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Form **990**

032001 02-22-11

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)

benefit trust or private foundation)

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

2010
Open to Public Inspection

7	A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and endi	ing JU	N 30, 2011							
\approx	3 C	neck (f	C Name of organization		D Employer ide	ntific	ation number					
	ap	plicable										
ce en		Addres change	BARN ROAD FOUNDATION									
		Name change	Doing Business As		31-	1586	078					
(L)		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone nu	mber						
	<u></u>	Termin ated	121 SIEGRI SIRBEI		415	-777	-0411					
E.		Amend return	City or town, state or country, and ZIP + 4	1	G Gross receipts \$		3,280,429.					
	L	Applica tion pendin	SAN FRANCISCO, CA 94103-1230		H(a) Is this a gro	up ret						
		perium	F Name and address of principal officer: LAN ALTMAN		for affiliates		Yes X No					
			121 STEUART STREET, SAN FRANCISCO, CA 94105		H(b) Are all affiliate	es incli	ıded? L Yes L No					
ELT!			mpt status: X 501(c)(3) 501(c) ()	527			st. (see instructions)					
			e: ▶ N/A		H(c) Group exen							
[[L Year o	f formation: 1998	<u> </u>	State of legal domicile: CA					
L	Pa		Summary	~~~~								
	8	1 1	Briefly describe the organization's mission or most significant activities: SUPPORTS C	CHARITA	ABLE,							
	ا ق	_ :	EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF S				•					
	Briefly describe the organization's mission of most significant activities: SOFFORTS CHARTABLE, EDUCATIONAL, & RELIGIOUS PURPOSES OF JEWISH COMM FEDERATION OF SF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)											
	g	3	Number of voting members of the governing body (Part VI, line 1a)	-		3	5					
	e ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5						
	ţi.	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			\vdash						
	[≩	ь -	Total number of volunteers (estimate if necessary)			6	<u></u>					
0	إ ≩ٍ	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	•		7a 7b	0.					
703	2	D	Net unrelated business taxable income from Form 990-T, line 34	'' i '	Prior Year	1/6	Current Year					
			Contributions and grants (Part VIII. line 1h)		riidi ieai	0.	347,884.					
65	֝֟֓֟֓֟֓֟֟֓֟֓֟֓֟֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֟֓֓֓		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			0.	0.					
· ·	Į į		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	∵⊢	425,7		400,038.					
SCANNED MAR 1	گ		Other revenue (Part VIII, column (A), lines 5, 6d, 8p, 9c, 10c, and 11e)	·		0.	0.					
2	- 1		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	—	425,7	741.	747,922.					
	一		Grants and similar amounts paid (Part IX, column (A), Hines 1-3)	.	•	0.1	0.					
2			Benefits paid to or for members (Part IX, column (A), line 4)	·		0.	0.					
	اي		Salanes, other compensation, employee benefits (Rart IX, column (A), lines 5-10)		0.		0.					
S	Expenses	16a	Professional fundraising fees (Part IX-column (A) line 11e)			0.	0.					
Ø	8		Total fundraising expenses (Part X, column (D), line 25)).		\neg						
	ŭ		Other expenses (Part IX, column (A), lines \$1a-11d, 111-241)	_	98,6	501.	120,199.					
			Total expenses. Add lines 19-17 (must equal Part-18 column (A), line 25)		98,6	01.	120,199.					
			Revenue less expenses. Subtrace line 18 from line 12	···	327,1	40.	627,723.					
•	58		· · · · · · · · · · · · · · · · · · ·	Beg	inning of Current \	/ear	End of Year					
•	Assets or Balances	20	Total assets (Part X, line 16)		12,682,8	88.	15,823,996.					
•	28	21	Total liabilities (Part X, line 26)		40,7	756.	56,357.					
	Fund		Net assets or fund balances. Subtract line 21 from line 20		12,642,1	132.	15,767,639.					
			Signature Block									
			lties of perjury, I declare that I have examined this return, including accompanying schedules and				knowledge and belief, it is					
	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l								
			Man & Rennan		Date C	22 10	XX 12					
	Sigr		Signature of officer		Date							
	Her	е	MARK REISBAUM, TREASURER Type or print name and title									
				In	ate / Che	· I	PTIN					
	n-* *		Print/Type preparer's name CANDER STADTLER Preparer's signature Preparer's signature	.]	2/2/: 1	_						
	Paid					employed	22-2131009					
	-	arer	Firm's name ROTHSTEIN KASS		Firm's Elf	V .	~~- <u>~</u> 131003					
	45 E	Only	Firm's address 101 MONTGOMERY STREET, 22ND FLOOR SAN FRANCISCO, CA 94104-4104		Dhone an	41	5-788-6666					
	Mari	the !!	RS discuss this return with the preparer shown above? (see instructions)		I r none no		X Yes No					
	ıvıav	uic II	TO DISCUSS UNS FEIGHT WILL UNE PREPAREI SHOWH ADDVET (SEE INSUUCTIONS) .	•	. • • • • • • • • <u>• • • </u>							

