710 Server										
77			6/30/2010	SL / N/A	3 0000	5,989.35	0.00	0.00	0.00	5,989.35
Dell Optiplex 780 Mini Tower										
78			6/30/2010	SL / N/A	3 0000	1,316.06	0.00	0.00	0.00	1,316.06
Dell Optiplex 380 Mini Tower										
79			6/30/2010	SL / N/A	3 0000	633.75	0.00	0.00	0.00	633.75
(3) Dell Optiplex 380 Mini Towers										
80			6/30/2010	SL / N/A	3 0000	1,901.25	0.00	0.00	0.00	1,901.25
Subtotal: Computers						50,017.31	26,134.16	3,102.56	29,236.72	16,011.87
Less dispositions and exchanges:						12,558.53	5,278.11	0.00	7,789.81	0.00

07/01/2009 - 06/30/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Net Book Value
Net for: Computers										
Equipment						37,458.78	20,856.05	3,102.56	21,446.91	16,011.87
HP 1220 Fax/Printer										
7			12/14/2001	SL / N/A	5.0000	313.48	313.48	0.00	313.48	0.00
Hassler Mail Folder/Sorter										
35			7/1/2000	SL / N/A	7.0000	10,995.00	10,995.00	0.00	10,995.00	0.00
Hassler Mail Meter										
36			7/1/2000	SL / N/A	7.0000	3,195.00	3,195.00	0.00	3,195.00	0.00
Samsung Telephone System										
50			7/29/2005	SL / N/A	7.0000	3,894.50	2,179.08	556.36	2,735.44	1,159.06
Cubicle Panels										
51			6/12/2006	SL / N/A	7.0000	3,500.00	1,541.67	500.00	2,041.67	1,458.33
Workroom Chairs										
52			12/1/2005	SL / N/A	7.0000	263.88	135.09	37.70	172.79	91.09
Canon Digital Camera										
53			12/6/2005	SL / N/A	5.0000	381.96	273.73	76.39	350.12	31.84
Flash Pro Digital Camera										
75			8/30/2008	SL / N/A	3.0000	294.00	81.67	98.00	179.67	114.33
Subtotal: Equipment						22,837.82	18,714.72	1,268.45	19,983.17	2,854.65
Less dispositions and exchanges:										
Net for: Equipment						22,837.82	18,714.72	1,268.45	19,983.17	2,854.65
Furniture & Equipment										
Workroom										
16			6/29/1988	SL / N/A	20.0000	2,138.40	2,138.40	0.00	2,138.40	0.00
Verticals										
17			6/30/1988	SL / N/A	20.0000	608.42	608.42	0.00	608.42	0.00
Office Furniture										
18			10/1/1989	SL / N/A	7.0000	1,000.00	1,000.00	0.00	1,000.00	0.00
2 Oak Bookcases										
19			11/1/1990	SL / N/A	7.0000	114.72	114.72	0.00	114.72	0.00
Furniture										
20			6/1/1995	SL / N/A	7.0000	134.00	134.00	0.00	134.00	0.00
File Cabinet										
21			3/15/1996	SL / N/A	7.0000	308.05	308.05	0.00	308.05	0.00
Shelving										
22			3/15/1996	SL / N/A	7.0000	171.30	171.30	0.00	171.30	0.00
4 Chairs										
23			7/25/1995	SL / N/A	7.0000	797.96	797.96	0.00	797.96	0.00
Office Chair										
24			5/15/1997	SL / N/A	7.0000	374.00	371.77	0.00	371.77	2.23
Frames										
25			6/30/1997	SL / N/A	7.0000	358.75	358.75	0.00	358.75	0.00
Conference Table										
38			5/15/2001	SL / N/A	7.0000	517.77	517.77	0.00	517.77	0.00

