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Department of the Treasury Internal Revenue Service A For the 2009 call B Check if

SCANNED APR 1 5 2011

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)

2009

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

Open to Public Inspection

Α	For the	e 2009 cal	lendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010
В	Check if applicable	le Please use IRS	C Name of organization	D Employer identification number
Г	Addre	ss label or	JACK M. BARRACK HEBREW ACADEMY	
	Name chang	type	Doing Business As	23-1352614
	Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/st	ite E Telephone number
	Termi	Instruc-	272 SOUTH BRYN MAWR AVENUE	610-922-2300
	Amen return		City or town, state or country, and ZIP + 4	G Gross receipts \$ 10,639,123.
	Application		BRYN MAWR, PA 19010	H(a) Is this a group return
	pendi	" ⁹ F Nan	ne and address of principal officer ARIELE Z. KLAUSNER	for affiliates? Yes X No
			E AS C ABOVE	H(b) Are all affiliates included? Yes No
			us X 501(c) (3	If "No," attach a list (see instructions)
			W.JBHA.ORG	H(c) Group exemption number ▶
				ear of formation: 1946 M State of legal domicile: PA
P	art I	Summa		
ø			scribe the organization's mission or most significant activities ORGANIZA	FION IS A PLURALISTIC
Governance			H DAY SCHOOL WITH A COLLEGE CURRICULUM	STORMESH SIDUDIES.
ērn			s box if the organization discontinued its operations or disposed of m	pre-than 25% of its net assets.
õ			of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) siber of employees (Part V, line 2a)	APR 0 5 20 13 10 29
≪ರ			f independent voting members of the governing body (Part VI, line 1b)	APR 03 20 4 8 28
ies				5 116
Activities			ber of volunteers (estimate if necessary)	OGDEN, 6 104
Ac	1	_	s unrelated business revenue from Part VIII, column (C), line 12	
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7ь 0.
		O	and and anothe (Don't VIII) line of the	Prior Year Current Year 2,184,617. 2,591,733.
ue	1		ions and grants (Part VIII, line 1h)	7,188,102. 7,815,709.
Revenue	J	_	service revenue (Part VIII, line 2g)	205,112. 133,045.
æ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	<63,223.> 27,699.
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,514,608. 10,568,186.
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1-3)	1,094,766. 2,170,219.
	l		paid to or for members (Part IX, column (A), line 4)	1,094,700: 2,170,219:
10	1	•	other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,369,413. 5,992,691.
Expenses	ŀ		nal fundraising fees (Part IX, column (A), line 11e)	0,305,413. 3,552,051.
þer	1		Iraising expenses (Part IX, column (D), line 25) 574,145.	
Щ	ł		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,502,791. 3,826,307.
	1		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,966,970. 11,989,217.
	19		less expenses Subtract line 18 from line 12	<1,452,362.> <1,421,031.
Net Assets or Fund Balances				Beginning of Current Year End of Year
sets	20	Total asse	ets (Part X, line 16)	30,142,147. 28,198,218.
ASS	21	Total liabil	ities (Part X, line 26)	14,221,449. 13,461,183.
<u> 5</u> 5	22_	Net assets	s or fund balances Subtract line 21 from line 20	15,920,698. 14,737,035.
Pa	art II	Signat	ture Block	
		Under penal	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stateme te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct,
			2	<i>i</i> 1
Sig	n	L	Crule of Klausner	1/3/28/11
Her	е	1	ature of officer	Date /
			IELE Z. KLAUSNER, PRESIDENT	<u> </u>
		Type	e or print name and title	Charles
Paid	j	Preparer's	Date 3/2/11	Check If Preparer's identifying number (see instructions)
_	parer's	signature	1000000	employed ► □ 100/87363
•	Only	Firm's name yours if	MORRIS O. COMEN & CO., P.C.	EIN ►
	•	self-employe address, and	d Proof immitted british borish 2020	
		ZIP + 4	PHILADELPHIA PA 19103	Phone no. ► 2155678000

X Yes No Form **990** (2009)

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

	1990 (2009) JACK M. BARRACK HEBREW ACADEMY rt III Statement of Program Service Accomplishments	23-1352614 Page 2
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION JACK M. BARRACK HEBREW ACADEMY IS A PLURALISTIC JEWISH D STUDENTS IN GRADES SIX THROUGH TWELVE FROM A BROAD VARIE BACKCROUNDS THE SCHOOL INTEGRATES A COMPREHENSIVE AND R	TY OF
	BACKGROUNDS. THE SCHOOL INTEGRATES A COMPREHENSIVE AND R COLLEGE PREPARATORY CURRICULUM WITH THE TEACHING OF ESSE	
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 X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	2000
-	Describe the exempt purpose achievements for each of the organization's three largest program services by experience Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant services by experience (a) organization and section 4947(a)(1) trusts are required to report the amount of grant services (a) organizations and section 4947(a)(1) trusts are required to report the amount of grant services (b) organizations and section 4947(a)(1) trusts are required to report the amount of grant services (b) organizations and section 4947(a)(1) trusts are required to report the amount of grant services (b) organizations and section 4947(a)(1) trusts are required to report the amount of grant services (c) organizations (c) organi	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 9,400,173. including grants of \$) (Rev TUITION, FEES, TRANSPORTATION, SUMMER CAMP AND SEMESTER	renue \$ 7,815,709.) IN ISRAEL
	THE SCHOOL PROVIDES QUALITY EDUCATION TO STUDENTS IN GRA	
	AS BARRACK STUDENTS LEARN, THEY ARE CHALLENGED BY A RIGO OF MATHEMATICS, HUMANITIES AND SCIENCES, INCLUDING A FUL	
	ADVANCED PLACEMENT COURSES THAT PROVIDE THOROUGH PREPARA	
	COLLEGE. OUR COLLEGE PREPARATORY COURSES ARE COMPLEMENTE	
	ENRICHING JEWISH STUDIES CURRICULUM. AS BARRACK STUDENTS MENTORED AND SUPPORTED BY TALENTED AND CARING FACULTY AN	
	AND ADMINISTRATORS WHO WORK IN CONCERT TO HELP EACH STUD	
	OR HER FULL POTENTIAL.	
4b	(Code) (Expenses \$ including grants of \$) (Rev	venue \$)
4c	(Code) (Expenses \$ including grants of \$) (Rev	renue \$)
4d 	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 9,400,173.	5 000
azznn		Form 990 (2009)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v	
_	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			1
•	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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional 12A X	1		
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	-
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The state of the s		990	(2009)