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

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Total program service expenses

Form 990 (2010) BARN ROAD FOUNDATI
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	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ł	
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		l	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l	۱
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	<u> </u>		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>	<u> </u>	
10	If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	<u> </u>		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	^	i '	İ
	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 16? If "Yes," complete Schedule D, Part VII	11b		х
C	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		х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	<u> </u>	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١
	Schedule D, Parts XI, XII, and XIII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		"	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	 ^
D	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		-
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Ì	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
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,"			
	complete Schedule G, Part III	19		х
20a	The state of the s	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		Form	990 (2010

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Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			\vdash
270	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
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	┢▔
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.70	\vdash	
C	-	24c		
_	any tax-exempt bonds?	24d	 	╁
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	$\vdash \!\!\!\!\!-$	├
25a				x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	─	 ˆ
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			l x
	Schedule L, Part I	25b	├─	 ^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			۱.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	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			ļ
	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			İ
	instructions for applicable filing thresholds, conditions, and exceptions):		^	- 4
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	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	Ь—	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ł	
	If "Yes," complete Schedule N, Part I	31	igspace	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	<u>L</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а				
	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?		1	
	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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check If Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ĺ	ĺ '
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a		ŀ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		l
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" 1	espon	se
	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 11a 5			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1		
	officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- -		
•	of officers, directors or trustees, or key employees to a management company or other person?	3		х
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?	5		x
6	Does the organization have members or stockholders?	6		x
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		x
ь	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	·-		
•	by the following:			
а	The governing body?	8a	x	,
	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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	TOTAL DE L'ORD COULDE D'OQUOIS MONIALION ADDA PONDIDO NOT I QUINCO DE LA MONIA I COLONIDO COCON		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	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	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	ж	
	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			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 ff applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X 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 policy, and	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		

ANDREW FRADKIN - 415-777-0411

121 STEUART STREET, SAN FRANCISCO, CA 94105-1236

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3	Page	

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BARN ROAD FOUNDATION

31-1586078 Part VIII 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

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

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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)					Œ)	(F)
Name and Title	Average hours per week	\vdash		Posi		app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
IAN ALTMAN										•
PRESIDENT / DIRECTOR	1.00	X		х			┝	0.	0.	0.
LAURA SCHER VICE PRESIDENT / DIRECTOR	1.00	x		x				0.	0.	0.
PHYLLIS COOK										
DIRECTOR	1.00	х						0.	66,320.	0.
HAROLD ZLOT		İ								
INVEST CHAIR / DIRECTOR	1,00	Х	L	X				0.	0.	0.
MARK REISBAUM				1						
TREASURER	1,00	X	<u> </u>	х	_	_	_	0.	225,508.	8,636.
										-
1										
			T							
		T				\vdash				
			T			T				
							T			

Form 990 (2010) BARN ROAD FOL				-					31-158	6078		Р	age 8
Part VII Section A. Officers, Directors, Tru (A)	(B)	nplo		s, aı (C Posı	;)		<u>est</u>	(D)	(E)			(F)	
Name and title	Average hours per week	(cl		allt			ly)	Reportable compensation from	Reportable compensation from related	ion amount o			of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	огтел	the	organization (W-2/1099-MIS	s comp SC) fro orga and			ation e tion ted
	<u> </u>		_	0	. K	Ξ.							
													_
			_										
					_					-			
		_						<u> </u>					
1b Sub-total					••	> > -		0. 0.	291,	828. 0. 828.			,636. 0. ,636.
Total number of individuals (including but recompensation from the organization						e) w	10 r	eceived more than \$100	·				0
3 Did the organization list any former officer			e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on		3	Yes	No x
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le c							 the organization	-	4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	tion 1	from	any	y uni			idual for services		<u>**</u> 5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated in	den	ende	ent c	ont	ract	ore i	that received more than	\$100,000 of cor	nnens	ation	from	
the organization. NONE (A)		<u>аер</u>	Citat					(B)		Прспа))	
Name and business	address						_	Description of s	services	С	ompe		on
						_							
										. %			*
2 Total number of independent contractors \$100,000 in compensation from the organ		not l	ımıte	ed to	the	ose II	sted	a above) who received r	nore tnan	227		,	1

