

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Inspection

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

Open to Public

<u>A</u> F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011	
Вс	heck if	C Name of organization	D Employer identif	ication number
a	pplicable	UNITED JEWISH FEDERATION OF PRINCETON,		
	Address change			
$\overline{\Box}$	Name change	Doing Business As	23-2	2215070
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
Η	Termin-	4 PRINCESS ROAD 206	· · · · · · · · · · · · · · · · · · ·	219-0555
늗	Jated ∏Amende			
는	Jreturn ∏Applica-	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,870,706
	_tion pending	LAWRENCEVILLE, NJ 08040	H(a) Is this a group	
		F Name and address of principal officer.LISA SMUKLER	for affiliates?	Yes X No
		4 PRINCESS ROAD LAWRENCEVILLE, NJ	H(b) Are all affiliates in	
				a list. (see instructions)
		: ► WWW.UJFPMB.ORG	H(c) Group exempte	on number 🕨
			rear of formation: 1931	M State of legal domicile: N
Pa	rt I	Summary		
a)	1 B	riefly describe the organization's mission or most significant activities TO SERVE	AS THE COMMU	NITY
Governance		MBRELLA ORGANIZATION DEDICATED TO THE PRESE		
na		heck this box  if the organization discontinued its operations or disposed of n		
Š		lumber of voting members of the governing body (Part VI, line 1a)	3	5
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)	4	5
න් ග		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
ţį		otal number of volunteers (estimate if necessary)	•	5
Activities &		, , , , , , , , , , , , , , , , , , , ,	6	
Ac	/a 10	otal unrelated business revenue from Part VIII, column (C), line 12	. <mark> 7a</mark>	·
	bΝ	et unrelated business taxable income from Form 990 Liling 34	7b	·
			Prior Year	Current Year
e		rogram service revenue (Part VIII, line 2gX MAY 2.1 2012 O	1,742,271.	
en	<b>9</b> P	rogram service revenue (Part VIII, line 29%   MAY 2 1 2012   🍳	68,869.	
Revenue			247,412.	
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d 85, 94, 100, and 1,1e)	<275.	<2,695
	12 T	otal revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)	2,058,277.	2,323,695
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,131,231.	907,810
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	611,534.	519,806
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0
be		otal fundraising expenses (Part IX, column (D), line 25) 194,146.		
ŭ		other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	316,826.	1,171,421
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,059,591.	2,599,037
- S	<b>19</b> R	evenue less expenses Subtract line 18 from line 12	<1,314.	
355	-		Beginning of Current Year	End of Year
Assets or d Balances	l	otal assets (Part X, line 16)	13,111,992.	
Fund		otal liabilities (Part X, line 26)	3,473,119.	
		et assets or fund balances. Subtract line 21 from line 20	9,638,873.	1,086,724
		Signature Block		
Unde	er penalti	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of n	ny knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	- 1	Man WW		
Sigr	, []	Signature of officer	Date	/ /
Her	e	NEW PRESIDENT	.5/	11/12
		Type or print name and title	*	
	1	Print/Type preparer's no no Preparer's eignature	Date, Check	PTIN
Paid		Thirtype preparer 5177 is	S/7/2012 self-employ	-1 2-44-4
	-	Firm's name BEDARD, KUROWICKI & CPA'S, PC	<del></del>	22 3299 874
•	ļ		Firm's EIN	- 30118-17
ose	Only   f	Firm's address 114 BROAD STREET		00 700 500
	L	FLEMINGTON, NJ 08822	Phone no. 9	08-782-7900
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes N
		LUA For Paperwork Poduction Act Notice and the congress instructions		Farm 990 (201

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

Other program services. (Describe in Schedule O) (Expenses \$

including grants of \$

) (Revenue \$

Total program service expenses ▶ 4e

2,127,169.

Form **990** (2010)

Part IV | Checklist of Required Schedules

			Yes	_No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u> </u>	
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			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١ ـ		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	0		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		<del></del>
10	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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 167 If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u> _
d	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	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		Х
_	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	D. M. Commission of the commission of the Market Obstace O	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, Parts I and IV	14b		Х
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, Parts II and IV	15		<u> X</u>
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, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
20a		20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	Operate one of more hospitals must attach addited initialicial statements (see instructions)	Form	990 c	2010)

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and 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		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	_34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. '		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	33U (	2010)

Form 990 (2010) MERCER & BUCKS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

23-2215070

Page 5

	Check if Schedule O contains a response to any question in this Part V				
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c		<u> </u>
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	<b></b>	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	$\vdash \vdash$	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	<b> </b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			۱
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<b> </b>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or giπs	۱ . ا		
_	were not tax deductible?		_6b_		
7	Organizations that may receive deductible contributions under section 170(c).	nuces provided to the pover?	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	00 r00 urod	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			x
	to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, no pay premiums on a personal benefit continuous.		7f		<del> </del>
f	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g		<del>                                     </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		<b></b> -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D				
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.	any amo danny and your.			
ă	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c		igsqcut	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		<u> </u>
			Form	990 (	(2010)

MERCER & BUCKS, INC.

23-2215070

Form 990 (2010) 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.

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	54			1
b	Enter the number of voting members included in line 1a, above, who are independent	54			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?		3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. [	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?	L	6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	. L	7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ſ			
	by the following:				l
а	The governing body?		8a	Х	l
b	Each committee with authority to act on behalf of the governing body?	. [	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	· [			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	l	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Γ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	_ [			
-	and branches to ensure their operations are consistent with those of the organization?	İ	10b		l
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	l
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	·			
-	to conflicts?		12b	х	l
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	F			
•	in Schedule O how this is done		12c	х	l
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				l
а	The organization's CEO, Executive Director, or top management official	İ	15a	х	ļ
b	Other officers or key employees of the organization		15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
-	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	F			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				l
	exempt status with respect to such arrangements?		16b		l
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NJ , PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	lable f	or		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	ov, and	d fina	ncial	
13	statements available to the public	٠,, ۵،۱۷	a	. 10141	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	anızatı	on 🕨		
20	KARIN MACBRIDE - 609-219-0555		J., P		
	4 PRINCESS ROAD, NO. 206, LAWRENCEVILLE, NJ 08648				
	T INTRODUCTION NO. 100 100 100 00030		Eorm	990 /	2010\

032006 12-21-10

MERCER & BUCKS, INC.