∫Pa	rt 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		Х
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	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
238		25a		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		
D	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	25b		X
00	Schedule L, Part I	250	 	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	 	
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	27		x
	Schedule L, Part III	21	 	-
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):	28a	İ	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	x	1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	<u> </u>	-
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		Х
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X	A
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
	contributions? If "Yes," complete Schedule M	30_	 	<u>^</u> -
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
	If "Yes," complete Schedule N, Part I	31	\vdash	_ <u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	32	 	 ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	^
34	Was the organization related to any tax-exempt or taxable entity?	24		
	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)?			- v
	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?	1		١,,
	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?		17	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0055
		Form	990	(2009)

932004 02-04-10 Form 990 (2009)

Form 990 (2009)

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

<u>Sec</u>	tion A. Governing Body and Management				,	
					Ye	s No
1a	Enter the number of voting members of the governing body	1a		29		
b	Enter the number of voting members that are independent	1b		28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	į		
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	1		
	of officers, directors or trustees, or key employees to a management company or other person?			3	4	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990	was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		_ 5		X
6	Does the organization have members or stockholders?			<u>e</u>		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	of the			
	governing body?			7	a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?		7)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following.					
а	The governing body?			8		
b	Each committee with authority to act on behalf of the governing body?			8	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			٩		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue	Code.)			
				_	Ye	
	Does the organization have local chapters, branches, or affiliates?			10	a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,	Ì		
	and branches to ensure their operations are consistent with those of the organization?			10		+
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing th	e form?	1	1 X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				. .,	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	a X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cout to conflicts?	uld give	rise	12	ьХ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	in Schedule O how this is done			12	c X	
13	Does the organization have a written whistleblower policy?			1	3 X	
14	Does the organization have a written document retention and destruction policy?			1	4 X	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7				
а	The organization's CEO, Executive Director, or top management official			15	a X	
b	Other officers or key employees of the organization			15	6b X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			10	ia	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation and other policy or procedure requiring the organization and other policy or procedure requiring the organization to evaluation and other policy or procedure requiring the organization and other policy or procedure required the organization and other policy or procedure	aluate r	s participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızatı	on's	- 1		
	exempt status with respect to such arrangements?			16	ib	
Sec	tion C. Disclosure	_				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501(c)(3)s only) avai	lable for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request	_				. 1
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	of interest poli	cy, and	inanci	21
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	oras of the orga	anization	_	
	JACK M. BARRACK HEBREW ACADEMY - 610-922-2300			<u> </u>		
	272 S. BRYN MAWR AVENUE, BRYN MAWR, PA 19010	-			00	n (2009)

932008 02-04-10

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	ot compensate an	y cu	rren	it oii	icer	, aire	ecto	or, or trustee		
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	l		Pos				Reportable	Reportable	Estimated
	hours	(ct	neck	k all	that	app	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	Week	or dire	4.			텵		organization	(W-2/1099-MISC)	from the
		ıstee	truste		بيه	pensi		(W-2/1099-MISC)	(organization
		ual tr	ionat		ploye	E S	١.	, ,		and related
		ndıvıdual trustee or director	nstitutional trustee	Hice.	Key employee	Highest compensated employee	Рог тег			organizations
JAY C. HORROW		=	=		~	Ξē	-			
VICE PRESIDENT	5.00	x		x				0.	0.	0.
STEVEN V. ABRAMSON	3.00	Δ		^				0.		- 0.
VICE PRESIDENT	5.00	X		х				0.	0.	0.
SYLVIA B. BLUME	3.00	^	-	^		 		<u></u>	<u>.</u>	
VICE PRESIDENT	5.00	x		Х				0.	0.	0.
ARIELE Z. KLAUSNER	3.00	Δ	-	^		<u> </u>		0.		
PRESIDENT	10.00	x		X	ĺ			0.	0.	0.
JACOB KRIGER	10.00	Λ		<u> </u>	_	 	╁			
BOARD MEMBER	5.00	x						0.	0.	0.
MINDY CHRIQUI		1				<u> </u>				
TREASURER	5.00	x		x				0.	0.	0.
HENRY L. SHRAGER	3,00				 					
BOARD MEMBER	5.00	x						0.	0.	0.
MARK BLASKEY										
BOARD MEMBER	5.00	X					ļ	0.	0.	0.
GWEN BOROWSKY										
BOARD MEMBER	5.00	X						0.	0.	0.
ROBERT L. BRENT										
BOARD MEMBER	5.00	X						0.	0.	0.
JOY R. COOPER								·		
BOARD MEMBER	5.00	X						0.	0.	0.
KATHERINE KELSEN										
BOARD MEMBER	5.00	X	<u>.</u>		L			0.	0.	0.
JOSHUA M. KERN										
BOARD MEMBER	5.00	X					L.	0.	0.	0.
MICHAEL A. STEIN										
BOARD MEMBER	5.00	X						0.	0.	0.
CECILY A. CAREL										
VICE PRESIDENT	5.00	X		X				0.	0.	0.
JANE EISNER										
BOARD MEMBER	5.00	X			<u> </u>			0.	0.	0.
JERRY BATOFF										
BOARD MEMBER	5.00	X					<u> </u>	0.	0.	0.
932007 02-04-10										Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)	1	(F)	
Name and title	Average			Pos	ition	1		Reportable	Reportable	ı	stimate	
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	ar	nount	of
	per week	çç						from the	from related organizations	COM	other pensa	tion
	Week	- H	يو ا			ated		organization	(W-2/1099-MISC)		rom th	
		ıstee	truste		بوا	bens		(W-2/1099-MISC)	,	org	janizat	ion
		lad Et	onat		ploye	t com				an	d relat	ed
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anızatı	ons
DAMESTO I FILLY		_	<u> </u>	<u> </u>	<u> </u>		_			 		
RAYMOND LEVIN	F 00	,,							0.			0.
BOARD MEMBER	5.00	A			-			0.	0.	+		<u> </u>
JEFFREY N. RETIG SECRETARY	5.00	v		х				0.	0.			0.
CAROLE S. BEN-MAIMON	3.00	^	-	^				0.		' 		<u> </u>
BOARD MEMBER	5.00	v						0.	0.			0.
BELINDA RAIKIN	3.00	Δ.	┢			╁		.0.		<u> </u>		
BOARD MEMBER	5.00	Y						0.	0.	}		0.
SANDRA STEINFIELD	3.00					_				<u> </u>		
BOARD MEMBER	5.00	x						0.	0.			0.
LYNN QUITMAN TROYKA	3.00									1		
BOARD MEMBER	5.00	x						0.	0.			0.
ROBIN BATOFF	3133											
BOARD MEMBER	5.00	X		}				0.	0.			0.
JULIE CHARLESTEIN												
BOARD MEMBER	5.00	X						0.	0			0.
GEORGE GORDON												
BOARD MEMBER	5.00	X						0.	0			0.
MICHAEL ROSENZWEIG												
BOARD MEMBER	5.00	X		<u> </u>				0.	0	•		<u>0.</u>
1b Total								400,092.	0	. 9	1,9	<u>55.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100),000 in reportable			
compensation from the organization											1 1/2	<u> </u>
							_				Yes	No
3 Did the organization list any former officer,			, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			v
line 1a? If "Yes," complete Schedule J for s					_4				the arrangention	3	┼──	<u>X</u>
4 For any individual listed on line 1a, is the su									the organization	4	x	
and related organizations greater than \$150Did any person listed on line 1a receive or a									ions randared to		A	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				TOTT	any	uiii	eiai	ed organization for serv	ices rendered to	5		х
Section B. Independent Contractors	ule o loi sucii	pers	OH							1.0	1	
Complete this table for your five highest co	moensated in	deb	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compen	sation	from	
the organization. NONE									,			
(A)								(B)		(C)	
Name and business	address							Description of s	services	Comp	ensatio	n
												