rai	LV	111	Statement of Neven	<u> </u>		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512, 513, or 514
ints, grants ar amounts		b C	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c					· · · · · · · · · · · · · · · · · · ·
Contributions, gifts, grants and other similar amounts	•	e f	Government grants (contribution All other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines	ts, and ve 1f	347,884. 347,884.				,
<u>3 e</u>		h	Total. Add lines 1a-1f	<u></u>	<u> </u>	347,884.			··. · · · · · · · · · · · · · · · · · ·
Program Service Revenue		a b c			Business Code				
Ĕ.		e	All other program service reve	nue					
			Total. Add lines 2a-2f		<u></u>				
	3		Investment income (including other similar amounts) Income from investment of tax			394,349.			394,349.
	5		Royalties			3			
	6	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal	*	^g.		
		а	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securties 2,538,196, 2,532,507,					₩ s.
venue		d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	of		5,689.	a as a september than from 17 tr	n ne nan ana 2000 -	5,689.
Other Revenue	•	C	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac	a b draising events					- 1
		b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a bung activities	—		v	***	
	10	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	, a				-	
!			Miscellaneous Revenu	Je	Business Code	<u> </u>			
	11	a b c							
		d	All other revenue	- ·	L			·	
0320	12	е	Total. Add lines 11a-11d Total revenue. See instructions.		>	747,922.	0.	0.	400,038.
12-2	1-10								Form 990 (2010)

Part IX Statement of Functional Expenses

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

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

(A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses' Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits ... Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 88,009 88,009 Investment management fees Other . .. 12 Advertising and promotion ... 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 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.) ADMINISTRATIVE FEES 32,086. 32,086 FEES AND LICENSING 85 85 19 19 POSTAGE C d e All other expenses 0. 120,199. Total functional expenses. Add lines 1 through 24f 120,199 0. 25 Joint costs. Check here
If following 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

31-1586078 Page

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	7,450.	1	9,304
2	Savings and temporary cash investments	375,003.	2	278,383
3	Pledges and grants receivable, net	-	3	
4	Accounts receivable, net	33,291.	4	24,440
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II	•		
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		i	
	employees' beneficiary organizations (see instructions)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	6	
7	Notes and loans receivable, net		7	
7	Inventories for sele or use		8	
9	Donatd company and defended about	-	9	
10a	Land, buildings, and equipment: cost or other		ď	
.00	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	and the second
11		12,210,616.	11	15,455,341
12	Investments - publicly traded securities	56,528.	12	56,528
13	Investments - program-related. See Part IV, line 11		13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14	Laborated a contra	·	14	
15	Other assets. See Part IV, line 11		15	
16		12,682,888.	16	15,823,996
17	Total assets. Add lines 1 through 15 (must equal line 34)	40,756.	17	56,357
18	Grants payable		18	30,001
19	Defended anyone	·	19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,		21	···
42	highest compensated employees, and disqualified persons. Complete Part II	» (,		
21 22	of Schedule L	* *	22	
امم			23	<u> </u>
23	Secured mortgages and notes payable to unrelated third parties		24	
25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	40,756,	26	56,357
20	Organizations that follow SFAS 117, check here	20,700,	20	30,007
.	lines 27 through 29, and lines 33 and 34.			
	- ·	12,642,132.	27	15,767,639
27	Unrestricted net assets	11,011,131,	28	13,707,033
28	Temporanly restricted net assets		_	
29	Permanently restricted net assets		29	-
:	Organizations that do not follow SFAS 117, check here and	ί	*	*, ¢
	complete lines 30 through 34.	~ ~		~-
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · ·	31	· · · · · · · · · · · · · · · · · · ·
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	10 640 120	32	15 767 630
33	Total net assets or fund balances	12,642,132.	33	15,767,639
34	Total liabilities and net assets/fund balances	12,682,888.	34	15,823,996