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part	VII
--	-----

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. 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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated amount of other	
	hours per week	H	neck	all	that	app	ly)	compensation from	compensation from related		
	(describe hours for related organizations	fual trustee or director	Institutional trustee		Key employee	st compensated yee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related	
	in Schedule O)	pwipul	Institu	Officer	Keyen	Higher	Forme			organizations	
ANDREW FRANK											
EXECUTIVE DIRECTOR	35.00	X			_	_	_	0.	121,815.	0	
ADELE AGIN									_	_	
BOARD MEMBER	1.00	X					_	0.	0.	0	
KAREN ANDERSON									_	_	
BOARD MEMBER	1.00	X			_		_	0.	0.	0	
GEOFFREY BERMAN								_ :	_	_	
BOARD MEMBER	1.00	X	_				_	0.	0.	0	
ARTHUR BLICK									_	_	
BOARD MEMBER	1.00	X			_		<u> </u>	0.	0.	0	
DANIEL BRENT		1		ŀ				_	_		
BOARD MEMBER	1.00	X	<u> </u>	ļ		<u> </u>	ļ	0.	0.	0	
OPHIR LEHAVY BUSEL							l	_ :	_		
BOARD_MEMBER	1.00	X	<u> </u>	<u> </u>	_	<u> </u>		0.	0.	0	
BRIAN CHEVLIN								_	_	_	
BOARD MEMBER	1.00	X				<u> </u>	<u> </u>	0.	0.	0	
JILL SCHWARTZ CHEVLIN									_	_	
BOARD MEMBER	1.00	X			_	-	_	0.	0.	0	
HOWARD COHEN									_		
BOARD MEMBER	1.00	X	_			<u> </u>		0.	0.	0	
MORTEN COHEN									_	_	
VP/MEMBERSHIP & LEADERSHIP	1.00	X					<u> </u>	0.	0.	0	
ROBERT DAVIDSON									_		
BOARD MEMBER	1.00	X	<u> </u>			ļ	<u> </u>	0.	0.	0	
RYSIA DE RAVEL		l									
BOARD MEMBER	1.00	X	_					0.	0.	0	
ANDREA DEDRICK		l								_	
SECRETARY	1.00	<u>  X</u>			<b> </b>	<u> </u>		0.	0.	0	
MICHAEL FALCON										_	
BOARD MEMBER	1.00	X	<u> </u>	↓		<del> </del>	<u> </u>	0.	0.	0	
MICHAEL FELDSTEIN									_	_	
BOARD MEMBER	1.00	X	<u> </u>	_	_	<u> </u>	_	0.	0.	0	
ELIOT FREEMAN			1							_	
PAST PRESIDENT	1.00	X			L	<u> </u>	L	0.	0.	0 Form <b>990</b> (2010	

Part VII Section A. Officers, Directors, Tru (A)	istees, Key Ei (B)	npl	оуеє		ind ( C)	High	<u>iest</u>	(D)	l	T	<b>/C</b> \	
Name and title	Average	Position						Reportable	(E) Reportable		(F) stimate	d
	hours per week (describe hours for related organizations in Schedule O)	istee or director	hech functional trustee	officer	Key employee	Highest compensated employee		compensation from the	compensation from related organizations (W-2/1099-MISC)	con f organ	mount of other opensate from the ganizate ad relate anizatio	of tion e on ed
MARSHA FREEMAN	,			-		l						
BOARD MEMBER	1.00	X			<u> </u>	<u> </u>	ļ	0.	0.	<u> </u>		0.
ELLIOT GURSKY	1	l			ļ					ŀ		_
BOARD MEMBER	1.00	X	-	-	-	-	<del> </del>	0.	0.	<u> </u>		0.
MERRYE SHAVEL	1.00	x						0.	0.	İ		Λ
BOARD MEMBER EMILY JOSEPHSON	1.00	^			<del> </del>	-		0.	<u> </u>	<del> </del>		0.
VP/COMMUNITY	1.00	x						0.	0.			0.
SETH JOSEPHSON		-			1		•					<u> </u>
VP/CAMPUS	1.00	x					l	0.	0.			0.
LIONEL KAPLAN												
VP/ISRAEL & OVERSEAS	1.00	X	<u> </u>					0.	0.	<u> </u>		0.
MICHAEL KATZ									_			
BOARD MEMBER	1.00	X	<del> </del>		ļ	├	<u> </u>	0.	0.			0.
RICHARD KOHN	1.00	x	ł				l	0.	•			^
BOARD MEMBER	1.00	^	$\vdash$	_		$\vdash$		U .	0.	-	-	0.
JAY KORNSGOLD BOARD MEMBER	1.00	X						0.	0.			0.
1b Sub-total			1			<u> </u>		0.	121,815.	-		0.
c Total from continuation sheets to Part V	II, Section A					•		0.	0.			0.
d Total (add lines 1b and 1c)						<b>&gt;</b>		0.	121,815.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wl	ho re	eceived more than \$100	,000 in reportable			
compensation from the organization											т т	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3	Yes	No X
4 For any individual listed on line 1a, is the su									the organization	١.		**
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>									dual for convices	4_	-	<u>X</u>
rendered to the organization? If "Yes," com	· ·				-		Cial	ed organization or indivi	dual for services	5		Х
Section B. Independent Contractors			-	-							<u> </u>	
Complete this table for your five highest co the organization NONE	mpensated inc	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation	from	
(A)								(B)		((	C)	
Name and business	address						_	Description of s	ervices (	Compe	nsation	
	·								-			
							_					
						-	-	· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent contractors (	includina but n	ot li	mite	d to	tho	se lu	sted	l above) who received m	ore than		_	
\$100,000 in compensation from the organi	zation				(	0		·				
SEE PART VII, SECTION	N A CON	rII	NUA	AT.	IOI	N S	SH	EETS		Form	<b>990</b> (20	010)