-							-					
2 Total number of independent contractors (i	ncluding but r	not h	mite	d to	tho	ا مو	ster	d above) who received n	nore than			
2 Total number of independent contractors (i \$100,000 in compensation from the organic		.00 11		U		0		aboro, who isomical				
SEE SCHEDULE J-2 FOR		ΙΙ	. :	SE		_	V	A CONTINUATI	ON	Form	990	(2009)
								 				

Part IX | Statement of Functional Expenses

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

	Section 501(೮)(೮, All other organizations must comp) and 501(c)(4) organizat olete column (A) but are			D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	2,170,219.	2,170,219.		
3	Grants and other assistance to governments,	2,110,213.	2,110,210.		
3	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	507,328.	235,431.	232,659.	39,238.
6	Compensation not included above, to disqualified	301,3201	255,1511	23270331	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,130,292.	3,228,397.	649,052.	252,843.
8	Pension plan contributions (include section 401(k)		3/220/33/1	015/0321	
Ū	and section 403(b) employer contributions)	215,112.	166,253.	38,353.	10,506.
9	Other employee benefits	751,051.	587,295.	123,457.	40,299.
10	Payroll taxes	388,908.	288,598.	76,676.	23,634.
11	Fees for services (non-employees).	000,5001			<u> </u>
	Management				
b	Legal	104,580.		104,580.	······································
c	Accounting	87,041.		87,041.	
d	Lobbying	<u> </u>	-		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,482.	***************************************	21,482.	
g	Other	40.	36.	4.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,538.		40,538.	
20	Interest	117,807.	106,026.	11,781.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	962,181.	865,963.	96,218.	
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)				
_	INSTRUCTIONAL SUPPLIES	589,541.	589,541.		
_	BUILDING REPAIRS AND MA	508,842.	457,958.	50,884.	
b	UTILITIES AND MA	278,769.	250,892.	27,877.	
q	SUMMER CAMP	262,244.	262,244.	41,011.	
d	TRANSPORTATION SERVICES	125,431.	125,431.		
e •	All other expenses	727,811.	65,889.	454,297.	207,625.
	Total functional expenses Add lines 1 through 24f	11,989,217.	9,400,173.	2,014,899.	574,145.
<u>25</u> 26	Joint costs. Check here Jif following	11,000,4110		2,012,000	<u> </u>
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	[
	educational campaign and fundraising solicitation				
	euocanonai campaign and junuraising solicitation	<u>. </u>			- 000 (2000)

Pa	rt X	Balance Sheet			1552014 - ugs - v
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	272,856	. 1	486,053.
	2	Savings and temporary cash investments	5,391;679	. 2	4,972,935.
	3	Pledges and grants receivable, net	4,475,370		3,347,069.
	4	Accounts receivable, net	16,379		40,949.
	5	Receivables from current and former officers, directors, trustees, k			
		employees, and highest compensated employees. Complete Part I	·		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under sect	tion		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Comple	l		
		Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net	19,730		11,631.
Assets	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	125,277		152,668.
	10a	Land, buildings, and equipment, cost or other			
			43,297.		
	Ь		68,654. 16,476,458	10c	15,674,643.
	11	Investments - publicly traded securities	20,70011 20,110,110	11	
	12	Investments - other securities See Part IV, line 11	3,250,776		3,418,126.
	13	Investments - program-related See Part IV, line 11	7,207,	13	-,,
	14	Intangible assets	-	14	
	15	Other assets. See Part IV, line 11	113,622		94,144.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	30,142,147		28,198,218.
	17	Accounts payable and accrued expenses	757,870		797,429.
	18	Grants payable	10.70.10	18	
	19	Deferred revenue	2,265,831		1,949,895.
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability. Complete Part IV of Schedule	D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key em		 	
apil		highest compensated employees, and disqualified persons Compl	· ·		
ij		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,425,000		1,275,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities. Complete Part X of Schedule D	9,772,748		9,438,859.
	26	Total liabilities. Add lines 17 through 25	14,221,449	26	13,461,183.
		Organizations that follow SFAS 117, check here X and			
Ş		lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	9,190,694	27	8,004,596.
ala	28	Temporarily restricted net assets	3,410,377		3,257,743.
d B	29	Permanently restricted net assets	3,319,627		3,474,696.
- <u>-</u> -		Organizations that do not follow SFAS 117, check here	and	1	
or I		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fund	ds	32	
ž	33	Total net assets or fund balances	15,920,698		14,737,035.
	34	Total liabilities and net assets/fund balances	30,142,147		28,198,218.

