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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BNAI BRITH</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>2020 K ST NW 7TH FLOOR</b> City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20006</b> <b>D</b> Employer identification number <b>53-0179971</b> <b>E</b> Telephone number <b>202-857-6600</b> <b>G</b> Gross receipts \$ <b>15,045,598</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer <b>DANIEL S MARIASCHIN</b> <b>2020 K ST NW, 7TH FLOOR, WASHINGTON, DC 20006</b>	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website <b>WWW.BNAIBRITH.ORG</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation <b>1936</b> <b>M</b> State of legal domicile <b>DC</b>

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>B'NAI B'RITH INTERNATIONAL, THE JEWISH GLOBAL VOICE OF THE JEWISH COMMUNITY, IS A JEWISH HUMANITARIAN, HUMAN RIGHTS, AND ADVOCACY ORGANIZATION. SINCE 1843 BBI WORKED FOR JEWISH UNITY, SECURITY, CONTINUITY, AND TOLERANCE. BBI'S REACH EXTENDS TO MORE THAN 50 COUNTRIES AROUND THE WORLD.</b>			
	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	178	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	176	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	280	
	6	Total number of volunteers (estimate if necessary)	6	290	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	235,732	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	8,742,006	12,207,108
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	992,986	795,051	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,221	169,528	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-183,023	481,253	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,668,190	13,652,940	
14		Benefits paid to or for members (Part IX, column (A), line 4)	2,189,669	5,235,052	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,000	3,000	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	5,851,735	3,502,579	
16b		Total fundraising expenses (Part IX, column (D), line 25)	447,038	468,937	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d (11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z))	1,965,207		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,831,856	4,236,347	
	19	Revenue less expenses. Subtract line 18 from line 12	13,323,298	13,445,915	
	20	Total assets (Part X, line 16)	-3,655,108	207,025	
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,036,031	4,593,411	
			18,581,030	4,439,266	
			-13,544,999	154,145	

## 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
	<b>SETH RIKLIN, TREASURER</b>	<b>11/28/2012</b>
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

928-32

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:  
B'nai B'rith International, The Global voice of the Jewish Community, is a Jewish humanitarian, human rights, and advocacy organization. Since 1843, BBI has worked for Jewish unity, security, continuity, and tolerance. BBI's reach extends to more than 50 countries around the world
- 
- 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 5,009,826 including grants of \$ 4,981,081 ) (Revenue \$ 0 )  
Disaster service programs, general/other: Activities of the B'nai B'rith disaster relief fund and other related programming. During the year the organization provided assistance to victims of earthquakes and to various humanitarian projects in Argentina, Chile, Peru, and Cuba. Continued to aid victims of disaster in Japan. Also, through the communities in crisis program provided millions of dollars of pharmaceutical drugs to needy in South America
- 
- 4b** (Code: ) (Expenses \$ 1,449,251 including grants of \$ 119,850 ) (Revenue \$ 134,369 )  
Judaism programs, general/other Jewish continuity programming provided either directly or through allocations to B'nai B'rith Camp, the B'nai B'rith Youth Commission for Teens, and the Foundation for Jewish Campus Life for College Students. Direct services included those of the B'nai B'rith Klutznick National Museum, B'nai B'rith Lecture Bureau, B'nai B'rith Magazine (50,000 recipients)
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- 4c** (Code: ) (Expenses \$ 1,517,484 including grants of \$ 134,121 ) (Revenue \$ 0 )  
Community, business and industry programs, general/other Community involvement. Local community volunteer service activities by members of B'nai B'rith chapters and other supporters throughout the United States and in 50 other countries. Projects vary by community, but included Project Hope and other activities to help the poor, Enlighten America essay contests and other anti hate programming, children's programming including Teddy Bears for Sick Kids and Smarter Kids, Safer Kids program, Diverse Minds writing contest. Volunteers in the U S are aided by a network of staff who provides assistance to volunteers located in 17 B'nai B'rith Regions
- 
- 4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
 (Expenses \$ 1,592,577 including grants of \$ 0 ) (Revenue \$ 0 )
- 
- 4e** Total program service expenses **▶** 9,569,138