23-2215070

		npic	yee			<u>ııgn</u>	est	Compensated Employ		
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	١		Posi			L A	Reportable	Reportable	Estimated
	hours per	(C	neck	ain	nat	app	(y) 	compensation from	compensation from related	amount of other
	week					9		the	organizations	compensation
		ctor				- E		organization	(W-2/1099-MISC)	from the
		ğ				ted e		(W-2/1099-MISC)		organization
		stee (	truste			pens	İ			and related
		ual fri	ional		ploye	S S				organizations
		individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогшег			
JEROME KURSHAN		<del>  -</del>			-	-	-	<del>-</del>		= =
BOARD MEMBER	1.00	x						0.	0.	0.
DONALD LEIBOWITZ										-
PAST PRESIDENT	1.00	Х					İ	0.	0.	0.
ROBERT LEVINE										
BOARD MEMBER	1.00	X						0.	0.	0.
BOB LIPSKY										-
PAST PRESIDENT	1.00	х						0.	0.	0.
KENNETH MACK										
PAST PRESIDENT	1.00	X						0.	0.	0.
MARK MERKOVITZ										
VP/CAMPAIGN	1.00	X						0.	0.	0.
STEVE MINSKY										
BOARD MEMBER	1.00	X						0.	0.	0.
MARK NEMIROFF										
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID NEUFELD										
BOARD MEMBER	1.00	X						0.	0.	0.
JERRY NEUMANN										
BOARD MEMBER	1.00	X						0.	0.	0.
KIM JENSEN PIMLEY										
BOARD MEMBER	1.00	X						0.	0.	0.
CAROL POLLARD	ļ									
PAST PRESIDENT	1.00	X						0.	0.	0.
ALLEN PORTER		İ						,		
BOARD MEMBER	1.00	X						0.	0.	0.
MORDECHAI ROZANSKI								_	_	_
BOARD MEMBER	1.00	X			<u> </u>		_	0.	0.	0.
PAUL SCHINDEL									_	
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	0.
MARTIN SCHWARTZ			1						_	_
TREASURER	1.00	X	-					0.	0.	0.
MARC SHEGOSKI										_
BOARD MEMBER	1.00	X	ļ	<del> </del>		<u> </u>		0.	0.	0.
NADINE SINGER										_
BOARD MEMBER	1.00	X	-	<u> </u>	<u> </u>	<u> </u>	-	0.	0.	0.
GARY SMOTRICH										_
BOARD MEMBER	1.00	X		_	-	_	<u> </u>	0.	0.	0.
LISA SMUKLER	1									_
PRESIDENT	1.00	X			<u> </u>		1	0.	0.	0.

\_\_23-2215070

Form 990 (2010) MERCER &	BUCKS,	<u>T1</u>	NC.	<u> </u>					23-221	5070
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	yee	s, a	nd F	ligh	est			
(A) Name and title	(B) Average hours	(c		Pos all t			ly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ISA TOBIAS	1 00									
SOARD MEMBER	1.00	Α	-	-	├	-		0.	0.	0
MARISSA TREU	1 00									_
P/ADMIN & PERSONNEL	1.00	X	ļ	<u> </u>	-	_	_	0.	0.	0
JESSE TREU	1 00									
SOARD MEMBER	1.00	X	-	_	_		_	0.	0.	0
MY VOGEL	1							_	_	=
SOARD MEMBER	1.00	X		<u> </u>	_	_	-	0.	0.	0
ALAN WALLACK	1 00									_
BOARD MEMBER	1.00	X				-	├—	0.	0.	0
STACEY WASSERMAN	1 00	37					ŀ		•	
OMENS BD/PRESIDENT	1.00	A	<b> </b>	$\vdash$	<u> </u>			0.	0.	0
ROBERT WEBER	1 00	Ţ		İ					•	_
SOARD MEMBER	1.00	^	<del> </del>					0.	0.	0
STEPHANIE WILL	1.00	v						0.	0.	0
WOMENS BD/CAMPAIGN	1.00	^	<del> </del>			├			0.	0
MARC WISOTSKY BOARD MEMBER	1.00	y					•	0.	0.	0
									-	
		ļ							,	

23-2215070 Page 9

Pa	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	1a					
ga	b	Membership dues	<u>1</u> b					
ar,		•	1c					
<u>ig</u> ia	d	Related organizations	1d	<del> </del>				
Sim	е	,						
ig E	f	, , , ,	· I I	2441242				
음형		similar amounts not included abo		3441242.				
Contributions, gifts, grants and other similar amounts	-	Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	s 1a-1f \$		3441242.			
<del>- 1</del>	<u> </u>	Total. Add lines Ta-11		Business Code	2441242.		·	<u> </u>
a	2 a			Business Code				
, Ki	z a b						· · ·	
Ser	c				· · · · · · · · · · · · · · · · · · ·		-	
E S	d							
Program Service Revenue	e	<del></del>				-	·	-
g	f	All other program service reve	enue	900099	5,000.	5,000.		
- }		Total. Add lines 2a-2f		<b>&gt;</b>	5,000.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)	•	<b>&gt;</b>	82,861.			82,861.
	4	Income from investment of ta	x-exempt bond	proceeds				
ı	5	Royalties						
			(ı) Real	(II) Personal				-
	6 a	Gross Rents .						[
	b	Less rental expenses .		_				
	С	Rental income or (loss)				]		
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,274,013	•				
	þ	Less cost or other basis						
		and sales expenses	2,476,726					
		Gain or (loss)	<1,202,713					
Ì		Net gain or (loss)			<1,202,713.	<b>&gt;</b>		<1,202,713,>
Other Revenue	8 a	Gross income from fundraisin including \$	of					
æ		contributions reported on line Part IV, line 18	,	67,590.				
ا <u>چ</u>	_	Less. direct expenses	a b	<u> </u>		1		
ŏ		Net income or (loss) from fund		, <u>10,205.</u>	<2,695.	L I		<2,695.
		Gross income from gaming a	-		\Z,055.		<del></del>	~~,093.
	5 6	Part IV, line 19	a	,				
	h	Less: direct expenses	b					
		Net income or (loss) from gan		<b></b>				
		Gross sales of inventory, less	-					
		and allowances	а	,				
	b	Less cost of goods sold	- b					
		Net income or (loss) from sale	es of inventory	<b></b>				
Ī		Miscellaneous Revenu		Business Code				
Ì	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.		<b></b>	2323695.	5,000.	0.	<1,122,547.>
03200 12-21	9 - 10							Form <b>990</b> (2010)

Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	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	907,810.	907,810.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	, , , , , ,		-	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				<del></del> -
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	121,815.	121,815.		
_	trustees, and key employees	121,015.	121,013.		·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	336,336.	83,837.	132,902.	119,597.
7	Other salaries and wages	330,330.	03,037.	132,302.	119,397.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,695.	14,543.	4,291.	3,861.
9	Other employee benefits	17,500.	3,219.	7,517.	6,764.
10	Payroll taxes	21,460.	9,113.	6,211.	6,136.
11	Fees for services (non-employees).	22,1001	3,1131	0,211	0,1301
''a	Management				
b	Legal				
c	Accounting	11,500.		11,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,239.	576.	9,581.	10,082.
9	Other	10,258.	4,400.	5,438.	420.
12	Advertising and promotion	15,411.	15,873.	54.	<516.
13	Office expenses	941,911.	905,919.	14,233.	21,759.
14	Information technology				
15	Royalties				
16	Occupancy	95,986.	53,479.	26,249.	16,258.
17	Travel _				<del></del> -
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				····
19	Conferences, conventions, and meetings	6,987.	184.	7,217.	<414.
20	Interest	6,054.	6,054.		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	818.	347.	237.	234.
23	Insurance	5,493.		5,493.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	BAD DEBT	46,799.		46,799.	
b	DUES	9,081.		201,330	9,081.
	SPECIAL EVENTS	884.			884.
d					
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	2,599,037.	2,127,169.	277,722.	194,146.
26	Joint costs Check here Infollowing SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Part	X _	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		566,704.	1	26,711.
	2	Savings and temporary cash investments	. [	330,850.	2	357,634.
1	3	Pledges and grants receivable, net	L	943,955.	3	818,118.
:	4	Accounts receivable, net	[	79,936.	4	50,881.
	5	Receivables from current and former officers, directors, trustees, key				
İ		employees, and highest compensated employees. Complete Part II				
İ		of Schedule L	. [		5	
ĺ	6	Receivables from other disqualified persons (as defined under section	ſ			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instructions)	1		6	
Assets	7	Notes and loans receivable, net	[	115,000.	7	115,000.
SS	8	Inventories for sale or use	. [		8	
`	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	Ī			
			984.			
	b	Less: accumulated depreciation 10b 63,		3,429,638.	10c	1,800.
	11	Investments - publicly traded securities		5,129,117.	11	828,446.
	12	Investments - other securities. See Part IV, line 11	Ī	435,000.	12	50,272.
	13	Investments - program-related See Part IV, line 11	Ī		13	
- 1	14	Intangible assets	Ī		14	
1	15	Other assets. See Part IV, line 11		2,081,792.	15	16,356.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,111,992.	16	2,265,218.
	17	Accounts payable and accrued expenses		126,776.	17	95,232.
	18	Grants payable		•	18	· <del></del>
	19	Deferred revenue		3,584.	19	
- 1	20	Tax-exempt bond liabilities	Ī		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Ī		21	
.9≥ ∣	22	Payables to current and former officers, directors, trustees, key employee	es,			
펿		highest compensated employees, and disqualified persons. Complete Pa				
<b>!</b>		of Schedule L			22	
ĺ	23	Secured mortgages and notes payable to unrelated third parties	Ī		23	
1	24	Unsecured notes and loans payable to unrelated third parties	Ī		24	
	25	Other liabilities. Complete Part X of Schedule D	Ţ	3,342,759.	25	1,083,262.
	26	Total liabilities. Add lines 17 through 25	Ī	3,473,119.		1,178,494.
		Organizations that follow SFAS 117, check here   X and comp	lete			
ဖွ		lines 27 through 29, and lines 33 and 34.				
ဍ	27	Unrestricted net assets	1	7,124,775.	27	1,086,724.
alai	28	Temporarily restricted net assets	Ī	2,514,098.	28	0.
B P	29	Permanently restricted net assets	Ī		29	
Š		Organizations that do not follow SFAS 117, check here	a [			
<u> </u>		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund	İ		31	
ا کا	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ž	33	Total net assets or fund balances		9,638,873.	33	1,086,724.
1	34	Total liabilities and net assets/fund balances		13,111,992.	34	2,265,218.

Form **990** (2010)

	1990 (2010) MERCER & BUCKS, INC.	<u> 23-221</u>	<u>5070</u>	<u>Р</u> а(	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u> .		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,323	3,6	<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,599	0,6	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<275	5,3	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,638	3,8	73.
5	Other changes in net assets or fund balances (explain in Schedule O)	5 <	8,276	5,8	07.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,086	5,7	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	••	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	1 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED JEWISH FEDERATION OF PRINCETON,

Employer identification number

		MERCER	& BUCKS, INC	:					23	3-2215070	
Part I	Reason	for Public Chari	ity Status (All organiz	zations mu	st complet	e this par	t.) See inst	ructions.			
he organ	zation is not a	private foundation l	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	•			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospit	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 🔲	A medical res	search organization o	perated in conjunction	with a hos	prtal desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,	,
	city, and state	e:	·····								
5 🔲	An organizati	on operated for the l	benefit of a college or u	niversity o	wned or op	erated by	a governr	nental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🔲	A federal, sta	te, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(	I)(A)(v).				
7 X	An organizati	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	public described in	
	section 170(	b)(1)(A)(vi). (Complet	te Part II.)								
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizati	on that normally reco	eives: (1) more than 33	1/3% of its	support f	om contri	butions, m	nembershi	p fees, an	d gross receipts fro	mc
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investme	ent
	income and u	ınrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	ıfter June 30, 1975.	
	See section	<b>509(a)(2)</b> . (Complete	Part III.)								
10 🖳	-		perated exclusively to te								
11 📖	_		perated exclusively for the								
			itions described in secti				2). See <b>sec</b>	tion 509(	a)(3). Che	ck the box that	
		· · · · <del></del>	organization and compl		_					1	
	a Type I		- ,,		e III - Func	-	•		d []	Type III - Other	
e			t the organization is not								
		*	han one or more publicl						9(a)(1) or s	section 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		ſ	
		rganization, check th							_	l	
g	•		rganization accepted ai			-				[].	
	• •	•	rectly controls, either a	lone or tog	ether with	persons o	lescribed i	n (ii) and (	III) below,		No_
	-	-	upported organization?							11g(i)	
		·	n described in (i) above?							11g(ii)	—
	• •		person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
	<del> </del>	τ	(iii) Type of	L		4 3 0 4		(vi) Is	the		
	of supported	(ii) EIN	organization		organization sted in your		ion in col.	lorganizati	on in col. L	(vii) Amount of	
org	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(oo mensuary)	1.00			<del></del>		'''		
									<del>                                     </del>	<del></del>	
								ļ <u></u>			
					<del>                                     </del>						
Total				1	1			1			

Form 990 or 990-EZ.

16

2010.05080 UNITED JEWISH FEDERATION OF UJFOFPM1

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

### UNITED JEWISH FEDERATION OF PRINCETON,

Schedule A (Form 990 or 990 EZ) 2010 MERCER & BUCKS, INC.