Form **990** (2009)

<u>Form</u>	990'(2009) JACK M. BARRACK HEBREW ACADEMY 23-1352	261 <u>4</u>	Pag	ge 12
Pai	t XI Financial Statements and Reporting		_	
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X_	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A

. (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Employer identification number

			JACK M.	BARRACK HEB	REW A	CADEM	Υ			23	<u>-1352</u>	<u>614</u>	
Pai	tΙ	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	tructions				
he c	rgan	zation is not a	a private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox)					
1		A church, cor	nvention of churche	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(ı)					
2	X	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hosp	ital service organization o	described i	n section	170(b)(1)((A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	's name	€,
		city, and stat	e									_	
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d ın		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6		A federal, sta	ite, or local governm	ent or governmental und	described	ın sectio	n 170(b)(1	I)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ribed in	
		section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9		An organizati	on that normally red	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, and	d gross rec	eipts f	rom
		activities rela	ted to its exempt fu	nctions - subject to certa	ıın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestr	nent
		income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization at	fter June 3	0, 1975	5
		See section	509(a)(2). (Complete	e Part III)									
10		-	•	perated exclusively to te	-	-			-				
11		An organizati	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	f one o	r
		more publicly	supported organization	ations described in section	on 509(a)(1	l) or section	n 509(a)(2	2) See se c	ction 509(a)(3). Chec	ck the box	that	
		describes the	e type of supporti <u>ng</u>	organization and comple	ete lines 11	le through	11h			 1			
	 -,	a Type I		_ ,,		e III - Func	•	•			Type III - C		
е				at the organization is not)
		foundation m	nanagers and other t	han one or more publicly	, supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f		If the organiz	ation received a wri	tten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										
g		_		organization accepted ar			-					г. т	
				lirectly controls, either al	one or tog	ether with	persons o	escribed	in (ii) and (III) below,	44.0	Yes	No
		_	- •	upported organization?							11g(i)		
			•	n described in (i) above?		_					11g(ii)		
				person described in (i) o							11g(iii)	<u> </u>	
h		Provide the fe	ollowing information	about the supported or	ganization((S)							
			T	(iii) Type of	L				(vi) ls	tho			
(i)		of supported	(ii) EIN	organization	(iv) is the o in col. (i) lis	rganization		u notity the ion in col.	organizati	on in col.	٠,,	nount of	
	orga	inization		(described on lines 1-9	governing			r support?	(i) organiz U.S		sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(occ mondonono))	163	140	103	110	103				
					-								
		·						 -		1			
_		·											
otal			L	I	I	l	l						

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

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

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 I Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') 2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-evempt purpose 3 Gross receipts from admissions 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'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 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from the threat has persons that include the person in a securities because the persons in a securities because the persons in a securities and the persons in a securities and the persons in a securities and the persons in a securities because the persons in a se	on line 9 of Part
1 Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles 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 disequalified persons b Ansouris included on lines 2 and 3 received from their time disqualified persons b Ansouris included on lines 2 and 3 received from their time disqualified persons b Ansouris included on lines 2 and 3 received from their time for the year c Add lines 7a and 7b 8 Public support isolative the remite 51 Section B. Total Support Calendar year (or fiscal year beginning in) 2 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Urrelated business lizable income (less section 51 at laxes) from businesses acquired after June 30, 1975 c Add lines 10 and 10b 11 Net moorne from surrelated business activities not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Apailmes), 100, 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) organizationeds this box and stop here Section C. Computation of Public Support Percentage	(D Total
membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandiss sold or services performed, or facilities furnished in any activity that is related to the organization stace-weeping turpose and any activity that is related to the organization stace weeping turpose are also and to the organization of the organization of the paid to or expended on its behalf. 3 Tax revenues levide for the organization shorted 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 by the properties of the paid to the organization without charge. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the grader of 3,000 or 16 of the amount on line 15 for the year of Add lines 7 and 77 b. 8 Public support displayed the persons that exceed the grader of 3,000 or 16 of the amount on line 15 for the year of Add lines 7 and 77 b. 9 Amounts from line 6 10a Gross income from interest, dividenda, payments received on securities loans, ents, royalties and income from similar sources b Urrelated business taxible mome (less section 511 taxes) from businesses acquired after June 30, 1975 or Add lines 10a and 10b 11 Net income from urrelated business activities not included an line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (qualitiese, p. 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) organizations check this box and stop here Section C. Computation of Public Support Percentage	(f) Total
include any "unusual grants") 2 Gross receipts from admissions, merchandles 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 lewed for the organization's benefit and either part 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 by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts michaed on lines 1, 2, and 3 received from disqualified persons by Amounts michaed on lines 1, 2, and 3 received from disqualified persons by Amounts michaed on lines 1, 2, and 3 received from disqualified persons that amount on the 13 for they see and 3 received from distribution of the first disqualified persons that amount on the 13 for they see and 3 received from distribution of the first disqualified persons that amount on the 13 for they see and 3 received from distribution of the first disqualified persons that amount on the 13 for they see and 3 received from disqualified persons that amount on the 13 for they see and 3 received from disqualified persons that amount on the 13 for they see and 3 received from disqualified persons that amount on the 13 for they see and 1 for th	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempling purpose of the purpo	
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leveld for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 to 4 the amount on lines 13 for the year c Add lines 7a and 7b 8 Public support (sethetine /c form facts) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 ag Gross income from interest, dividends, payments received on securities loans, tents, royalties and income from interest, dividends, payments received on securities loans, tents, royalties and income from interest, dividends, payments received on securities loans, tents, royalties and income from interest, dividends, payments received on securities loans, tents, royalties and income from interest, dividends, payments received on securities loans, tents, royalties and income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business acquired and the payments received in the business as activities not included and 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.) 3 Total support (explain as, 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) organizat check this box and	
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16 Public support percentage from 2008 Schedule A, Part III, line 15	<u> </u>
Section D. Computation of Investment Income Percentage	
	
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	
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	ıs 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%, an	d
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 A (Form 990	or 000 E71 00

Schedule D

(Farm 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Name of the organization