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> 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"/>	<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 47		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓	
<b>2a</b> 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	<b>2a</b> 280		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	✓	
<b>4a</b> 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)? . . . . .	<b>4a</b>	✓	
<b>b</b> If "Yes," enter the name of the foreign country ▶ Israel . . . . . See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>	✓	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		✓
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		✓
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 178		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b> 176		
<b>2</b> 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? . . . . .	<b>2</b>		✓
<b>3</b> 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? . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> 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 . . . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b> ✓	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> ✓	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	✓
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> ✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> ✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b> ✓	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> ✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> ✓	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> ✓	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► EDYTA SZEMIEL, (202)857-6600

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Senor Ricardo M Abraham Director	2	✓						0	0	0
Dr Israel Abramowitz Director	2	✓						0	0	0
Mr James Altman Director	2	✓						0	0	0
Senor Narciso Attia Director	2	✓						0	0	0
Senor Ramy Attie Director	2	✓						0	0	0
Yvonne Attie Director	2	✓						0	0	0
Mr Armand Azoulai Director	2	✓						0	0	0
Mr Sheldon Badzin Director	2	✓						0	0	0
Earl Barish Director	2	✓						0	0	0
Mr Ira Bartfield Director	2	✓						0	0	0
Mr William Berger Director	2	✓						0	0	0
Senor Leon Birbragher Director	2	✓						0	0	0
Mr Eric Bissell Director	2	✓						0	0	0
Sr Sergio Bitran Director	2	✓						0	0	0



