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

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

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

C Name of organization**Jewish Federation of Jacksonville, Inc.**

Doing Business As

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

8505 San Jose Boulevard

Room/suite

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

Jacksonville, FL 32217-4307**F** Name and address of principal officer: **Alan Margolies**

Same as above

D Employer identification number**59-0637864****E** Telephone number**904-448-5000****G** Gross receipts \$**2,678,498.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.jaxjewish.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1977****M** State of legal domicile **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The purpose of the Federation is to conduct community fundraising & resource development and allocate		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	60
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	60
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	<55,042.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,557,314.	2,658,679.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,726.	19,148.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,562,040.	2,677,827.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,749,584.	1,605,059.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	619,533.	643,483.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 287,324.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	294,973.	351,659.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,664,090.	2,600,201.
19 Revenue less expenses. Subtract line 18 from line 12	<102,050.>	77,626.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,143,131.	4,270,336.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,053,809.	1,926,530.
		2,089,322.	2,343,806.

Part II Signature Block

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

Sign Here

Signature of officer

Date

Alan Margolies, Executive Director

Type or print name and title

Paid

Print/Type preparer's name

Dale C. NesSmith

Preparer's signature

Date

Check if self-employed

PTIN

Preparer

Firm's name

Erwin, Fountain & Jackson, P.A.

Firm's EIN

Use Only

Firm's address

8762 Perimeter Park Boulevard**Jacksonville, FL 32216-6347**

Phone no

904-733-4335

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

☒ Yes ☐ No

032001 02-22-11

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

Form **990** (2010)

See Schedule O for Organization Mission Statement Continuation

G116

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SCANNED FEB 10 2012

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,605,059. including grants of \$ 162,474.) (Revenue \$ 2,472,513.)
Charitable Contributions - Allocations to various national, regional,
and local Jewish welfare, philanthropic, and charitable agencies.

4b (Code:) (Expenses \$ 219,005. including grants of \$) (Revenue \$)
Community Relations - To represent the Jewish community with the
community at-large in order to promote understanding and fellowship,
such as Martin Luther King Day Program and the Holiday Mitzvot program.

4c (Code:) (Expenses \$ 163,673. including grants of \$) (Revenue \$)
Community Events - To promote community volunteerism and resource
development.

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

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

4e Total program service expenses **▶** 1,987,737.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