ACK M. BARRACK HEBREW ACADEMY

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line		· · - · · · · · · · · · · · · · · · · · · ·							
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year	1								
2	Aggregate contributions to (during year)	5,000.								
3	Aggregate grants from (during year)									
4	Aggregate value at end of year	238,056.								
5	Did the organization inform all donors and donor advisors in		ed funds							
	are the organization's property, subject to the organization's	-	X Yes No							
6	Did the organization inform all grantees, donors, and donor a	_								
	for charitable purposes and not for the benefit of the donor of	• •	*							
	Impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	X Yes No							
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P								
1	Purpose(s) of conservation easements held by the organization									
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	torically important land area							
	Protection of natural habitat	Preservation of a certi	fied historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied 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							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С										
d	d Number of conservation easements included in (c) acquired after 8/17/06									
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax							
	year ▶									
4	Number of states where property subject to conservation ea	sement is located								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements i		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring 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	e satisfy the requirements of section 170	_							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIV, describe how the organization reports conservat									
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for							
Do	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Traceuros or O	ther Similar Assets							
ra	rt III Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form		ther Similar Assets.							
	Complete it the organization answered Tes to Form	550, Fart IV, III 6 0								
4.	If the organization elected, as permitted under SFAS 116, no	t to various in its revenue statement and h	planes shoot works of art, historical							
ıa	treasures, or other similar assets held for public exhibition, e	•								
			blic service, provide, in Fart XIV, the text of							
.	the footnote to its financial statements that describes these		as shoot works of art, historical treasures							
b	If the organization elected, as permitted under SFAS 116, to	•								
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to							
	these items (i) Povonuos included in Form 900, Port VIII, line 1		▶ €							
	(i) Revenues included in Form 990, Part VIII, line 1		\$							
_	(ii) Assets included in Form 990, Part X	actives as other circular access for fire	\$							
2	If the organization received or held works of art, historical tre		ii gaiii, provide							
_	the following amounts required to be reported under SFAS 1	to relating to these items.	. •							
a	Revenues included in Form 990, Part VIII, line 1		\$ \$ * * * * * * * * * *							
a	Assets included in Form 990, Part X		• •							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 JACK M.	BARRACK H	EBRE'	W ACAD	EMY		23-	-13526	14 P	age 2
Par	t III Organizations Maintaining C					or Othe				
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a si	gnificant use	of its collect	ion item	1\$
	(check all that apply)									
а	Public exhibition	d	ı 🗀 1	Loan or exc	hange progra	ams				
b	Scholarly research	е	. 🔲	Other						
C	Preservation for future generations				-		·			
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exe	mpt purpose ii	n Part XIV		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?			Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	janization ar	nswered "Ye	s" to For	m 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	s or other as	sets not	ıncluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table.			,			
								Amou	ınt	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	L	∟ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year		rior year	(c) Two yea	rs back	(d) Three years	back (e) Fo	our years	back
1a	Beginning of year balance	3,319,627.								
b	Contributions	43,973.		<u>8,698.</u>						
C	Net investment earnings, gains, and losses	247,036.								
đ	Grants or scholarships	<135,940.	<u>><15</u>	<u>9,557.</u>	>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	· · · · · · · · · · · · · · · · · · ·	3,474,696.		<u>9,627.</u>	<u> </u>					
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00	%								
		%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	ered for the	ne organizatio	n	<u></u>	Г
	by							[Yes	
	(i) unrelated organizations							3a(X
	(ii) related organizations							3a(i		<u>X</u>
	If "Yes" to 3a(ii), are the related organizations	•						3b	—	<u> </u>
<u>4</u>	Describe in Part XIV the intended uses of the									
Par										
	Description of investment	(a) Cost or o			or other		ccumulated	(d) Bo	ook valu	10
		basis (investr	nent)		(other)	del	preciation	1 0		
_	Land				0,000.	1 1	-01 410		$\frac{00,0}{00}$	
b	Buildings			15,10	2,203.	1,	501,410	. 13,6	υυ <u>, 7</u>	<u> </u>
C	Leasehold improvements				0 010		101 000	+	07 1	0.7
d	Equipment				9,019.		121,832		87,1	
	Other				2,075.	<u>`</u>	345,412	15 6	86,6	42
<u>rotal</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	U(c))			15,6	<u>/4,0</u>	43.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 12			
(a) Description of security or category	(b) Book value	(c) N	lethod of valua	
(including name of security)	(5) 20011 14110	Cost or e	nd-of-year mark	ket value
Financial derivatives				
Closely-held equity interests				
Other	10 700			773 7 77D
COMMON STOCK	<u>19,700.</u>	END-OF-YEAR		
PREFERRED SECURITIES	23,670.			
MUTUAL FUNDS CERTIFICATE OF DEPOSITS	3,192,055. 155,214.			
GOVERNMENT SECURITIES	27,487.	END-OF-YEAR END-OF-YEAR		
GOVERNMENT SECURITIES	21,401.	END-OF-1586	MARKEI	AWDOR
				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	3,418,126.		·	
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1			
(a) Description of investment type	(b) Book value		flethod of valuatend-of-year mark	
		Cost or e	mu-or-year man	Tel value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description	 		(b) Book value
		·····		
				
				· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·
	···			
	·			
				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>	
Part X Other Liabilities. See Form 990, Part X,				
1 (a) Description of liability		(b) Amount		
Federal income taxes				
CAPITAL LEASE PAYABLE		9,438,859.		
				
Total (Column (b) must equal Form 2000, Post V and (D) time	25)	9,438,859.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	J, =JU, UJJ •		