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mrs Arline P Bittker Director	2	✓						0	0	0
Mr Eric M Book Director	2	✓						0	0	0
Mr Andrew S Borans Director	2	✓						0	0	0
Mr William B Bram Director	2	✓						0	0	0
Mrs Nancy A Braun Director	2	✓						0	0	0
Mr Marcelo Burman Director	2	✓						0	0	0
Mr Elan Carr Director	2	✓						0	0	0
Ms Susan Chalon de Nesis Director	2	✓						0	0	0
Mr Robert H Chicotsky Director	2	✓						0	0	0
Mr Harvey Chyette Director	2	✓						0	0	0
Mr Daniel Citone Director	2	✓						0	0	0
Dr Sidney M Clearfield Director	2	✓						0	0	0
Mr Alan D Cohen Director	2	✓						0	0	0
Mrs Pearl Cohen Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr Stanley G Cohen Director	2	✓						0	0	0
Mr Stewart S Cohen Director	2	✓						0	0	0
Mrs Karen Cooper Director	2	✓						0	0	0
Mr Stuart B Cooper Director	2	✓						0	0	0
Mr Joseph H Domberger Director	2	✓						0	0	0
Mr Bernardo Edelman Director	2	✓						0	0	0
Mr Eric T Engelmayer Director	2	✓						0	0	0
Mr Sammy Eppel Director	2	✓						0	0	0
Sr Hernan Fischman Director	2	✓						0	0	0
Mr Paolo Foa Director	2	✓						0	0	0
Mrs Marlene Z Franklin Director	2	✓						0	0	0
Senor Julio Froimovich Director	2	✓						0	0	0
Sr Luis Gaj Director	2	✓						0	0	0
Mr David A Geller Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Dr Leon Genesove										
Director	2	✓						0	0	0
Amb Isaac Gilinski										
Director	2	✓						0	0	0
Mr Dennis W Glick										
Director	2	✓						0	0	0
Mr Matthew Glick										
Director	2	✓						0	0	0
Mr Oscar I Goldberg										
Director	2	✓						0	0	0
Mr Kurt Goldberger										
Director	2	✓						0	0	0
Mrs Margarete Goldberger										
Director	2	✓						0	0	0
Mr Irving Golden										
Director	2	✓						0	0	0
Mr Robert S Golden										
Director	2	✓						0	0	0
Mr Abraham Goldstein										
Director	2	✓						0	0	0
Mr David C Goldstein										
Director	2	✓						0	0	0
Mr Dennis B Goldstein										
Director	2	✓						0	0	0
Mr Ted Greenfield										
Senior VP	2	✓		✓				0	0	0
Mr Pablo Sergio Grinstein										
Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Benami Grobman Director	2	✓						0	0	0
Dr Jules Grosswald Director	2	✓						0	0	0
Mrs Matilde Groisman Gus Director	2	✓						0	0	0
Mr Pedro Gus Director	2	✓						0	0	0
Senor Joseph E Harari Director	2	✓						0	0	0
Mr Richard D Heideman Director	2	✓						0	0	0
Senor Denis Herrnsstadt Director	2	✓						0	0	0
Mr Rafael Hodara Director	2	✓						0	0	0
Mr Ralph Hofmann Director	2	✓						0	0	0
Senor Ricardo Holzer Director	2	✓						0	0	0
Dr Steven Horowitz Director	2	✓						0	0	0
Dr Abraham Huli Director	2	✓						0	0	0
Mr Jose Iacobescu Director	2	✓						0	0	0
Mr Allan J Jacobs President	2	✓		✓				0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr Jerold L Jacobs Director	2	✓						0	0	0
Mr Jacques Jacobert Director	2	✓						0	0	0
Mr Gary V Javitch Director	2	✓						0	0	0
Mr Enrique Jinchuk Director	2	✓						0	0	0
Mr Mark E Joseph Director	2	✓						0	0	0
Dr Yves Victor Kamami Senior VP	2	✓		✓				0	0	0
Mr Joel S Kaplan Director	2	✓						0	0	0
Dr Haim V Katz Director	2	✓						0	0	0
Mr Charles O Kaufman Director	2	✓						0	0	0
Mr Robert S Kaufman Director	2	✓						0	0	0
Mr Rolf Kemper Director	2	✓						0	0	0
Mr Philip Kershner Director	2	✓						0	0	0
Mr Marshall S Klein Director	2	✓						0	0	0
Mrs Rosalind Klein Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Senor Eduardo Klestorny Director	2	✓						0	0	0
Sr Jaime Kopec Director	2	✓						0	0	0
Mr Gerald Kraft Director	2	✓						0	0	0
Mrs Leiba Krantzberg Director	2	✓						0	0	0
Mrs Gisele Kusnec Director	2	✓						0	0	0
Sr Hans Kychenthal Director	2	✓						0	0	0
Mrs Ursula Kychenthal Director	2	✓						0	0	0
Deborah A Lakin Director	2	✓						0	0	0
Mr David Levy-Bentolila Director	2	✓						0	0	0
Mr Aaron Liverant Director	2	✓						0	0	0
Mr Jorge Loeff Director	2	✓						0	0	0
Mr Yoram Luft Director	2	✓						0	0	0
Mr Shel Marcus Director	2	✓						0	0	0
Mr Daniel S Mariaschin Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Anna Marks										
Director	2	✓						0	0	0
Mr David Matas										
Director	2	✓						0	0	0
Mr Itzhak Mayer										
Director	2	✓						0	0	0
Mr Wayne J Meisels										
Director	2	✓						0	0	0
Mr Daniel Mermelstein										
Director	2	✓						0	0	0
Mr Hank Meyer										
Director	2	✓						0	0	0
Mr Harold N Miller										
Director	2	✓						0	0	0
Mr Logan Miller										
Director	2	✓						0	0	0
Ms Sarah Minion										
Director	2	✓						0	0	0
Mr Benton Mirman										
Director	2	✓						0	0	0
Mr Abraham Mizrachi										
Director	2	✓						0	0	0
Mr Alan H Morgan										
Director	2	✓						0	0	0
Mrs Lynell Morris										
Director	2	✓						0	0	0
Mr Richard Morris										
Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr Andre Nadjar Director	2	✓						0	0	0
Mr Micha Natan Director	2	✓						0	0	0
Mr Stuart Novick Director	2	✓						0	0	0
Senor Roberto Nul Director	2	✓						0	0	0
Mrs Dvorah Ochert Director	2	✓						0	0	0
Mr S Bruce Pascal Senior VP	2	✓		✓				0	0	0
Mr William K Peirez Director	2	✓						0	0	0
Ms Joelle A Perelberg Director	2	✓						0	0	0
Mr Peter A Perlman Director	2	✓						0	0	0
Mr Arthur J Recht Director	2	✓						0	0	0
Mr Jacob Reckess Director	2	✓						0	0	0
Mr John Peter Reeves Director	2	✓						0	0	0
Mr Seymour D Reich Director	2	✓						0	0	0
Mr Seth J Riklin Treasurer	2	✓		✓				0	0	0