orm	990 (2	2010) BARN ROAD FOUNDATION	31-1586078		Pag	ge 12
Pai	t XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response to any question in this Part XI	<u> </u>			х
1	Total	revenue (must equal Part VIII, column (A), line 12)	11		747	,922.
2		expenses (must equal Part IX, column (A), line 25)	2		120	,199.
3		nue less expenses. Subtract line 2 from line 1	3			,723.
4		ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12		,132.
5		changes in net assets or fund balances (explain in Schedule O)	5	2	,497	,784.
6		ssets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			,639.
Pai		Financial Statements and Reporting	<u> </u>			
		Check if Schedule O contains a response to any question in this Part XII	-			\mathbf{x}
					Yes	No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Cther				
		organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	[1
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were	the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audrt,			
	reviev	w, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the	organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	if "Ye	s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separ	rate basis, consolidated basis, or both:				'
		Separate basis				
3a	Asaı	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act a	nd OMB Circular A-133?		3a		х
b	If "Ye	s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		<u> </u>
				Form	990 ((2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number BARN ROAD FOUNDATION 31-1586078 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other b Type II c ____ Type III - Functionally integrated a X Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No Х 11g(i) the governing body of the supported organization? х (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization support (described on lines 1-9 (i) organized in the U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No Nο Nο JEWISH COMMUNITY FEDERATION OF SF 94-1156533 7 x X X

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

Schedule A (Form 990 or 990-EZ) 2010

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) (a) 2006 (b) 2007 (c) 2008(d) 2009(e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Total, Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2008(d) 2009 (a) 2006 (b) 2007 (e) 2010 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 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 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 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.)

Sec	ction A. Public Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b		[<u></u>				
	Public support (Subtract line 7c from line 6.)						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
١	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)		L	<u> </u>	<u> </u>	1	
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organı	zation,
_	check this box and stop here	 		<u></u>			<u>.</u> ▶∟_
	ction C. Computation of Pub					1	
15	Public support percentage for 2010 (column (f))		15	<u>%</u>
16				· · ·		16	<u>%</u>
_	ction D. Computation of Inve					T.= 1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18 23 1/39/ and imp	17 is not
19	a 33 1/3% support tests - 2010. If the						I/ IS NOT
ı	more than 33 1/3%, check this box a b 33 1/3% support tests - 2009. If the	organization did i	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che). ▶ ⊟
20	Private foundation. If the organization	on did not check a	box on line 14, 19	Ba, or 19b, check t	his box and see in	structions_	<u>.</u> ▶∟_

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Name of the organization

31-1586078 BARN ROAD FOUNDATION **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b x c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? **b** Any related organization? ... X If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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Regulations section 53.4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(3)	(2)	(E)	(F)
		(i) Base	(ii) Bonus &	(iii) Other	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		compensation	incentive	reportable compensation	other deferred compensation	Denems	(a)-(i)(a)	Form 990 or Form 990-EZ
	(0)	0	0	0	0	0	0	0
1 MARK REISBAUM	<u> </u>	225,508.	0.	0.	0.	8,636.	234,144.	0.
	ε							
2	(E)							
	€							
3	(ii)							
	Ξ							
4	(ii)							
	ε							
2	€							
	(1)							
9	(ii)							3
	(i)							
7	(ii)							
	(1)							
8	(ii)							
	(1)							
6	(ii)							
	(i)							
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Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule M (Form 990) (2010)

Name of the organization 31-1586078 BARN ROAD FOUNDATION Types of Property Part I (d) (b) (c) Noncash contribution Method of determining Check if Number of amounts reported on contributions or applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 347,884. Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other . . . 17 Collectibles . 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . . 24 Archeological artifacts 25 Other -26 Other 27 Other Other -28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ... Ye<u>s</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a X the entire holding period? **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 **Employer identification number** 31-1586078 BARN ROAD FOUNDATION FORM 990, PART IV, LINE 12 & PART XII, LINE 2A: THE ORGANIZATION RESPONDED "NO" TO THIS QUESTION BECAUSE THE FORM 990 IS FILED FOR THE ORGANIZATION ON A STAND-ALONE-BASIS, WHILE THE AUDITED FINANCIALS ARE PREPARED ON A CONSOLIDATED BASIS WITH THE RESULTS OF ITS SUPPORTED ORGANIZATION. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE CONSOLIDATED WITH THOSE OF ITS SUPPORTED ORGANIZATION, AND AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN ACCORDANCE WITH GAAP. THE SUPPORTED ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, FORM 990, PART VI, SECTION A, LINE 2: IAN ALTMAN AND LAURA SCHER ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON AUDITED FINANCIAL STATEMENTS AND WITH THE ASSISTANCE OF A RELATED PARTY'S FINANCE AND ACCOUNTING STAFF. THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER. THE PRESIDENT AND/OR OTHER OFFICERS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. FOR TRUSTEES AND OFFICERS CONFLICT OF INTEREST POLICY, THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM BY JANUARY 31 FOR ALL TRUSTEES AND OFFICERS. THE SUPPORTED ORGANIZATION