☒**Section 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		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								186,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								186,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,658,679.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,658,679.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			19,819.			19,819.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		671.				
	c Gain or (loss)		<671.>				
	d Net gain or (loss)			<671.>			<671.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,677,827.	0.	0.	19,148.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,605,059.	1,605,059.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,150.	91,840.	91,155.	91,155.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	267,257.	89,529.	88,864.	88,864.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,529.	2,522.	2,504.	2,503.
9 Other employee benefits	94,547.	31,673.	31,437.	31,437.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,500.		7,500.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	9,123.	2,097.	3,753.	3,273.
14 Information technology				
15 Royalties				
16 Occupancy	12,959.	3,240.	4,859.	4,860.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,196.	556.	531.	109.
19 Conferences, conventions, and meetings	41,906.	26,191.	9,253.	6,462.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,597.		8,799.	8,798.
23 Insurance				
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.)				
a Communications	78,388.	78,388.		
b Program Costs	72,058.	43,807.	3,006.	25,245.
c Bad Debts	60,656.		60,656.	
d Equipment Maintenance	20,840.	416.	4,902.	15,522.
e Printing & Publications	10,000.	4,598.	2,359.	3,043.
f All other expenses	19,436.	7,821.	5,562.	6,053.
25 Total functional expenses. Add lines 1 through 24f	2,600,201.	1,987,737.	325,140.	287,324.
26 Joint costs. Check here <input type="checkbox"/> 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 solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	250.	1	250.
	2 Savings and temporary cash investments	601,971.	2	534,805.
	3 Pledges and grants receivable, net	1,871,799.	3	1,924,612.
	4 Accounts receivable, net	16,864.	4	7,515.
	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 employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,425.	9	40,612.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 367,881.		
	b Less: accumulated depreciation	10b 269,885.		
	11 Investments - publicly traded securities	116,264.	10c	97,996.
	12 Investments - other securities. See Part IV, line 11	639,434.	11	756,009.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	853,124.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,143,131.	15	908,537.	
Liabilities	17 Accounts payable and accrued expenses	48,345.	16	4,270,336.
	18 Grants payable	2,005,464.	17	8,295.
	19 Deferred revenue		18	1,918,235.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	2,053,809.	25	
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,317,868.	26	1,926,530.
28 Temporarily restricted net assets		771,454.	27	1,346,069.
29 Permanently restricted net assets			28	997,737.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			29	
31 Paid-in or capital surplus, or land, building, or equipment fund			30	
32 Retained earnings, endowment, accumulated income, or other funds			31	
33 Total net assets or fund balances		2,089,322.	32	
34 Total liabilities and net assets/fund balances		4,143,131.	33	2,343,806.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,677,827.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,600,201.
3	Revenue less expenses. Subtract line 2 from line 1	3	77,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,089,322.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	176,858.
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	2,343,806.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Part I	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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g 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, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")	3304637.	3411631.	2904305.	2557314.	2677828.	14855715.
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	3304637.	3411631.	2904305.	2557314.	2677828.	14855715.
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)						942,090.
6 Public support. Subtract line 5 from line 4						13913625.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3304637.	3411631.	2904305.	2557314.	2677828.	14855715.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,392.	83,170.	47,118.	9,495.	19,819.	248,994.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						15104709.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	92.11 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.88 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

SCHEDULE 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

2010Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	20,601.	
4 Aggregate value at end of year	7,744.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if 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?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		302,746.	219,537.	83,209.
d Equipment		65,135.	50,348.	14,787.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				97,996.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)	Cash Surrender Value of Life Insurance	108,597.
(2)	Contribution Receivable - Remainder Trust	799,940.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		908,537.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,677,827.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,600,201.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	77,626.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	176,858.
9	Total adjustments (net). Add lines 4 through 8	9	176,858.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	254,484.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,854,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	176,858.
e	Add lines 2a through 2d	2e	176,858.
3	Subtract line 2e from line 1	3	2,677,827.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,677,827.

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

1	Total expenses and losses per audited financial statements	1	2,600,201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,600,201.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,600,201.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Other Adjustments:

Unrealized Gain on Investments 99,388.

Unrealized Gain From Charitable Remainder Trust 77,470.

Total to Schedule D, Part XI, Line 8 176,858.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jacksonville Jewish Foundation 4131 Sunbeam Road, Suite 270 Jacksonville, FL 32257	59-3343214		72,000.	0.			Allocation for Jewish welfare
Jewish Family & Community Services 3601 Cardinal Point Drive Jacksonville, FL 32257	59-0637868		258,900.	0.			Allocation for Jewish welfare
River Garden Hebrew Home 11401 Old St. Augustine Road Jacksonville, FL 32225	59-0624438		188,500.	0.			Allocation for Jewish welfare
Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208		188,900.	0.			Allocation for Jewish welfare
Martin J. Gottlieb Day School 3662 Crown Point Road Jacksonville, FL 32257	59-0624411		103,000.	0.			Allocation for Jewish welfare
National Funding Of UJC 111 Eighth Avenue, Suite 11E New York, NY 10011	13-1624240		18,794.	0.			Allocation for Jewish welfare