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr John Rofel Director	2	✓						0	0	0
Mr Jeffrey S Ross Director	2	✓						0	0	0
Mr Steven B Rotenberg Director	2	✓						0	0	0
Mr Sid Roth Director	2	✓						0	0	0
Mr Howard Rothman Director	2	✓						0	0	0
Mr Gary P Saltzman Director	2	✓						0	0	0
Ms Rebecca Saltzman Director	2	✓						0	0	0
Mr Stephen R Satsky Director	2	✓						0	0	0
Dr Peter Schiff Director	2	✓						0	0	0
Mr Kent E Schiner Director	2	✓						0	0	0
Dr Daniel M Schydrowsky Director	2	✓						0	0	0
Mr Zelmar B Shrell Director	2	✓						0	0	0
Mr Jeffrey R Sher Director	2	✓						0	0	0
Mr Harold Shulman Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr Murray H Shusterman Director	2	✓						0	0	0
Mr Marvin M Siflinger Director	2	✓						0	0	0
Irving Silver Director	2	✓						0	0	0
Dr Steven I Smiga Director	2	✓						0	0	0
Mr Moishe Smith Director	2	✓						0	0	0
Mr Lawrence Soria Director	2	✓						0	0	0
Dr Mark B Sperling Director	2	✓						0	0	0
Mr Robert B Spitzer Director	2	✓						0	0	0
Dr Daniel Sporn Director	2	✓						0	0	0
Mr Jorge Stainfeld Director	2	✓						0	0	0
Mr Harold I Steinberg Director	2	✓						0	0	0
Mr Stephen Stern Director	2	✓						0	0	0
Mr Robert G Sugarman Director	2	✓						0	0	0
Mr Dan Tartakovski Director	2	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mr Ted Toback Director	2	✓						0	0	0
Morris Tobias Director	2	✓						0	0	0
Dr Frits van Coevorden Director	2	✓						0	0	0
Mr Jack S Ventura Director	2	✓						0	0	0
Mr Matt Waas Director	2	✓						0	0	0
Victor Wagner Director	2	✓						0	0	0
Mr Graham Weinberg Director	2	✓						0	0	0
Mr Mario Isidoro Wilhelm Director	2	✓						0	0	0
Mr Jacobo Wolkowicz Director	2	✓						0	0	0
Mr Larry L Wymor Director	2	✓						0	0	0
Eduardo Yael Director	2	✓						0	0	0
Andres Yusupoff Director	2	✓						0	0	0
Mr Phillip C Zagon Director	2	✓						0	0	0
Dr Aubrey Zidenberg Director	2	✓						0	0	0

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Mrs Susana Zolkwer Director	2	✓						0	0	0
Mrs Lila Zorn Director	2	✓						0	0	0
Mr Stephen B Zorn Senior VP	2	✓		✓				0	0	0
Ms Gwen Zuares Director	2	✓						0	0	0
Sr Isaac Elias Zviklich Director	2	✓						0	0	0
Monsieur Witold Zyss Director	2	✓						0	0	0
Mark Olshan AEVP	38	✓			✓			175,896	0	23,230
Daniel S Mariaschin Executive Vice President	38			✓				351,429	0	28,788
Gary Saltzman Chairman	2			✓				0	0	0
Kate Marshall CFO	38			✓				155,680	0	11,944
Daniel Heckelman DEVP	38					✓		138,456	0	19,587
<b>1b Sub-total</b>								821,461	0	83,549
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								821,461	0	83,549

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>		✓
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>		✓

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BDI DEVELOPMENT, 4311 Wilshire Blvd, Suite 300, Los Angeles, CA 90010	FUNDRAISING	405,556
AB DATA, 8050 N Port Washington Road, Milwaukee, WI 53217	FUNDRAISING- DIRECT MAIL	228,807