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

932053 02-01-10

	dule D (Form 990) 2009 JACK M. BARRACK HEBREW ACA	DEMY					1352614	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed F	inanc	ial State	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			L	1		10,568	
2	Total expenses (Form 990, Part IX, column (A), line 25)			L	2		<u>11,989</u>	<u>,217.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			L	3		<1,421	<u>,031.</u> >
4	Net unrealized gains (losses) on investments			L	4		142	<u>,368.</u>
5	Donated services and use of facilities				5		95	,000.
6	Investment expenses				6			
7	Prior period adjustments				7			
8	Other (Describe in Part XIV)				8			
9	Total adjustments (net). Add lines 4 through 8				9		237	,368.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	id 9			10		<1,183	
	t XII Reconciliation of Revenue per Audited Financial Stateme		ith R	even	ue per F	Retur		
1	Total revenue, gains, and other support per audited financial statements					1	8,684	,790.
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				1		
q	Other (Describe in Part XIV)	2d		308	3,305	1		
	Add lines 2a through 2d				7000	2e	308	,305.
_	Subtract line 2e from line 1					3	8,376	
3	11 11 11 11 11 11 11 11 11 11 11 11 11					-	0,370	1 100,1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4-	1	21	L,482			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	2		,219			
b	Other (Describe in Part XIV)	4D		1 1 / (J, 415	7	2,191	701
	Add lines 4a and 4b					4c	10,568	
5 Do:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statem	onte l	Mith	Evnor	neae nai			,100.
	• • • • • • • • • • • • • • • • • • • •	ieiita i	VILII	rvhei	ises per	1161		,453.
1	Total expenses and losses per audited financial statements						3,000	<u>,455.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _	1					
а	Donated services and use of facilities	2a			,			
þ	Prior year adjustments	2b	ļ		-	-		
С	Other losses	2c_	<u> </u>			-		
d	Other (Describe in Part XIV.)	_2d		./(0,937	-		0.25
е	Add lines 2a through 2d					2e	70	<u>,937.</u>
3	Subtract line 2e from line 1					3	9,797	<u>,516.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					İ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1,482		İ	
b	Other (Describe in Part XIV)	_4b	2	,170	0,219	•		
С	Add lines 4a and 4b					4c	2,191	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	11,989	<u>,217.</u>
	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines	1a and	d 4; Par	t IV, lines	1b and	l 2b; Part V, line	e 4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com							
PAI	RT V, LINE 4: INCOME FROM ENDOWMENTS ARE P	RIMA	RIL	Y U	SED F	OR_		
SCI	HOLARSHIPS TO STUDENTS.							
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						·	
SPI	ECIAL EVENT EXPENSES, NET AGAINST INCOME C	N FC	DRM	<u>990</u>	: 706	04.		
REI	NTAL EXPENSES, NET AGAINST INCOME ON FORM	990:	33	3.			. <u></u>	
UNI	REALIZED GAINS ON INVESTMENTS: 142368.						··	
<u>IN</u>	-KIND CONTRIBUTION: 95000.					Soho	edule D (Form	990) 2009
02205	A					SUITE	Same D (FOITH	550/ 2008

Schedule D (Form 990) 2009 JACK M. BARRACK HEBREW ACADEMY	<u>23-1352614</u>	Page 5
Part XIV Supplemental Information (continued)		
PART XII I.INE 4B - OTHER ADTIISTMENTS.		
FINANCIAL AID EXPENSE, NET AGAINST REVENUE ON FINANCIAL		
STATEMENTS: 2170219.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES, NET AGAINST INCOME ON FORM 990: 706	04.	
RENTAL EXPENSES. NET AGAINST INCOME ON FORM 990: 333.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
FINANCIAL AID EXPENSE, NET AGAINST REVENUE ON FINANCIAL		
CMAMEMENING . 2170210		
STATEMENTS: 2170219.		-
PART XIII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES, NET AGAINST INCOME ON FORM 990: 70604. RENTAL EXPENSES, NET AGAINST INCOME ON FORM 990: 333. PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
		

SCHEDULE E

Department of the Treasury

. (F,orm 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Inspection ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

	JACK M. BARRACK HEBREW ACADEMI 23-	<u> 1352</u>	<u>014</u>	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	<u> </u>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain.			
	If you need more space, use Schedule O (Form 990)	3	X	
	JACK M. BARRACK HEBREW ACADEMY ADVERTISES ITS RACIALLY			
	NONDISCRIMINATORY POLICY IN NEWSPAPER ADS FOR SOLICITATION OF			
	CONTRIBUTIONS AND IN BROCHURES USED BY THE ADMISSIONS		ļ	1
	DEPARTMENT.			
4	Does the organization maintain the following?	1		1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990).			
				1
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5</u> a	<u> </u>	X
þ	Admissions policies?	5b		X_
С	Employment of faculty or administrative staff?	<u>5</u> c		X_
d	Scholarships or other financial assistance?	<u>5</u> d		X
е	Educational policies?	<u>5</u> e	<u> </u>	X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
		1		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>	ļ	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	ļ	X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	1		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	<u> X</u>	
_HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule E (Form	990 or	990-E2	4) 2009

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

SCHEDULE G

. (F.orm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

Name of the organization

mployer identification number

JACK M.	BARRACK	HEBREW A	CADE	MY		23-1352	614
Part I Fundraising Activities required to complete this pa	Complete if the				Form 990, Part IV, I		
 Indicate whether the organization rail X Mail solicitations X Internet and email solicitation X Phone solicitations X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	s or oral agreement Part VII) or entity in Inviduals or entities	e X Solicita f X Solicita g X Specia with any individual	ation of ation of al fundra al (includ profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) A	Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
		.	ļ				
otal 3 List all states in which the organization	on is registered or	r licensed to solicit	funds	or has	been notified it is ex	cempt from registrati	on or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

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 (b) Event #2 (c) Other events (a) Event #1 (d) Total events TRIBUTE NONE (add col (a) through DINNER col (c)) (event type) (total number) (event type) 104,540. Gross receipts 104,540 74,132 74,132. 2 Less Charitable contributions 30,408. 30,408 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses Rent/facility costs Food and beverages 8 Entertainment 70,604 70,604. Other direct expenses 70,604 10 Direct expense summary Add lines 4 through 9 in column (d) \triangleright <40,196.> 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes % Yes Yes 6 Volunteer labor Nο Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain. 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 JACK M. BARRACK HEBREW ACADEMY 23-	<u>-135261</u>	4 P	age 3
• •		Yes	No
13 Indicate the percentage of gaming activity operated in	ľ	l	l
a The organization's facility	<u>%</u>		
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?	15a		
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 of the third party.			
Name			
Address >			
16 Gaming manager information			
Name			
Gaming manager compensation ▶ \$	}		
Description of services provided			
		ļ !	
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,		
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2009 OMB No 1545-0047
Open to Public Inspection

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

▶ Attach to Form 990.