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization BARN ROAD FOUNDATION	Employer identification number 31-1586078
ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF	
DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL.	
FOLLOWING LEGAL COUNSEL'S REVIEW, THE SUPPORTED ORGANIZATION PRESENTS THE	
DISCLOSURES TO ITS BOARD'S ENDOWMENT COMMITTEE WHICH REVIEWS THE	
DISCLOSURES. THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE	
SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE	
REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX	
FILINGS.	
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE	
EMPLOYEES AND DOES NOT COMPENSATE OFFICERS AND MEMBERS OF ITS BOARD.	
HOWEVER, CERTAIN OFFICERS AND/OR DIRECTORS ARE COMPENSATED BY A RELATED	
PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA,	
MARIN AND SONOMA COUNTIES ('JCF'), JCF DOES A COMPENSATION SURVEY AND	
ANALYSIS FOR THE SENIOR LEVEL POSITIONS, JCF LOOKS AT COMPENSATION THAT IS	
EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THE EXECUTIVE	
COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE CEO. THERE IS A	
PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL	
COMPENSATION ORGANIZATION, THE REVIEW INCLUDES SIMILAR POSITIONS IN THE	····
NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND IS ADJUSTED NATIONALLY. THE	
COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM	
990s FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF	
COMPENSATION DATA.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION IS A PART OF THE	
JEWISH COMMUNITY FEDERATION, A RELATED PARTY, THAT MAKES ITS CONSOLIDATED	
AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE MOST RECENT THREE YEARS	
AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. 032212 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 BARN ROAD FOUNDATION	Employer identification number 31–1586078
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	,
NET UNREALIZED GAINS ON INVESTMENTS: 2,497,784.	
DUE TO TAX SOFTWARE LIMITATIONS, CERTAIN QUESTIONS THAT SHOULD HAVE	
BEEN ANSWERED N/A WERE EITHER LEFT BLANK OR ANSWERED NO AS FOLLOWS:	
1) PART IV, QUESTION 5, 24B, 24C, 24D	
2) PART V, QUESTION 1C, 3B, 5C, 6B, 7G, 7H, 8, 9A, 9B, 10A, 10B, 11A,	
11B, 12A, 13A, 13B, 13C	
3) PART VI, QUESTION 10B, 16B	
4) PART XII, QUESTION 3B	
5) SCHEDULE J, QUESTION 1B, 2, 9	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 31-1586078

Direct controlling

entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

➤ Attach to Form 990.

➤ See separate instructions. Total income € Part I Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity ê BARN ROAD FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

(g) Section 512(b)(13) controlled 8 × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) **e** LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) CALIFORNIA IDENTITY, COMM. AND LIFE. BUILD, MAINTAIN, AND Primary activity STRENGTHEN JEWISH **@** 94-1156533, 121 STEUART STREET, SAN JEWISH COMMUNITY FEDERATION OF SF Name, address, and EIN of related organization FRANCISCO, CA 94105