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

**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		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0	12,207,108					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 882,500						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 614,973						
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 17,608						
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 10,692,027						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	4,946,047						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	▶						
<b>Program Service Revenue</b>			<b>Business Code</b>						
	<b>2a</b>	LECTURE BUREAU	900099	50,125	50,125	0	0		
	<b>b</b>	ADVERTISING SALES	541800	235,732	0	235,732	0		
	<b>c</b>	MEMBERSHIP INSURANCE	524298	424,950	0	0	424,950		
	<b>d</b>	MISSION TRIPS	900099	84,244	84,244	0	0		
	<b>e</b>								
	<b>f</b>	All other program service revenue . . . . .		0	0	0	0		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	▶	795,051					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	146,562	0	0	146,562		
	<b>4</b>	Income from investment of tax-exempt bond proceeds	▶	0	0	0	0		
	<b>5</b>	Royalties . . . . .	▶	134,400	0	0	134,400		
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal	0 0					
		<b>b</b>	Less: rental expenses	0 0					
		<b>c</b>	Rental income or (loss)	0 0					
		<b>d</b>	Net rental income or (loss) . . . . .	▶					0 0 0 0
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	874,553 0					
		<b>b</b>	Less: cost or other basis and sales expenses . . . . .	851,587 0					
		<b>c</b>	Gain or (loss) . . . . .	22,966 0					
		<b>d</b>	Net gain or (loss) . . . . .	▶					22,966 0 0 22,966
	<b>8a</b>	Gross income from fundraising events (not including \$ 614,973 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 787,516	247,223			0	247,223	
		<b>b</b>	Less: direct expenses . . . . .						<b>b</b> 540,293
		<b>c</b>	Net income or (loss) from fundraising events . . . . .						▶
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b>	Less: direct expenses . . . . .						<b>b</b>
		<b>c</b>	Net income or (loss) from gaming activities . . . . .						▶
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 408	-370	0	0	0	-370	
		<b>b</b>	Less: cost of goods sold . . . . .						<b>b</b> 778
		<b>c</b>	Net income or (loss) from sales of inventory						▶
Miscellaneous Revenue			<b>Business Code</b>						
	<b>11a</b>	Fee for closing on one of the Senior Hous	900099	100,000	100,000	0	0		
	<b>b</b>								
	<b>c</b>								
	<b>d</b>	All other revenue . . . . .		0	0	0	0		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	▶	100,000					
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			▶	13,652,940	234,369	235,732	975,731	

**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).

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

**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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	114,634	114,634		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	61,030	61,030		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,059,388	5,059,388		
<b>4</b> Benefits paid to or for members	3,000	3,000		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	821,461	478,388	204,617	138,456
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	2,189,948	1,373,287	440,438	376,223
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
<b>9</b> Other employee benefits	281,237	184,643	59,588	37,006
<b>10</b> Payroll taxes	209,933	123,772	49,347	36,814
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	55,455	0	55,455	0
<b>c</b> Accounting	60,123	0	60,123	0
<b>d</b> Lobbying	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	468,937			468,937
<b>f</b> Investment management fees	0	0	0	0
<b>g</b> Other	0	0	0	0
<b>12</b> Advertising and promotion	0	0	0	0
<b>13</b> Office expenses	1,846,119	815,184	248,079	782,856
<b>14</b> Information technology	0	0	0	0
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	1,154,005	683,190	378,575	92,240
<b>17</b> Travel	250,344	155,056	62,613	32,675
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings	552,931	517,566	35,365	0
<b>20</b> Interest	159,287	0	159,287	0
<b>21</b> Payments to affiliates	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization	0	0	0	0
<b>23</b> Insurance	158,083	0	158,083	0
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,445,915	9,569,138	1,911,570	1,965,207
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	379,881	<b>1</b>	557,470
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	579,321
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	1,848,070	<b>4</b>	699,800
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,659	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	47,416	<b>8</b>	46,658
	<b>9</b> Prepaid expenses and deferred charges . . . . .	127,077	<b>9</b>	133,432
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	2,631,924	<b>11</b>	2,576,730
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	4	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,036,031	<b>16</b>	4,593,411	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,475,735	<b>17</b>	1,101,429
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	800,764	<b>19</b>	374,935
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,326,224	<b>23</b>	2,962,902
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	13,978,307	<b>25</b>	0
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	18,581,030	<b>26</b>	4,439,266	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-15,185,975	<b>27</b>	-1,776,257
	<b>28</b> Temporarily restricted net assets . . . . .	1,640,976	<b>28</b>	1,930,402
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances . . . . .</b>	-13,544,999	<b>33</b>	154,145
<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	5,036,031	<b>34</b>	4,593,411	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	13,652,940
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	13,445,915
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	207,025
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-13,544,999
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	13,492,119
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	154,145

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b> 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	✓	
<b>d</b> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