INC. 23-2215070 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .... 4,484,898 1,816,933 1,742,271 4.399.252 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 4,484,898, 4,399,252, 1,816,933, 1,742,271, 3,441,242, 15,884,596, 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 15,884,596, 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008 (e) 2010 (b) 2007 (d) 2009 (f) Total 7 Amounts from line 4 1,742,271 3,441,242 4,484,898 4,399,252 1,816,933 15,884,596, Gross income from interest. dividends, payments received on securities loans, rents, royalties 173,569. 124,384. 200,057. 21.383. 82.861. 602,254. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 4,025 4,025. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 16,490,875 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.32 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 96.67 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{x}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2010

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

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Section A. Public Support	iow, please com	piete r art II.)	<del></del>	· <del></del>	_	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and			(3)	.(5,		(7)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
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	<del></del>					
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
·					<del>-  </del>	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	<del></del>	1		+		<u>.                                    </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received		<del> </del>		-	<del> -</del>	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
armount on line 13 for the year						
c Add lines 7a and 7b				<del></del>	1	
8 Public support (Subtract line 7c from line 6)		İ	<u> </u>	l		· · · · · · · · · · · · · · · · · · ·
Section B. Total Support		T		T	1 1	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		ļ				i 
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on				-		
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	•			•		ightharpoons
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2010 (lii	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2009	Schedule A, Pan	t III, line 15			16	%
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 20	io (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 2			.,,		18	%
19a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2009. If the	•	-	· -	-		and
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization				· · ·	~	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED JEWISH FEDERATION OF PRINCETON,

MEDCED & BUCKS

Employer identification number 23-2215070

Par	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		•
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	ed funds
Ū	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv		
٠	for charitable purposes and not for the benefit of the donor or d	• •	•
	impermissible private benefit?	ionor advisor, or for any other purpose	Yes No
Par		uzation 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 edu		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space	reservation or a certa	med historic structure
2	Complete lines 2a through 2d if the organization held a qualified	t conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	de la conscientation de la con	or a conservation casement 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
_	Number of conservation easements on a certified historic struct	ture included in (a)	2c
c d	Number of conservation easements included in (c) acquired after	* *	<del></del>
u	listed in the National Register	er of 17700, and not on a historic structo	2d
3	Number of conservation easements modified, transferred, relea	sed extinguished or terminated by the	
3	year	ood, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period	<del></del>	
Ŭ	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en	· ·	
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?	, <b>,</b>	Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	
_	include, if applicable, the text of the footnote to the organization		
	conservation easements.		3
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtheral	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	•	•
	(i) Revenues included in Form 990, Part VIII, line 1	_	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasi	ures, or other similar assets for financia	
-	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		➤ \$ ➤ \$
_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

UNITED JEWISH FEDERATION OF PRINCETON, Schedule D (Form 990) 2010 MERCER & BUCKS, INC. 23-2215070 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . . If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Pnor year Beginning of year balance 4 850 3,470 Contributions 1,381 Net investment earnings, gains, and losses 1,243 Grants or scholarships d Other expenditures for facilities and programs Administrative expenses End of year balance 6.093 4.850 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment Permanent endowment % Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a Yes No by (i) unrelated organizations (ii) related organizations

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

3a(i)	X	
3a(ii)		Х
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		64,984.	63,184.	1,800.
e Other				
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10(c) )	<b>&gt;</b>	1,800.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valu ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			· · · · · · · · · · · · · · · · · · ·	
(B)	-			· · · · · · · · · · · · · · · · · · ·
(C)			· · · ·	
(D) (E)				<del>,</del>
(F)				
(G)				····
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			,	
Part VIII Investments - Program Related.	See Form 990, Part X, Iir	ne 13		
(a) Description of investment type	(b) Book value	Co	(c) Method of valuest or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	1			<del></del>
(7) (8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	-			- W
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	-		
(٤	a) Description			(b) Book value
(1)		<u>.</u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			West, E	
(8)		<del></del>		
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part >			<u>F</u> _	<del></del>
(a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) ALLOCATIONS PAYABLE		1,083,262.		
(3)				
(4)				
(5)				
(6)			4	
(7)			4	
(8)			-	
(9)			_	
(10)			4	
(11)	no 25 )	1 002 262	-	
Total. (Column (b) must equal Form 990, Part X, col (B) In Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	to the organization's financial s	1,083,262 . tatements that reports the organ	] nization's liability for uncerta	ain tax positions under
2. FIN 48 (ASC 740)			<del></del>	nedule D (Form 990) 201

23-2215070 Page 3

UNITED JEWISH FEDERATION OF PRINCETON,

	dule D (Forth 990) 2010 MERCER & BUCKS, INC.			23-	2215070	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fi	inancial State	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,323	,695.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,599	,037.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3		<275	342.>
4	Net unrealized gains (losses) on investments		. 4			847.
5	Donated services and use of facilities		. 5			
6	Investment expenses		. 6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV)		8		<8,376	654.>
9	Total adjustments (net). Add lines 4 through 8		. 9		<8,276,	807.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10		<8,552	149.
Pai	t XII   Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per R	eturr	J	
1	Total revenue, gains, and other support per audited financial statements			1	3,515,	075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	99,847.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c		]		
d	Other (Describe in Part XIV)	2d	1,243.			
е	Add lines 2a through 2d			2e	101,	090.
3	Subtract line 2e from line 1			3	3,413,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,435.			
b	Other (Describe in Part XIV)	4b <1	,098,725.	<b>&gt;</b>		
С	Add lines 4a and 4b			4c	<1,090,	290.>
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,323,	695.
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With E	Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements .			1	12,067,	224.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		]		
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d 9	,476,622.			
е	Add lines 2a through 2d			2e	9,476,	622.
3	Subtract line 2e from line 1			3	2,590,	602.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,435.			
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c	8,	435.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,599,	037.
Pa	t XIV Supplemental Information	- <u>-</u> -				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and	4, Part IV, lines 1	b and 2	2b; Part V, line	4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com	plete this part t	o provide any add	ditional	Information	
	_					_
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
<u>CH</u>	ANGE IN GIFT ANNUITY VALUE				1,	243.
TRA	ANSFER OF ASSETS TO JEWISH COMMUNITY CAMPU	JS			<u>-8,377,</u>	<u>897.</u>
TO'	TAL TO SCHEDULE D, PART XI, LINE 8				-8,376,	654.
		<del>-</del>			<del></del>	
<u>PA</u> J	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
	ANGE IN GIFT ANNUNITY				1	243.
				Sched	lule D (Form 99	
03205						

### SCHEDULE G (Form 990 or 990-EZ)

# 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. ➤ See separate instructions.

2010

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED JEWISH FEDERATION OF PRINCETON,