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federations of North America - 111 Eighth Avenue, Suite 11E - New York, NY 10011	13-1624240		726,619.	0.			Allocation for Jewish welfare
Birthright Israel 111 Eighth Avenue, Suite 11E New York, NY 10011	13-1624240		9,858.	0.			Allocation for Jewish welfare
The Bolles School 7400 San Jose Boulevard Jacksonville, FL 32217	59-0637814		5,000.	0.			Scholarships
Torah Academy of Jacksonville 10167 San Jose Boulevard Jacksonville, FL 32257	26-0067800		24,000.	0.			Allocation for Jewish welfare
Torah Academy of Jacksonville - Donor Advised - 10167 San Jose Boulevard - Jacksonville, FL 32257	26-0067800		5,000.	0.			Allocation for Jewish welfare

LHA

Schedule I (Form 990)

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

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

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

**SCHEDULE 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**

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Alan Margolies	(i) 186,000.	(ii) 0.	(iii) 0.	0.	0.	186,000.	0.
2	(i)	(ii)	(iii)		0.	0.	0.
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

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

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

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

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

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

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

Form 990, Part XI, line 5, Changes in Net Assets:

Unrealized Gain on Investments

99,388.

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Unrealized Gain From Charitable Remainder Trust 77,470.

Total to Form 990, Part XI, Line 5 176,858.

Form 990, Part XI, line 2c

Audit Oversight

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

**Jacksonville Jewish Federation
Executive Committee**

2010-2011

Name	Address	Home	Business	Cell	email
Gary Perlman <i>President</i>	8179 Hollyridge Road Jacksonville, FL 32256	(904) 641-5651	(904) 731-1324	(904) 874-4867	gdp15@comcast.net
Larry Appel <i>Campaign Chair/1st VP</i>	8820 Holborn Court Jacksonville, FL 32217	(904) 731-9046	(904) 783-5427	(904) 327-1438	larryappel@winn-dixie.com
Rori Stevens <i>VP/Women's Division President</i>	2502 Lynn Haven Terrace Jacksonville, FL 32223	(904) 880-2220		(904) 607-5506	rls4101@aol.com
Susan DuBow <i>Vice President</i>	2805Beauclerc Rd Jacksonville, FL 32257	(904) 733-1216		(904) 955-8800	gee444@aol.com
Hal Resnick <i>Vice President</i>	604 Ibis Cove Ponte Vedra Beach, FL 32082	(904) 273-4560	(904) 273-2558		hal.resnick@me.com
Michael Solloway <i>Vice President</i>	8202 Condoover Ct Jacksonville, FL 32256	(904) 519-8823	(904) 376-3822	(904) 534-8824	msolloway@pol.net
Francine Kempner <i>Treasurer</i>	4158 Alhambra Dr W Jacksonville, FL 32207	(904) 398-4856		(904) 220-5819	francinekemp@aol.com
Leonardo Maiman <i>Secretary</i>	2850 Forest Circle Jacksonville, FL 32257	(904) 448-6849	(904) 945-2523	(904) 945-2523	lenjorge@comcast.net
Wendy Efron <i>Women's Division Campaign Chair</i>	2563 Spreading Oaks Ln Jacksonville, FL 32223	(904) 268-8319		(904) 254-0877	befrom@bellsouth.net
Todd Werwa <i>YLD Chair</i>	11059 River Creek Drive, West Jacksonville, FL 32233	(904) 410-2457	(904) 940-7000	(904) 234-9834	toddwerwa@pgatourhq.com
Mark Green <i>JCF of NE FL President</i>	2952 Forest Circle Jacksonville, FL 32257	(904) 737-6129	(904) 355-1155	(904) 635-7850	mgreen@dalebald.com
Leonard Setzer <i>Immediate Past President</i>	2623 Forest Point Ct Jacksonville, FL 32257	(904) 731-0960	(904) 743-0880	(904) 993-4598	lrs@lrsco.com
Scol Ackerman <i>Presidential Appointee</i>	4072 Alhambra Dr W Jacksonville, FL 32207	(904) 399-3636	(904) 308-7411	(904) 571-9000	ackerman@firstcoastoncology.com