The Jewish Federation [34404]
Depreciation Expense

Financial

07/01/2009 - 06/30/2010

59-0637864

07/01/2009 - 06/30/2010

Sorted: General - category

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Net Book Value
Furniture & Equipment										
Table & Chairs - Executive Dir Office										
66			8/15/2007	SL / N/A	7 0000	405 00	110 90	57 86	168 76	236 24
Lateral File Cabinet										
67			11/15/2007	SL / N/A	7 0000	401 00	95 48	57 29	152 77	248 23
5-Drawer Lateral File Cabinet										
68			11/15/2007	SL / N/A	7 0000	598 00	142 38	85 43	227 81	370 19
3-36" Used Lateral File Cabinets										
69			12/14/2007	SL / N/A	7 0000	1,100 00	248 80	157 14	405 94	694 06
4-Black Side Chairs										
70			12/14/2007	SL / N/A	7 0000	497 52	112.53	71 07	183 60	313 92
2 Workstations										
71			2/6/2008	SL / N/A	7 0000	2,325 00	470 53	332 14	802 67	1,522 33
Refrigerator										
73			6/30/2009	SL / N/A	7 0000	624 63	0 00	89 23	89 23	535 40
Subtotal: Furniture & Equipment										
						12,474.52	7,701.76	850.16	8,551.92	3,922.60
Less dispositions and exchanges:						0 00	0 00	0 00	0 00	0 00
Net for: Furniture & Equipment						12,474.52	7,701.76	850.16	8,551.92	3,922.60
Leasehold										
Leasehold										
1			10/19/1988	SL / N/A	31 5000	295,255 15	196,836 90	9,373 18	206,210 08	89,045 07
Burgundy Entry Door										
39			5/8/2001	SL / N/A	39 0000	1,509 00	315.97	38 69	354 66	1,154 34
Carpet										
54			4/30/2007	SL / N/A	7 0000	5,398 00	1,670 80	771.14	2,441 94	2,956 06
Blinds										
55			4/30/2007	SL / N/A	7 0000	584 00	180 77	83 43	264 20	319 80
Subtotal: Leasehold										
						302,746.15	199,004.44	10,266.44	209,270.88	93,475.27
Less dispositions and exchanges:						0 00	0 00	0 00	0 00	0 00
Net for: Leasehold						302,746.15	199,004.44	10,266.44	209,270.88	93,475.27
Subtotal:										
						388,075.80	251,555.08	15,487.61	267,042.69	116,264.39
Less dispositions and exchanges:						12,558 53	5,278 11	0 00	7,789 81	0 00
Grand Totals:						375,517.27	246,276.97	15,487.61	259,252.88	116,264.39

Jacksonville Jewish Federation
Executive Committee
2009-2010

Name	Address	Home	Business	Cell	email
Gary Perlman <i>President</i>	8179 Hollyridge Road Jacksonville, FL 32256	(904) 641-5651	(904) 731-1324	(904) 874-4867	gdp15@comcast.net
Larry Appel <i>Campaign Chair/1st VP</i>	8820 Holborn Court Jacksonville, FL 32217	(904) 731-9046	(904) 783-5427	(904) 327-1438	larryappel@winn-dixie.com
Rori Stevens <i>VP/Women's Division President</i>	11056 Riverport Ct Jacksonville, FL 32223	(904) 880-2220		(904) 607-5506	rfs4101@aol.com
Susan DuBow <i>Vice President</i>	2805Beauclerc Rd Jacksonville, FL 32257	(904) 733-1215	(904) 470-6015	(904) 955-8800	gee444@aol.com
Hal Resnick <i>Vice President</i>	604 Ibis Cove Ponte Vedra Beach, FL 32082	(904) 273-4560	(904) 273-2558	(904) 716-7611	hal.resnick@comcast.net
Michael Solloway <i>Vice President</i>	8202 Condoer Ct Jacksonville, FL 32256	(904) 519-8823	(904) 376-3822	(904) 534-8824	msolloway@pol.net
Francine Kempner <i>Treasurer</i>	4158 Alhambra Dr W Jacksonville, FL 32207	(904) 398-4856		(904) 220-5819	francinekemp@aol.com
Leonardo Maiman <i>Secretary</i>	2850 Forest Circle Jacksonville, FL 32257	(904) 448-6849	(904) 945-2523	(904) 327-1438	lenjorge@comcast.net
Wendy Efron <i>Women's Division Campaign Chair</i>	2563 Spreading Oaks Ln Jacksonville, FL 32223	(904) 268-8319	(904) 268-8015		befrom@bellsouth.net
Leonard Setzer <i>Immediate Past President</i>	2623 Forest Point Ct Jacksonville, FL 32257	(904) 731-0960	(904) 743-0880	(904) 993-4598	lrs@lrsco.com
Scot Ackerman <i>Presidential Appointee</i>	4072 Alhambra Dr W Jacksonville, FL 32207	(904) 399-3636	(904) 308-7411	(904) 571-9000	ackerman@firstcoastoncology.com