Employer identification number

MERCER & BUCKS, INC. 23-2215070 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events А In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes \_\_ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity have custody or control of or entity (fundraiser) from activity fundraiser organization contributions listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2010

### UNITED JEWISH FEDERATION OF PRINCETON,

Sch	edul I <b>rt I</b>	le G (Form 990 or 990 EZ) 2010 MERCER  I Fundraising Events. Complete if the	& BUCKS, IN	IC •		2215070 Page 2
٠٠		of fundraising event contributions and gr	~		<del>-</del> -	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				SPRING		(add col. (a) through
			KICKOFF	LUNCHEON	18	col. (c))
ΘĘ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	27,030.	16,732.	23,828.	67,590.
	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)	27,030.	16,732.	23,828.	67,590.
	4	Cash prizes			<del></del>	
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	32,795.	27,748.	9,742.	70,285.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	( 70,285)
	11	Net income summary Combine line 3, column				<2,695.
Pa	ırt		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull take (notes)		/ N 7-4-1 /- /-
Pe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue				bingo/progressive binge		con (a) through con (c)
æ	4	Gross revenue				
	-					
ses	2	Cash prizes				
Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs			- <del></del>	
	5	Other direct expenses		:		
	6	Volunteer labor _	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	( )
	8	Net gaming income summary Combine line	1, column d, and line 7		<b></b>	
9		ter the state(s) in which the organization opera				<del></del>
		the organization licensed to operate gaming a				L Yes L No
b	) If '	'No," explain			<u></u>	
	_					
10=	 • W	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax v	/ear?	Yes No
		Yes," explain	•			
	_					
	_			<del></del>		
0320	82 0	1-13-11			Schedule G (For	rm 990 or 990-EZ) 2010

Cab	UNITED JEWISH FEDERATION OF PRINCETON,	21 5 0 7	0 5
	Does the experience and the control of the control	21507	
	ls the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Yes	L No
12		Yes	□ No
13	to administer charitable gaming?		140
	The organization's facility	13a	%
	An outside facility	13b	<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u></u>
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
ь	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		<del> </del>
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes Yes	☐ No
t	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 ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
			<del></del>
		<del></del>	
			<del></del>
	~		
_			

SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Sta	; Ses		2010 2010	5-0047
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" to Fo ➤ Attach to Form 990.	' to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection	ublic
Name of the organization	UNITED	JEWISH FEDER	ATION OF	PRINCETON,				Employer identification number 23-2215070	number 5070
Part I General Info	ı⊵ı	nd Assistance							'
1 Does the organizati	tion maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to awa	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tance?	oring the use of grant f	funds in the United	d States.			X Yes	ş ]
art II	Other Assistance to G	overnments and	1 Organizations in the	United States.	omplete if the orga	anization answered ">	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	V, line 21, for any	
recipient that	t received more than \$	5,000. Check this	box if no one recipient	t received more th	an \$5,000. Part II	can be duplicated if	additional space is need	led	
1 (a) Name and address of organization or government	ress of organization rnment	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	or government (b) EIN (c) IRC section of government (f) Method of (g) Description of resplicable cash grant or government assistance other)	(h) Purpose of grant or assistance	ant
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	d government org	ganizations					•	6.
3 Enter total number	Enter total number of other organizations					9		•	0
LHA For Paperwork Re	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)	30) (2010)

31

# UNITED JEWISH FEDERATION OF PRINCETON,

& BUCKS, INC.

MERCER

Schedule I (Form 990) (2010)

Part III

Page 2

23-2215070

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ALL DONATIONS ARE APPROVED BY THE BOARD OF TRUSTEES AND ARE MADE TO 501(C)3 ORGANIZATIONS. THESE ORGANIZATIONS ARE REQUIRED BY THEIR NON EXEMPT STATUS Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance TO USE THE DONATIONS TO FURTHER THEIR CHARITABLE PURPOSE. (c) Amount of cash grant LINE 2: GRANT MONITORING (b) Number of recipients SCHEDULE I, PART I, LINE 2 (a) Type of grant or assistance PART I, SCHEDULE I, Part IV

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

UNITED JEWISH FEDERATION OF PRINCETON, MERCER & BUCKS, INC.

Employer identification number 23-2215070

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF JEWISH LIFE IN OUR SERVICE AREA, ISRAEL AND THROUGHOUT THE WORLD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FURTHER THE EDUCATIONAL, RELIGIOUS AND CHARITABLE NEEDS OF THE COMUNITY
AND ASSIST LOCAL AND INTERNATIONAL AGENCIES IN THE DEVELOPMENT,
IMPLEMENTATION AND COORDINATION OF THE PROGRAMS DESIGNED TO MEET THOSES
NEEDS.THE FEDERATION ALSO OPERATES A SECOND DIVISION, CAMPUS. THE
CAMPUS DIVISION'S PURPOSE IS FOR THE CONSTRUCTION OF A NEW JEWISH
COMMUNITY CENTER.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EVENTS, BUT ALSO PLAN AND SHAPE OUR COLLECTIVE FUTURE.
FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUAL MEMBERS- ANY JEWISH
PERSON OVER 18 YEARS OF AGE WHO HAS MADE A CURRENT YEAR CONTRIBUTION OF AT
LEAST \$18 TO THE FEDERATION OR IS THE DESIGNATED PRINCIPAL IN OR OFFICER OF
A NON-INDIVIDUAL CONTRIBUTOR OF AT LEAST \$18 TO THE FEDERATION. THIS CLASS
OF MEMBERS HAS THE RIGHT TO VOTE, ATTEND ANY OPEN BOARD OF DIRECTORS
MEETING AND HOLD OFFICE.
ASSOCIATE MEMBERS- ANY OTHER INDIVIDUAL CONTRIBUTOR TO THE FEDERATION. THIS
CLASS OF MEMBERS HAS THE RIGHT TO ATTEND ANNUAL MEETINGS BUT SHALL HAVE NO
VOTING RIGHTS OR POWERS.

FORM 990, PART VI, SECTION A, LINE 7A: A NUMBER OF MEMBERS OF THE BOARD OF

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization UNITED JEWISH FEDERATION OF PRINCETON, MERCER & BUCKS, INC.