**Jacksonville Jewish Federation
Board Members
2010-2011**

A		B		C		D		E		F	
1	Name	Address	Home	Business	Cell	Email					
2	Howard Caplan	6260 Dupont Street Jacksonville, FL 32217	(904) 287-2001	(904) 256-3333		howard@caplawfirm.com					
3	Janis Fleet	11557 Hidden Harbor Way Jacksonville, FL 32223	(904) 288-2746	(904) 730-8103		jfleet@fleetarchitectsplanners.net					
4	Mark Green	2952 Forest Circle Jacksonville, FL 32257	(904) 737-6129	(904) 355-1155	(904) 635-7850	mgreen@dalebald.com					
5	Risa Herman	2822 Ridgefield Court Jacksonville, FL 32257	(904) 262-9980		(904) 568-1626	rhernan@comcast.net					
6	Jonathan Israel	2332 Smillian Trail S Jacksonville, FL 32217	(904) 730-7725	(904) 398-9002	(904) 449-2704	israel@harrisgudi.com					
7	Ken Jacobs	781 Peppervine Avenue St. Johns, FL 32259	(904) 230-9475	(904) 598-9929		kjacobs@grayrobinson.com					
8	Jim Kempner	4158 Alhambra Dr W Jacksonville, FL 32207	(904) 398-4856			jakempner@aol.com					
9	Michael Koren	2553 Linkside Cir Ponte Vedra Bch, FL 32082	(904) 273-0790	(904) 724-1717		michaelkoren@jaxresearch.com					
10	Michael Korn	3603 Cathedral Oaks Place, North Jacksonville, FL 32217	(904) 737-6992	(904) 356-5500	(904) 635-9820	mkorn@kornzehner.com					
11	Iris Kraemer	2651 Forest Circle Jacksonville, FL 32257	(904) 739-0025			hanukahero@aol.com					
12	Michael Levin	3570 Lita Rd E Jacksonville, FL 32257	(904) 733-9663		(904) 759-3469	michael@alltix.com					
13	Andrea Mail	2737 Beaudlerc Rd Jacksonville, FL 32225	(904) 732-9440		(904) 891-4148	andrea mail1@comcast.net					
14	Adam Marmelstein	2322 Acadie Drive Jacksonville, FL 32217-3513	(904) 733-0000	(904) 296-6200	(904) 993-0772	adamarmelstein@gmail.com					
15	Michael Nussbaum	1478 Riverplace Boulevard, Unit 406 Jacksonville, FL 32207	(904) 527-8113	(904) 383-1015		michael nussbaum@jax ufl.edu					
16	Debbie Parker	2348 River Rd Jacksonville, FL 32207	(904) 306-0646		(904) 993-4544	delprkr@aol.com					
17	Nancy Perlman	8179 Hollyridge Road Jacksonville, FL 32256	(904) 641-5651		(904) 716-5534	nbp44@comcast.net					
18	Richard Plotkin	472 Summerset Drive Saint Johns, FL 32259	(904) 619-0861	(904) 596-0286		rplotkin@gray-robinson.com					
19	Perrin Rubin	9411 Cedar Dell Ct Jacksonville, FL 32257-4404	(904) 737-2157		(904) 629-3925	perrin.rubin@comcast.net					
20	Leif Rush	7675 Saw Timber Ln Jacksonville, FL 32256	(904) 379-2742			leifrush@gmail.com					
21	Marcy Sandler	321 S Mill View Way Ponte Vedra Bch, FL 32082	(904) 273-9090		(904) 610-5736	sandlerfamily@comcast.net					
22	Ben Setzer	3620 Silvery Lane Jacksonville, FL 32217	(904) 443-7723	(904) 743-0880	(904) 476-6228	ben setzer@irsco.com					
23	Mark Shorstein	11045 Riverport Ct Jacksonville Bch, FL 32223	(904) 262-7234	(904) 739-1311		mshorstein@shorstein.com					
24	Mike Shumer	203 34th Ave S Jacksonville Bch, FL 32250	(904) 241-1676	(904) 854-7911	(904) 434-1676	mshumer@crucialcarejax.com					
25	Stacie Wilf	8652 Cathedral Oaks Pl W Jacksonville, FL 32217	(904) 730-9549			spwilf@aol.com					
26	Sandy Zimmerman	8106 Woodpecker Trail Jacksonville, FL 32256	(904) 997-2292	(904) 393-4627	(904) 710-2113	sanford.zimmerman@smithbarney.com					
27	Barry Zisser	5412 San Jose Blvd Jacksonville, FL 32207	(904) 733-4779	(904) 353-3222		bzisser@zisser.net					