Schedule I (Form 990) 2009 Employer identification number **2** 23-1352614 (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable cash grant assistance or government assistance or government assistance or government of the part of Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. BARRACK HEBREW ACADEMY Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization JACK M. Name of the organization Part Part II

33

Page 2

23-1352614

Schedule I (Form 990) 2009

JACK M. BARRACK HEBREW ACADEMY

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

Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ace 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
DESTRUCTION A COLOMANCE	136	2 170 219	0		
TOTAL MODEL TOTAL					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	n required in Part I, I	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: SCHOLA	SCHOLARSHIPS T	TO STUDENTS	FOR TUITI	STUDENTS FOR TUITION ASSISTANCE	
ARE BASED ON FINANCIAL NEED AND ARE GIV	RE GIVEN	TO ALLOW T	HE SCHOOL'	TEN TO ALLOW THE SCHOOL'S PROGRAMS TO	
ENRICH A GREATER NUMBER OF STUDENTS.	rs. THERE	ARE ALSO	ARE ALSO SCHOLARSHIPS AWARDED	PS AWARDED	
BASED ON MERIT TO STUDENTS OF DIFF	FERENT SY	NAGOGUES A	OF DIFFERENT SYNAGOGUES AS RECOMMENDED BY	DED BY THEIR	
RABBI.			-		

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

JACK M. BARRACK HEBREW ACADEMY

Employer identification number
23-1352614

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	i		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
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?	2		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			İ
	Form 990 of other organizations 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	1	1	1
	Organization or a related organization.	_		٠,,
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	l	<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 501(a)(2) and 501(a)(4) argonizations must complete lines 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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		}	
•	The organization?	5a	1	X_
	Any related organization?	5b		X
Ü	If "Yes" to line 5a or 5b, describe in Part III	00		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	Contingent on the net earnings of.	l	İ	ĺ
а	The organization?	6a		_x_
	Any related organization?	6b	i –	X
J	If "Yes" to line 6a or 6b, describe in Part III		 	
7				1
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	·	'	 	 -
J	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			 ``
,	Populations section 53 4059 6(a)2			

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

Schedule J (Form 990) 2009

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

BARRACK HEBREW ACADEMY

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
	Θ	307,459.	0	0	20,500.	55,323.	383,282.	0
STEVEN M. BROWN	(ii)	0	0	0	0	0	0.	0.
	ε							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	▣							

Schedule J (Form 990) 2009

SCHEDULE J-2

*(Form 990)

Continuation Sheet for Form 990

2009

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

JACK M. BARRACK HEBREW ACADEMY

Employer Identification number 23-1352614

JACK M.	BARRACK	HI	EBI	REV	<u> </u>	ACZ	\DI	EMY	23-135	<u> 2614 </u>
Part I Continuation of Officers, D	Directors, Tr	ust	ee	s, K	Сеу	Em	ıple	oyees, and Highes	t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
The time time	hours	l (cl				арр	Iv)	compensation	compensation	amount of
	per	<u> </u>	I	I	1	I	·"	from	from related	other
	week]	83		the	organizations	compensation
	WCCK	Þ				훒		organization	(W-2/1099-MISC)	from the
		量	ļ	ł	ł	E E		(W-2/1099-MISC)	(11-2/1099-111100)	organization
		5	<u> </u>			훓		(***2/1099****************		and related
	:	l st	置	l	9	l be				organizations
		FE	Bona	1	e e	\$	_	1		Organizations
		ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
I OD I I IIII		=	=	5	×	=	<u> </u>			
LORI LEVIN		l	ĺ		1				•	
BOARD MEMBER	5.00	X	_					0.	0.	0.
ABIGAIL W. KATZ									•	
BOARD MEMBER	5.00	X.	ļ		<u> </u>	<u> </u>		0.	0.	0.
AMANDA STEIER									_	
DIRECTOR OF FINANCE	40.00			X				92,633.	0.	16,132.
STEVEN M. BROWN										
HEAD OF SCHOOL	40.00			X	L	X	L_	307,459.	0.	75,823.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L

, (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of t	he organization											E	mployer	identifi	cation n	umber	
JACK M. BARRACK HEB							REW ACADEMY					:	23-1352614				
Part I	Excess Benefit	Transacti	ons (sectio	n 501(c)(3) an	d section	n 501(c)(4)	organizatio	ns only)						
	Complete if the organ	nization ansv	vered '	'Yes"	on Forn	n 990,	Part IV,	line 25	a or	25b, or For	m 990-E	Z, Part	V, line 40	b			
1 (a) Name of disqualified person					(b) Description of transaction								(c) Corrected?				
	(a) Name or disc														Yes	No	
						_											
															-		
						-											
						+											
													-				
2 Enter	the amount of tax impo	sed on the	organiz	ation	manage	ers or o	disqualifi	ed pei	rsons	during the	year un	der					
	on 4958		•				-						▶ \$				
3 Enter	the amount of tax, if an	y, on line 2,	above,	reimt	oursed l	by the	organiza	ation					▶ \$				
B-AU		. F 1			·					·							
Part II	Loans to and/or												_				
	Complete if the organ	1			1				•				8a Thin Apr	oroved	(-) 10/	ritton	
(a) Name of interested person and purpose the organ					(c) Original prin amount		cipai (d) Ba		ince due	(e) In default?		by board or committee?		agrooment?			
				m										Yes No			
			- 110	<i>,</i> ,,,,							100_		1.00_		1		
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Total Part III	Grants or Assis	tance Rei	nefiti	na Ir	tores	ted P	erson						<u> </u>		<u> </u>		
T dit iii	Complete if the organ			_					7								
	(a) Name of interested p		Weled	163						ted person	and		(c) Am	nount an	d type o	f	
(b) Helian						the organization						assistance					
							-										
												_					
								-				+					
	· · · · · · · · · · · · · · · · · · ·							_				+				_	
Part IV	Business Trans	actions Ir	volvi	na li	nteres	sted I	Person					<u> </u>					
	Complete if the orga			•					8a 2	8b or 28c							
	(a) Name of interested i						etween ii			(c) Amo	ount of	(d) Descript	tion of	(e) Sha	aring of	
1 1 1				•	d the organization transaction					transact	organization's revenues?						
															Yes	No	
JUDY	SHRAGER			SPO	USE	OF	BOAR	D M	ΙEΜ	82	,286	.TE	ACHER	SAI		X	
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

SCHEDULE M , (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule M (Form 990) 2009