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

Schedule R (Form 990) 2010

032181 12-21-10 LHA

Schedule R (Form 990) 2010 BARN ROAD FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total t, income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership yether?
								_		
					·					
							+			
		•								_ ;
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	yanizations Taxable a poration or trust duni	is a Corport	ration or Trust (Cor /ear.)	nplete if the orgai	ation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related sar.)	Yes" to Form 990,	Part IV, line 3	4 because it had o	one or mo	re related
(e)			(q)	(0)	(p)	(e)		ω	(a)	(E)
Name, address, and EIN of related organization	Z c		Primary activity	rty Legal domicile (state or foreign country)	Direct controlling or entity	ling Type of entity (C corp, S corp, or trust)		Share of total Sha income end≺ as	Share of end-of-year assets	Percentage ownership
				<u></u>	-					
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32162 12-21-10								nnauoc	E (101	Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	å
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity	:	:	: : : : : : : : : : : : : : : : : : : :	1a	×
b Giff. grant, or capital contribution to other organization(s)	:		-	10	×
			1	10	×
	:	: : :	: ::	7	×
	:		: : : :	2 ,	,
e Loans or loan guarantees by other organization(s)			· · · · · · · · · · · · · · · · · · ·	- Je	
			-	1	
f Sale of assets to other organization(s)	:	:	:	11	×
 ration(s)	:			19	×
	:	:		4	×
	:	:		Ţ	×
 Lease of facilities, equipment, or other assets to other organization(s) 		:		=	.
					×
Lease of facilities, equipment, of other assets from other organization		: : : : : : : : : : : : : : : : : : : :	: : : : :	= 2	
	ization(s)		:: : : : : : : : : : : : : : : : : : : :	+	4
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)	:	: : : : : : : : : : : : : : : : : : : :	۷ =	;
m Sharing of facılıties, equipment, mailing lists, or other assets	:	:	:: :: :: :: :: :: :: :: :: :: :: :: ::	重	×
n Sharing of paid employees	:			£	×
			J		
o Reimbursement paid to other organization for expenses	:	:	::	10 ×	
p Reimbursement paid by other organization for expenses	:	:	<u>-</u> :: : : : : : : : : : : : : : : : : :	1p	×
q Other transfer of cash or property to other organization(s)		:	: : : : : : : : : : : : : : : : : : : :	19	×
Other transfer of cash or property from other organization(s)			1 · · · · · · · · · · · · · · · · · · ·	1.	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) JEWISH COMMUNITY FEDERATION OF SF	IJ	32,086.	CASH VALUE		
(2) JEWISH COMMUNITY FEDERATION OF SF	0	19.	CASH VALUE		
(3)			•		
()					
(5)					
(6) 032183 12-21-10			Schedule R (Form 990) 2010	Form 990) 2	2010

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

urar was not a related organization. Occurs responsible expensive containing expensive the containing the conta	14	ı	5	(9)	9)	(8)	3
(a)	í)	9	<u> </u>			(A)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or toreign country)	Ves No	year assets		of Schedule K-1 (Form 1065)	1
							-
				:			
			_				
					1		
							, ,
						Schedule R (Form 990) 2010	n 990) 2010

Schedule R (Form 990) 2010 BARN BOAD FORMATION 31-1386U78 P. Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	ige 5
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	—

FOOTNOTE TO BE ATTACHED TO FORM 990:

TAX RETURN IS BEING PAPER FILED PURSUANT TO NOTICE 2012-4.

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	ırt I and check this box			X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
	omplete Part II unless you have already been granted a						
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	oration	
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	nsfers A	Associated With Ce	ertain	
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this	form,	
visit www.	ırs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).				
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	nplete			
Part I only			•••		▶		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to request ar	n exten	sion of time		
Type or print	Name of exempt organization			Empl	loyer identification	number	
File by the	BARN ROAD FOUNDATION			31	L-1586078		
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 121 STEUART STREET	ee instruc	tions.				
return. See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94105-1236							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
			-				
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·	08	
Form 990		03	Form 4720		_	09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	ANDREW FRADKIN	ED.N	TOT TOO . O. 04105 1226				
	ooks are in the care of 121 STEUART STREET - S	SAN FRAN					
	none No. 415-777-0411		FAX No. ▶				
	organization does not have an office or place of busines			!= != # =		-11-41	
	is for a Group Return, enter the organization's four digit	7			r the whole group,		
box 🕨 l	. If it is for part of the group, check this box		· · · · · · · · · · · · · · · · · · ·		ers the extension is	s tor.	
	quest an automatic 3-month (6 months for a corporation				The enderson		
		t organiza	ation return for the organization named	above.	ine extension		
IS TO	or the organization's return for:						
	calendar year or		TIN 20 2011				
▶ I	X tax year beginning JUL 1, 2010	, an	nd ending JUN 30, 2011		- ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return Fin	al retur	n		
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nor	nrefundable credits. See instructions.			3a	\$	0.	
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
est	imated tax payments made. Include any prior year over	payment a	Illowed as a credit.	3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.	
	If you are going to make an electronic fund withdrawal			1 8879-	EO for payment ins	tructions.	

LHA For Paperwork Reduction Act Notice, see Instructions.