**Jacksonville Jewish Federation
Honorary Board
2010-2011**

Name	Address	Home	Business	Cell	Email
Scot Ackerman**	4072 Alhambra Dr W Jacksonville, FL 32207	(904) 399-3636	(904) 308-3848	(904) 571-9000	Ackerman@firstcoastoncology.com
Guy Benrubi	7950 Green Glade Rd Jacksonville, FL 32256	(904) 642-3288	(904) 244-3109	(904) 306-4431	guy.benrubi@jax.ufl.edu
Jack Coleman*	Apt S306 9601 Southbrook Dr 2811 Scott Mill Est Dr	(904) 997-8444			jayco78@hotmail.com
Ronald Elinoff	Jacksonville, FL 32257	(904) 733-6187	(904) 268-6751		
***Ben Friedman					
Joel Goldman*	9448 Beauclerc Terrace Jacksonville, FL 32257-5705	(904) 737-6429			CthyGold@aol.com
Leslie Held	2214 Larida Ln Jacksonville, FL 32217	(904) 731-1221		(904) 307-1088	porshaegirl817@aol.com
Joan Levin	2315 Miller Oaks Dr N Jacksonville, FL 32217	(904) 733-1407		(904) 233-6575	jlevin@comcast.net
Mitchel Levine	2823 Forest Cir Jacksonville, FL 32257	(904) 367-0920	(904) 737-4626	(904) 635-1178	wyrbndr1@bellsouth.net
David Robbins	1125 Blackstone Bldg Jacksonville, FL 32202	(904) 731-5666	(904) 354-5646	(904) 571-9006	david@fluiddefense.com
***Joe P. Safer					
Al Schneider*	4325 Heaven Trees Rd Jacksonville, FL 32207	(904) 737-8457	(904) 353-3100		
Kenneth Sekine	2648 Beauclerc Rd Jacksonville, FL 32257	(904) 737-6529	(904) 399-5787		ksekine@sekinemd.com
Stephen Silverman	917 1st Street S Unit 302 Jacksonville Beach, FL 32250	(904) 241-6448	(904) 880-0627	(904) 571-4004	steve.silverman@raventrans.com
Richard Sisisky	6676 Epping Forest Way N Jacksonville, FL 32217	(904) 737-0390	(904) 353-2929	(904) 607-5321	rsisisky@tsasco.com
Arnold Vandorff*	137 Dornoch Ct Ponte Vedra Beach, FL 32082	(904) 285-5105	(904) 296-3390		arnphy@comcast.net
Elliott Zisser*	1937 Beach Ave Atlantic Beach, FL 32233	(904) 246-6684	(904) 353-3222		ezisser@zisser.net
***of blessed memory					
** email					
* do not call					