Jacksonville Jewish Federation
Board Members
2009-2010

	A	B	C	D	E	F
	Name	Address	Home	Business	Cell	Email
1	Sue Eaglestein	2628 Tacito Trl Jacksonville, FL 32223	(904) 292-4749	(904) 276-4500	(904) 699-8346	flyingeagle333@aol.com
2	Janis Fleet	11557 Hidden Harbor Way Jacksonville, FL 32223	(904) 268-2746	(904) 730-8103		jfleet@fleetarchitectsplanners.net
3	Jonathan Israel	2332 Smillian Trail S Jacksonville, FL 32217	(904) 730-7725	(904) 398-9002	(904) 449-2704	israel@harrisguidi.com
4	Jim Kempner	4158 Alhambra Dr W Jacksonville, FL 32207	(904) 398-4856			jakempner@aol.com
5	Michael Koren	2553 Linkside Cir Ponte Vedra Bch, FL 32082	(904) 273-0790	(904) 724-1717		michaelkoren@jaxresearch.com
6	Iris Kraemer	2651 Forest Circle Jacksonville, FL 32257	(904) 739-0025			hanukahero@aol.com
7	Michael Levin	3570 Lita Rd E Jacksonville, FL 32257	(904) 733-9663	(904) 759-3469		michael@alltix.com
8	Andrea Mail	2737 Beauclerc Rd Jacksonville, FL 32225	(904) 732-9440			andrea.mail1@comcast.net
9	Adam Marmelstein	2322 Acadie Drive Jacksonville, FL 32217-3513	(904) 733-0000	(904) 296-6200	(904) 993-0772	adamarmelstein@gmail.com
10	David Miller	304 Odums Mill Blvd Ponte Vedra Bch, FL 32082	(904) 285-8929	(904) 764-9554	(904) 294-3913	david.miller@brightway.com
11	Mauri Mizrahi	10018 Haley Rd Jacksonville, FL 32257	(904) 262-6503			a_mizrahi@bellsouth.net
12	Debbie Parker	2348 River Rd Jacksonville, FL 32207	(904) 306-0646		(904) 993-4544	delprkr@aol.com
13	Richard Plotkin	472 Summerset Drive Saint Johns, FL 32259	(904) 619-0861	(904) 596-0286		rplotkin@gray-robinson.com
14	Perrin Rubin	9411 Cedar Dell Ct Jacksonville, FL 32257-4404	(904) 737-2157		(904) 629-3925	perrin.rubin@comcast.net
15	Leif Rush	7675 Saw Timber Ln Jacksonville, FL 32256	(904) 379-2742			leifrush@gmail.com
16	Marcy Sandler	321 S Mill View Way Ponte Vedra Bch, FL 32082	(904) 273-9090		(904) 610-5736	
17	Ben Setzer	3620 Silvery Lane Jacksonville, FL 32217	(904) 443-7723	(904) 743-0880	(904) 476-6228	ben.setzer@lrsc.com
18	Mark Shorstein	11045 Riverport Ct Jacksonville Bch, FL 32223	(904) 262-7234	(904) 739-1311		mshorstein@shorstein.com
19	Mike Shumer	203 34th Ave S Jacksonville Bch, FL 32250	(904) 241-1676	(904) 854-7911	(904) 434-1676	mshumer@crucialcarejax.com
20	Richard Sisisky	6676 Epping Forest Way, N Jacksonville, FL 32217	(904) 737-0390	(904) 353-2929	(904) 607-5321	richard@lasco.com
21	Isa Tanenbaum	2652 Sims Cove Jacksonville, FL 32223	(904) 683-8504	(904) 419-0320		itanenbaum@comcast.net
22	Todd Wenwa	11059 River Creek Dr W Jacksonville, FL 32223	(904) 262-7737	(904) 940-7000	(904) 234-9834	toddwenwa@pgatourhq.com
23	Stacie Wilf	8652 Cathedral Oaks Pl W Jacksonville, FL 32217	(904) 730-9519		(904) 891-5684	spwilf@aol.com
24	Sandy Zimmerman	8106 Woodpecker Trail Jacksonville, FL 32256	(904) 997-2292	(904) 393-4627	(904) 710-2113	sanford.zimmerman@wachoviasec.com
25	Barry Zisser	5412 San Jose Blvd Jacksonville, FL 32207	(904) 733-4779	(904) 353-3222		bzisser@zisser.net