Da	JACK M. BARF	RACK HE	BREW ACAD	EMY		23-	1352	<u> 514</u>	
Pa	rt I Types of Property	(a)	(b)	(c)			d)		
		Check if	Number of	Revenues repor	ted on	Method of		ng	
		applicable	contributions	Form 990, Part VII	II, line 1g	reve	nues		
1	Art · Works of art								
2	Art - Historical treasures						-		
3	Art · Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6	49,	201.	ESTABLISH	MARK	ET	PRI
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate · Residential								
16	Real estate · Commercial								
17	Real estate - Other								
18	Collectibles		<u> </u>						
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy		v=						
22	Historical artifacts		<u> </u>						
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (BOOKS AND AUD)	X	1	32,	<u>449.</u>	COST			
26	Other ()								
27	Other ()								
28	Other (<u> </u>		L			
29	Number of Forms 8283 received by the organ	_						_	
	for which the organization completed Form 82	283, Part IV, [Donee Acknowled	gment [_29			0	
	_							Yes	No
30a	During the year, did the organization receive b	•		· · · · · · · · · · · · · · · · · · ·					
	at least three years from the date of the initial	contribution,	and which is not	required to be used	d for exen	npt purposes for			
	the entire holding period?						30a		X
_	If "Yes," describe the arrangement in Part II						31	i	
31									X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								7,
	contributions?						32a		X
	If "Yes," describe in Part II		_						1
33	If the organization did not report revenues in o	column (c) for	a type of propert	y for which column	(a) is che	cked,			1
	describe in Part II					<u> </u>			L
ഥ	For Privacy Act and Paperwork Reduction	n ACT Notice.	. see tne instruct	ions for Form 990		Schedule	# IVI LITOTN	1 550	, ZUUS

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

SCHEDULE 0

(Form 990) م

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.

2009
Open to Public Inspection

Name of the organization

JACK M. BARRACK HEBREW ACADEMY

Employer identification number 23-1352614_

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AMERICAN VALUES AND TEXTS. BARRACK GRADUATES VALUE DIVERSITY,
CELEBRATE THE RICHNESS OF JUDAISM'S LANGUAGE, CULTURE, AND HISTORY, AND
HAVE A STRONG CONNECTION TO ISRAEL. BARRACK PREPARES FUTURE LEADERS OF
THE AMERICAN, JEWISH, AND GLOBAL COMMUNITIES WHO WORK FOR A BETTER
WORLD THROUGH ACTS OF JUSTICE AND COMPASSION.
FORM 990, PART VI, SECTION A, LINE 2: RAYMOND LEVIN ,A BOARD MEMBER, IS
THE HUSBAND OF BOARD MEMBER LORI LEVIN.
FORM 990, PART VI, SECTION B, LINE 11: THE FINAL DRAFT OF THE FORM 990 WAS
MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR COMMENTS THROUGH A
SECURE PORTAL ON THE SCHOOL'S WEBSITE FOR ONE WEEK.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION RECEIVES A SIGNED
CONFLICT OF INTEREST STATEMENT ANNUALLY FROM THE BOARD OF TRUSTEES. THE
CONFLICT OF INTEREST POLICY WILL BE INCLUDED IN THE EMPLOYEE HANDBOOK WHICH
ALL EMPLOYEES WILL BE REQUIRED TO READ, AND SIGN AN ACKNOWLEDGEMENT
INDICATING THAT THEY HAVE READ AND UNDERSTAND THE POLICIES OF THE ACADEMY.

FORM 990, PART VI, SECTION B, LINE 15: A BOARD DESIGNATED COMMITTEE
REVIEWS THE PERFORMANCE OF THE HEAD OF SCHOOL. THE HEAD OF SCHOOL HAS A
SIGNED CONTRACT WHICH WAS REVIEWED AND APPROVED BY BOARD DESIGNATED
COMMITTEE. HIS COMPENSATION WAS DETERMINED BASED ON REVIEW OF PEER JEWISH
AND INDEPENDENT SCHOOLS.

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

Schedule O (Form 990) 2009

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.

2009
Open to Public Inspection

JACK M. BARRACK HEBREW ACADEMY	23-1352614
THE OTHER OFFICERS' AND KEY EMPLOYEES' COMPENSATION ARE	DETERMINED BY THE
HEAD OF SCHOOL.	
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION	
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL STATEMENTS
AVAILABLE UPON REQUEST	
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST	ED PERSONS:
(A) NAME OF PERSON: JUDY SHRAGER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	ION:
SPOUSE OF BOARD MEMBER	
(C) AMOUNT OF TRANSACTION \$ 82286.	
(D) DESCRIPTION OF TRANSACTION: TEACHER SALARY	
(E) SHARING OF ORGANIZATION REVENUES? = NO	

Schedule O (Form 990) 2009

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and ch	eck this box	. ▶ 🗓						
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	il (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extens	ion - check this box and complete							
Part I only	on chock the box and complete	▶ □						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must to file income tax returns	use Form 7004 to request an extensi	on of time						
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a noted below (6 months for a corporation required to file Form 990-T). However, you can (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group r you must submit the fully completed and signed page 2 (Part II) of Form 8868. For month www.irs.gov/efile and click on e-file for Charities & Nonprofits	nnot file Form 8868 electronically if (1 eturns, or a composite or consolidate) you want the additional ed Form 990-T. Instead,						
Type or Name of Exempt Organization	Employ	er identification number						
JACK M. BARRACK HEBREW ACADEMY	23	-1352614						
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.		100001						
filing your return See 272 SOUTH BRYN MAWR AVENUE								
City, town or post office, state, and ZIP code. For a foreign address, see in BRYN MAWR, PA 19010	structions.							
Check type of return to be filed (file a separate application for each return):								
X Form 990	Form 4720 Form 5227 Form 6069 Form 8870							
JACK M. BARRACK HEBREW AC • The books are in the care of ▶ 272 S. BRYN MAWR AVENUE — Telephone No. ▶ 610-922-2300 FAX No. • If the organization does not have an office or place of business in the United States • If this is for a Group Return, enter the organization's four digit Group Exemption Nu box ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with	BRYN MAWR , PA 190 , check this box mber (GEN) If this is for the							
I request an automatic 3-month (6-months for a corporation required to file Form APRIL 15, 2011 , to file the exempt organization returns is for the organization's return for: □ calendar year or □ X tax year beginning SEP 1, 2009 , and ending	-	e extension						
2 If this tax year is for less than 12 months, check reason.	Final return Ch	nange in accounting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the term	tative tax, less any							
nonrefundable credits. See instructions.		<u> </u>						
b If this application is for Form 990-PF or 990-T, enter any refundable credits and e	i I							
tax payments made. Include any prior year overpayment allowed as a credit.		<u> </u>						
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	i i							
See instructions.	ac 3c	s N/A						
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, s								
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	55 . 5m 5-55-25 and 1 0m 607 5-20	Form 8868 (Rev. 4-2009)						