Jacksonville Jewish Federation
Rabbi Counsel
2010-2011

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

System No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj	Beg. Accum Depreciation	Current Depreciation	Total Depreciation
Computers												
Net Hub												
10			4/2/1997	SL / N/A	5	0000	259 00	100 0000	0 00	0 00	259 00	259 00
GiftTraq/MIP Software												
14			2/28/1998	SL / N/A	3	0000	15,500 00	100 0000	0 00	0 00	15,500 00	15,500 00
HP 4050T Printer												
27			7/26/2000	SL / N/A	5	0000	1,648 00	100 0000	0 00	0 00	1,648 00	1,648 00
CTO Pavilion Notebook Computer												
40			6/24/2003	SL / N/A	5	0000	1,289 00	100 0000	0 00	0 00	1,289 00	1,289 00
Compaq Presario Laptop Computer												
44			6/30/2004	SL / N/A	5	0000	1,234 99	100 0000	0 00	0 00	1,234 99	1,234 99
Dell 3110cn Color laser printer												
57			6/13/2007	SL / N/A	5	0000	274 00	100 0000	0 00	0 00	168 97	223 77
Dell Precision T3400 Computer												
72			9/17/2007	SL / N/A	5	0000	1,917 00	100 0000	0 00	0 00	1,054 35	1,246 05
(2) Dell 24" Monitors												
74			7/29/2008	SL / N/A	5	0000	763 30	100 0000	0 00	0 00	292 60	445 26
(4) Dell Latitude E6510 Notebooks												
76			6/30/2010	SL / N/A	3	0000	4,733 08	100 0000	0 00	0 00	0 00	1,577 69
Dell T710 Server												
77			6/30/2010	SL / N/A	3	0000	5,989 35	100 0000	0 00	0 00	1,996 45	1,996 45
Dell Optiplex 780 Mini Tower												
78			6/30/2010	SL / N/A	3	0000	1,316 06	100 0000	0 00	0 00	438 69	438 69
Dell Optiplex 380 Mini Tower												
79			6/30/2010	SL / N/A	3	0000	633 75	100 0000	0 00	0 00	211 25	211 25
(3) Dell Optiplex 380 Mini Towers												
80			6/30/2010	SL / N/A	3	0000	1,901 25	100 0000	0 00	0 00	633 75	633 75
Subtotal: Computers							37,458.78		0.00	21,446.91	5,256.99	26,703.90
Less dispositions and exchanges:							4,440 99		0 00	3,578 34	0 00	3,770 04
Net for: Computers							33,017.79		0.00	17,868.57	5,256.99	22,933.86
Equipment												
HP 1220 Fax/Printer												
7			12/14/2001	SL / N/A	5	0000	313 48	100 0000	0 00	0 00	313 48	313 48
Hassler Mail Folder/Sorter												
35			7/1/2000	SL / N/A	7	0000	10,995 00	100 0000	0 00	0 00	10,995 00	10,995 00
Hassler Mail Meter												
36			7/1/2000	SL / N/A	7	0000	3,195 00	100 0000	0 00	0 00	3,195 00	3,195 00
Samsung Telephone System												
50			7/29/2005	SL / N/A	7	0000	3,894 50	100 0000	0 00	0 00	2,735 44	3,291 80
Cubicle Panels												
51			6/12/2006	SL / N/A	7	0000	3,500 00	100 0000	0 00	0 00	2,041 67	2,541 67
Workroom Chairs												
52			12/1/2005	SL / N/A	7	0000	263 88	100 0000	0 00	0 00	172 79	210 49
Canon Digital Camera												