Employer identification number 23-2215070

DIRECTORS (MEMBERS AT LARGE), TO BE DESIGNEATED BY THE BOARD, ARE ELECTED AT THE ANNAUL MEETING BY THE GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B: MANAGEMENT AND ADMINISTRATION OF THE AFFAIRS OF THE FEDERATION ARE VESTED IN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE WILL REVIEW

THE FINAL DRAFT ON THE FORM 990 PRIOR TO ITS FILING. ALL BOARD MEMBERS WILL

THEN BE MADE AWARE THAT THE FORM IS AVAILABLE FOR REVIEW UPON REQUEST PRIOR

TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FEDERATION HAS A CONFLICT OF

INTERST POLICY THAT WAS APPROVED BY THE GOVERNING BOARD. AS A NOMINATING

COMMITTEE PREPARES CANDIDATES FOR SELECTION, WE REVIEW THEIR KNOWN

AFFILIATIONS PRIOR TO OPENING POSITIONS TO THEM. THE POLICY IS PERIODICALLY

DISCUSSED AT BOARD MEETINGS AND SHARED WITH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15: THE FEDERATION HAS AN

ADMINISTRATION AND PERSONAL COMMITTEE. ONE OF THE CHARGES OF THIS COMMITTEE

IS TO UNDERSTAND THE ROLES AND RESPONSIBILITIES OF THE STAFF AND TO

DETERMINE IF THE COMPENSATION PAID IS APPROPRIATE. THE COMMITTEE MEETS TO

DISCUSS THE COMPENSATION ON AN ANNUAL BASIS. THEY UTILIZE DATA COMPILED ON

SIMILAR SIZED FEDERATIONS/ORGANIZATIONS IN THEIR DECISION MAKING PROCESS.

THEY MAKE A RECOMMENDATIOM TO THE BOARD FOR APPROVAL IF NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization UNITED JEWISH FEDERATION OF PRINCETON,	Employer identification number
MERCER & BUCKS, INC.	23-2215070
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	99,847.
Mai Ontonial and On Invadination	22,02.0
CHANGE IN GIFT ANNUITY VALUE	1,243.
TRANSFER OF ASSETS TO JEWISH COMMUNITY CAMPUS	-8,377,897.
TRANSPER OF ASSETS TO DEWISH COMMONITY CAMPOS	-0,377,037.
TOTAL TO FORM 990, PART XI, LINE 5	-8,276,807.
	- NAT

**Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

➤ See separate instructions.

► Attach to your tax return.

Sequence No 67

THITMEN TENT	מט שפחשפאתי	CON OF DR	TNCETO	NT JUGH	.000 07 02			•	idonalying numbar
UNITED JEWI MERCER & BU		LON OF PR	INCETO	· I	RM 9	90 P	AGE 10		23-2215070
	xpense Certain Proper	ty Under Section 1	79 Note: /f yo					V before y	
1 Maximum amount	(see instructions)							1	500,000.
2 Total cost of section	on 179 property place	ed in service (see	instructions	) .				2	
3 Threshold cost of	section 179 property	before reduction	in limitation					3	2,000,000.
4 Reduction in limita	tion. Subtract line 3 f	rom line 2 If zero	or less, ente	er -0-				. 4	
5 Dollar limitation for tax ye	ear Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, se	e instruc	tions	••.	5	
6	(a) Description of pro	perty		(b) Cost (busi	ness use	only)	(c) Elected	l cost	· · ·
_									
7 Listed property Er	nter the amount from	line 29				7	_		
8 Total elected cost	of section 179 prope	rty. Add amounts	s in column (e	c), lines 6 and	17			8	
9 Tentative deduction	n. Enter the smaller	of line 5 or line 8						9	
10 Carryover of disalle	owed deduction from	line 13 of your 2	009 Form 45	62				10	
11 Business income l	mitation. Enter the si	mailer of busines	s income (no	t less than ze	ro) or I	ine 5		11	
12 Section 179 exper	se deduction Add III	nes 9 and 10, but	do not ente	r more than l	ne 11		•	12	
13 Carryover of disalle	owed deduction to 20	011 Add lines 9	and 10, less	line 12	. ▶	13		•	
Note: Do not use Part									
Part II Special C	Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	ıde list	ed prope	erty)		
14 Special depreciation	on allowance for qual	ified property (ot	ner than liste	d property) p	laced ı	n service	e during		
the tax year	•	, .		,,,			•	14	
15 Property subject to	section 168(f)(1) ele	ection						15	
16 Other depreciation	1111							16	
	Depreciation (Do no	t include listed p	roperty ) (See	e instructions	;)				
			Se	ection A					7.
17 MACRS deduction	s for assets placed	n service in tax y	ears beginnir	ng before 201	0			17	818.
18 If you are electing to grou	•	-	_	_		heck here	. ▶ □		
	Section B - Assets						neral Deprecia	tion Syste	em
(a) Classification	on of property	(b) Month and year placed in service	(business/ii	or depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year propert									
<b>b</b> 5-year propert	"'-	1							
c 7-year propert		7							
d 10-year proper		1							
e 15-year propei		7							
f 20-year proper	•	1						•	
g 25-year proper	<del></del>	1			2	5 yrs		S/L	<u>,</u>
<u> </u>		,	·	···		' 5 yrs.	ММ	S/L	
h Residential rer	ntal property	/				' 5 yrs.	ММ	S/L	<del></del>
	·	,				9 yrs.	ММ	S/L	
i Nonresidentia	real property	,			†		MM	S/L	,
	Section C - Assets P		During 201	0 Tax Year U	Jsing t	ne Alter	<del></del>		stem
20a Class life					Т		T	S/L	
<b>b</b> 12-year					12 yrs.		vrs.		
c 40-year		<del>,</del> , , , , , , , , , , , , , , , , , ,			40 yrs		ММ	S/L S/L	
	y (See instructions )	<u> </u>				, -			
21 Listed property E		28						21	- 1411.
22 Total, Add amoun			nes 19 and 26	0 in catumn (	a), and	line 21			
	the appropriate lines	-					r	22	818.
23 For assets shown		-				700 "13"	····		010.
	s attri <u>buta</u> ble t <u>o sect</u>	-	o ourront yea	ar, orner tric		23			
016251 LUA For D	aperwork Reduction		senarate in	structions		, 20 1			Form <b>4562</b> (2010)
12-21-10 LMA FOFP			Jopan Gio III						. S 7002 (2010)

Form 4562 (2010) '

MERCER & BUCKS, INC.