Jacksonville Jewish Federation

Honorary Board

2009-2010

Name	Address	Home	Business	Cell	Email
Scot Ackerman**	4072 Alhambra Dr W Jacksonville, FL 32207	(904) 399-3636	(904) 308-3848	(904) 571-9000	Ackerman@firstcoastoncology.com
Guy Benrubi	7950 Green Glade Rd Jacksonville, FL 32256	(904) 642-3288	(904) 244-3109	(904) 306-4431	guy.benrubi@jax.ufl.edu
Jack Coleman*	Apt S306 9601 Southbrook Dr 2811 Scott Mill Est Dr	(904) 997-8444			jayco78@hotmail.com
Ronald Elinoff	Jacksonville, FL 32257	(904) 733-6187	(904) 268-6751		
Joel Goldman*	9448 Beauclerc Terrace Jacksonville, FL 32257-5705	(904) 737-6429			CthyGold@aol.com
Leslie Held	2214 Larida Ln Jacksonville, FL 32217	(904) 731-1221		(904) 307-1088	porshaegirl817@aol.com
Joan Levin	2315 Miller Oaks Dr N Jacksonville, FL 32217	(904) 733-1407		(904) 233-6575	jilevin@comcast.net
Michael Levine	525 Birch Ct Jacksonville, FL 32266-6213	(904) 241-0526	(904) 724-8100		
David Robbins	1125 Blackstone Bldg Jacksonville, FL 32202	(904) 731-5666	(904) 354-5646	(904) 571-9006	david@fldudefense.com
Al Schneider*	4325 Heaven Trees Rd Jacksonville, FL 32207	(904) 737-8457	(904) 353-3100		
Kenneth Sekine	2648 Beauclerc Rd Jacksonville, FL 32257	(904) 737-6529	(904) 399-5787		ksekine@sekinemd.com
Stephen Silverman	917 1st Street S Unit 302 Jacksonville Beach, FL 32250	(904) 241-6448	(904) 880-0627	(904) 571-4004	sjssilol@aol.com
Richard Sisisky	6676 Epping Forest Way N Jacksonville, FL 32217	(904) 737-0390	(904) 353-2929	(904) 607-5321	rsisisky@shircliffandsisky.com
Arnold Vandroff*	137 Dornoch Ct Ponte Vedra Beach, FL 32082	(904) 285-5105	(904) 296-3390		arnphy@comcast.net
Elliot Zisser*	1937 Beach Ave Atlantic Beach, FL 32233	(904) 246-6684	(904) 353-3222		ezisser@zisser.net
** email					
* do not call					

Jacksonville Jewish Federation

Rabbi Counsel

2009-2010

Name	Address	Home	Business	Cell	Email
Yossi Kahanov	Chabad of Jacksonville 10129 Haley Rd Jacksonville, FL 32257	(904) 292-2657	(904) 262-6641		rabbi@chabadjacksonville.org
Nosson Kaiser	Elz Chaim 10167 San Jose Blvd Jacksonville, FL 32257	(904) 886-0554	(904) 262-3565		rabbikaiser@gmail.com
Joshua Lief	Congregation Ahavath Chesed 8727 San Jose Blvd Jacksonville, FL 32217	(904) 287-8619	(904) 733-7078		jlief@thetemplejacksonville.org
Jonathan Lubliner	Jacksonville Jewish Center 3662 Crown Point Rd Jacksonville, FL 32257	(904) 260-9671	(904) 292-1000		jonathan.lubliner@jaxjewishcenter.com
Michael Matuson	Beth-El Beaches POB 1698 Ponte Vedra Bch, FL 32004	(904) 880-3868	(904) 733-7078		
Martin Sandberg	Beth Shalom 4072 Sunbeam Rd Jacksonville, FL 32257	(904) 880-5185	(904) 268-0404		martinsandberg@comcast.net

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 120-C fers), partnerships, REMICs, and trusts must use Form 8868 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	Jewish Federation of Jacksonville, Inc.	59-0637864
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 8505 San Jose Boulevard	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jacksonville, FL 32217-4307	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Jan Olander - Controller - 8505 San Jose Boulevard

- The books are in the care of ▶ **Jacksonville, Florida - 32217-4307**

Telephone No. ▶ **(904) 448-5000**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **February 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)