The Jewish Federation [34404]
Depreciation Expense

Financial

07/01/2010 - 06/30/2011

System No	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Equipment												
53		Flash Pro Digital Camera	12/6/2005 SL / N/A		5 0000	381 96	100 0000	0 00	0 00	350 12	31 84	381 96
75			8/30/2008 SL / N/A		3 0000	294 00	100 0000	0 00	0 00	179 67	98 00	277 67
Subtotal: Equipment						22,837.82		0 00	0 00	19,983.17	1,223.90	21,207.07
Less dispositions and exchanges:						3,195 00		0 00	0 00	3,195 00	0 00	3,195 00
Net for: Equipment						19,642.82		0 00	0 00	16,788.17	1,223.90	18,012.07
Furniture & Equipment												
Workroom												
16		Verticals	6/29/1988 SL / N/A		20 0000	2,138 40	100 0000	0 00	0 00	2,138 40	0 00	2,138 40
17		Office Furniture	6/30/1988 SL / N/A		20 0000	608 42	100 0000	0 00	0 00	608 42	0 00	608 42
18		2 Oak Bookcases	10/1/1989 SL / N/A		7 0000	1,000 00	100 0000	0 00	0 00	1,000 00	0 00	1,000 00
19		Furniture	11/1/1990 SL / N/A		7 0000	114 72	100 0000	0 00	0 00	114 72	0 00	114 72
20		File Cabinet	6/1/1995 SL / N/A		7 0000	134 00	100 0000	0 00	0 00	134 00	0 00	134 00
21		Shelving	3/15/1996 SL / N/A		7 0000	308 05	100 0000	0 00	0 00	308 05	0 00	308 05
22		4 Chairs	3/15/1996 SL / N/A		7 0000	171 30	100 0000	0 00	0 00	171 30	0 00	171 30
23		Office Chair	7/25/1995 SL / N/A		7 0000	797 96	100 0000	0 00	0 00	797 96	0 00	797 96
24		Frames	5/15/1997 SL / N/A		7 0000	374 00	100 0000	0 00	0 00	371 77	0 00	371 77
25		Conference Table	6/30/1997 SL / N/A		7 0000	358 75	100 0000	0 00	0 00	358 75	0 00	358 75
38		Table & Chairs - Executive Dir Office	5/15/2001 SL / N/A		7 0000	517 77	100 0000	0 00	0 00	517 77	0 00	517 77
66		Lateral File Cabinet	8/15/2007 SL / N/A		7 0000	405 00	100 0000	0 00	0 00	168 76	57 86	226 62
67		5-Drawer Lateral File Cabinet	11/15/2007 SL / N/A		7 0000	401 00	100 0000	0 00	0 00	152 77	57 29	210 06
68		3-36" Used Lateral File Cabinets	11/15/2007 SL / N/A		7 0000	598 00	100 0000	0 00	0 00	227 81	85 43	313 24
69		4-Black Side Chairs	12/14/2007 SL / N/A		7 0000	1,100 00	100 0000	0 00	0 00	405 94	157 14	563 08
70		2 Workstations	12/14/2007 SL / N/A		7 0000	497 52	100 0000	0 00	0 00	183 60	71 07	254 67
71		Refrigerator	2/6/2008 SL / N/A		7 0000	2,325 00	100 0000	0 00	0 00	802 67	332 14	1,134 81
73			6/30/2009 SL / N/A		7 0000	624 63	100 0000	0 00	0 00	89 23	89 23	178 46

Depreciation Expense

Financial

07/01/2010 - 06/30/2011

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Subtotal: Furniture & Equipment												
Less dispositions and exchanges:												
Net for: Furniture & Equipment												
Leasehold												
Leasehold												
1						12,474.52		0.00	0.00	8,551.92	850.16	9,402.08
Less dispositions and exchanges:												
Net for: Furniture & Equipment												
Leasehold												
Leasehold												
39		Burgundy Entry Door	10/19/1988	SL / N/A	31	295,255.15	100.0000	0.00	0.00	206,210.08	9,373.18	215,583.26
54		Carpet	5/8/2001	SL / N/A	39	1,509.00	100.0000	0.00	0.00	354.66	38.69	393.35
55		Blinds	4/30/2007	SL / N/A	7	5,398.00	100.0000	0.00	0.00	2,441.94	771.14	3,213.08
Subtotal: Leasehold												
Less dispositions and exchanges:												
Net for: Leasehold												
Subtotal:												
Less dispositions and exchanges:												
Grand Totals:												
						375,517.27		0.00	0.00	259,252.88	17,597.49	276,850.37
						7,635.99		0.00	0.00	6,773.34	0.00	6,965.04
						367,881.28		0.00	0.00	252,479.54	17,597.49	269,885.33

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

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

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

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	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

Jan Olander - Controller - 8505 San Jose Boulevard

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

Telephone No ► **(904) 448-5000**

FAX No ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)