23-2215070 Page 2

Part V Listed Pro	operty (include a	utomobiles, cer	taın oth	er vehic	les, cert	ain com	outers	s, and prop	erty use	d for en	itertainn	nent, rec	reation, d	or
Note: For	any vehicle for w						dedu	cting lease	expens	e, comp	lete onl	y 24a, 24	ib, colun	nns (a)
	) of Section A, all													
	n A - Depreciati													<del></del>
24a Do you have evidence		T	t use cla	umed?	<u> </u>	es L_	<u>No</u>	24b If "Y			nce writ	ten? L	J Yes ∟	<u> No</u>
(a) Type of property (list vehicles first)	( <b>b)</b> Date placed in service	(c) Business/ investment use percentage	Otl	(d) Cost or her basis	(hus	(e) us for depre siness/inves use only)	tment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Elec sectio co	n 179
25 Special depreciatio		•	roperty	placed	ın servic	e dunng	the ta	ax year an	d	05				
used more than 50° 26 Property used more				•	· · -			-	· · · · · · · · · · · · · · · · · · ·	25	L			
26 Property used more	unan 50% in a C		T		I						<del></del>	-		
		%	<del></del>		_						_			
	<del></del>	%			<del></del>			-				"		
		%			!			<u> </u>						
27 Property used 50%	or less in a quai		- T	····	<u> </u>			<u> </u>	S/L·					
		%							S/L ·					
		%		_					t e					
		<u>%</u>			. 6 01			l	S/L -	- 00		-		
28 Add amounts in co		=				, page i				28				
29 Add amounts in co	lumn (i), line 26	-				!! :	-4.1/-1					29		
						on Use								
Complete this section f												na thie e	action fo	\ <b>r</b>
those vehicles	s to your employe	es, ilist allswei	i iiie qu	iestionis	III OGCIN	011 0 10 3	ice ii j	you meet a	an excep	tion to t	ompieti	ng uns s	ection ic	"
		<del>-</del> -1						<i>1</i> ->			,	- \		
T. t.   b		lucia e Abe	•	a)		b)	v	(c)	(c	-		e)	(f	
30 Total business/investi		iuring the	ven	<u>iicle</u>	Ver	nicle	<u>_</u>	/ehicle	Veh	icie	ver	nicle	Veh	cie
year (do not include	· · · · ·													
31 Total commuting m	_	· · · F												-
32 Total other persona	al (noncommuting	g) miles												
driven			-		-									
33 Total miles driven of	•											1		
Add lines 30 throug	•	<u> </u>		T	<del></del>			T				г	1	
34 Was the vehicle av	•	nal use	Yes	No_	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
during off-duty hou		-			<del></del>									
35 Was the vehicle us		more												
than 5% owner or				ļ	<u> </u>	<del> </del>						<u> </u>		
36 Is another vehicle a	available for persi	onal												
use?		-			1	1					<u> </u>		Ll	
		- Questions fo	•	-					-					
Answer these question		you meet an ex	ception	to com	pleting	Section E	3 for v	enicles us	ed by en	nployee	s who a	re not m	ore than	5%
owners or related person								<del> </del>					1.,	1
37 Do you maintain a	written policy sta	tement that pro	inidits a	ııı persoi	nai use d	or venicie	s, inc	luaing cor	nmuting,	by you	ſ		Yes	No.
employees?						-11							-	-
38 Do you maintain a										our			-	
employees? See th					nicers, d	iirectors,	OF 1%	o or more	owners					<del> </del>
39 Do you treat all use	•												-	-
40 Do you provide mo		•	-		intormat	tion from	your	employee	s apout					
the use of the vehi							2							
41 Do you meet the re	•	<b>-</b> .							. h ! = :					1
Note: If your answer		iu, or 41 is "Yes	<u>,                                    </u>	ot comp	iete Sec	tion B to	r tne c	covered ve	nicies.				1	1
Part VI   Amortizat		1	(h)	Π-	(0)		$\overline{}$	(4)	T I	(e)			15	
Descrip	(a) otion of costs	Date a	(b) mortization		(C) Amortizat	ble		(d) Code		Amortiza		Ąr	(f)	
	ata that barras =		egins		amount			section		period or per	centage	to	r this year	
42 Amortization of cos	sis that begins di	uring your 2010	tax yea	11					<u>-</u> -					
		<del></del>												
43 Amortization of cos	nto that hassa ==	oforo verie 2010	tavve	l	<del></del>		_1				43	***		
A. AMODIZATION OF CO.	sis mai dedan be	TOTE VOIR /UTIL	THE VEH								1 -703 1			

44 Total. Add amounts in column (f) See the instructions for where to report

Form 8868 (Rev. 1 <u>-2011) * </u>					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this b	ох		<b>►</b> X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously filed	i Form	8868.	
If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I (on page 1).		<u>_</u>	
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o	opies r	needed).	
Name of exempt organization			Emp	loyer identifica	tion number
Type or UNITED JEWISH FEDERATION OF	F PRIN	CETON,			
MERCER & BUCKS, INC.			2	3-221507	0
Number, street, and room or suite no. If a P.O. box	, see instruc	tions.			
due date for 4 PRINCESS ROAD, NO. 206					
eturn See City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.			
LAWRENCEVILLE, NJ 08648					_
					<u> </u>
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			0 1
	•	,,			
Application	Return	Application			Return
s For	Code	Is For			Code
Form 990	01			-	
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	'	· · · · · · · · · · · · · · · · · · ·	usly file	ed Form 8868.	
KARIN MACBRID					
The books are in the care of ▶ 4 PRINCESS ROLL		. 206 - LAWRENCEVILI	LE.	NJ 08648	<b>,</b>
Telephone No ► 609-219-0555		FAX No. ► 609-219-9040			
If the organization does not have an office or place of busine	ess in the Ur				<b>▶</b> □
If this is for a Group Return, enter the organization's four dig			nis is fo	r the whole grou	p, check this
pox ▶ ☐ . If it is for part of the group, check this box ▶					
4 I request an additional 3-month extension of time until		15, 2012			
5 For calendar year, or other tax year beginning			JUN	30, 201	.1 .
6 If the tax year entered in line 5 is for less than 12 months			Final r		
Change in accounting period	•				
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	PREPA	RE A COMPLETE AND A	CCUR	ATE RETU	RN.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	0, or 6069, e	enter the tentative tax, less any	T		
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated			
tax payments made Include any prior year overpayment					
previously with Form 8868.		•	8b	s	0.
c Balance due. Subtract line 8b from line 8a. Include your	payment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See ins	-	, , , , , , , , ,	8c	s	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, incl			ne best c	of my knowledge a	nd belief.
it is true, correct, and complete, and that I am authorized to prepare this	s form.			,	1 1
Signature ► WWW Title ►	PRESI	DENT	Date	· 5	1/1/12
		<del> </del>		Form 6000	(Pay 1 2011)