BNAI BRITH

Employer identification number

53-0179971

**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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	25,577,694	23,899,999	14,969,583	8,742,006	12,207,108	85,396,390
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	25,577,694	23,899,999	14,969,583	8,742,006	12,207,108	85,396,390
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						85,396,390

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	25,577,694	23,899,999	14,969,583	8,742,006	12,207,108	85,396,390
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	415,010	322,346	154,412	173,190	281,699	1,346,657
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	71,923	339,766	285,994	15,945	100,000	813,628
<b>11 Total support.</b> Add lines 7 through 10						87,556,675
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	6,079,131
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.53 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.2 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - Miscellaneous- Related Purposes

Area for supplemental information with horizontal dashed lines.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
► **See separate instructions.**

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
BNAI BRITH	53-0179971

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ► \$
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers?		✓	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b>	Media advertisements?		✓	
<b>d</b>	Mailings to members, legislators, or the public?	✓		101,351
<b>e</b>	Publications, or published or broadcast statements?		✓	
<b>f</b>	Grants to other organizations for lobbying purposes?		✓	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b>	Other activities?		✓	
<b>j</b>	Total. Add lines 1c through 1i			101,351
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - Human rights, Policy, Social Action & Advocacy. Primarily through the Center for Human Rights and Public Policy, speak about public policy issues of particular interest to the Jewish people at the United Nations, European Union, Organization of American States, Mercoser, and other International bodies, to the Executive and Legislative branches of the Federal Government, and to State Legislative and Executive bodies. Prepares and distributes policy analysis for issues of concern. Through the center for Senior Services, advocates on behalf of senior citizens.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BNAI BRITH

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number

53-0179971

**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 . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input 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 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).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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 exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ 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:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance	7,384,000	5,681,000	5,196,830	6,618,645	
<b>b</b> Contributions	451,717	755,468	158,242	976,124	
<b>c</b> Net investment earnings, gains, and losses	-89,861	1,222,080	947,274	-1,134,530	
<b>d</b> Grants or scholarships	211,490	105,633	209,919	733,742	
<b>e</b> Other expenditures for facilities and programs	583,388	140,931	384,754	505,721	
<b>f</b> Administrative expenses	29,655	27,984	26,673	23,946	
<b>g</b> End of year balance	6,921,323	7,384,000	5,681,000	5,196,830	

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ 0 %

**b** Permanent endowment ☐ 70 %

**c** Temporarily restricted endowment ☐ 30 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**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

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input checked="" type="checkbox"/>	
<b>3b</b>	<input checked="" type="checkbox"/>	

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

**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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☐

**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) . . . . .		
<b>Total.</b> (Column (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)		
<b>Total.</b> (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

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

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

**2. 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**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	13,652,940
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	13,445,915
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	207,025
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-127,235
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	0
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-127,235
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	79,790

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,866,792
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-127,235
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	450,478
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	323,243
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,543,549
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-1,890,609
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,890,609
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,652,940

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	16,395,156
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Other losses	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	450,478
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	450,478
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,944,678
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-2,498,763
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-2,498,763
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,445,915

**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.

Schedule D, Part V, Line 4 - B'nai B'rith Endowment Funds benefit both general charitable purpose of the organization as well as restricted funds are temporary and permanently restricted. The majority of the endowment is set up for the restricted purposes such as to provide an income distribution to support BBI's programs, grants and scholarships.

Schedule D, Part XII, Line 2d - events expenses \$540293 & B'nai B'rith Magazine ad sales commission expense- per audit \$89,815

Schedule D, Part XII, Line 4b - Related to revenue from consolidated audited financial statements including entities B'nai B'rith Foundation, B'nai B'rith Henry Monsky Foundation, B'nai B'rith Senior Housing, INC, B'nai B'rith Youth Commission, & B'nai B'rith Hillel.

Schedule D, Part XIII, Line 2d - Special events expenses \$540293 & AD commission expense- per audit \$89,815.

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part XIII, Line 4b - Related to revenue from consolidated audited financial statements including entities: B'nai B'rith Foundation, B'nai B'rith Henry Monsky Foundation, B'nai B'rith Senior Housing, INC, B'nai B'rith Youth Commission, & B'nai B'rith Hillel.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

BNAI BRITH

53-0179971

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South America	0	0	Grantmaking	SCH F PT I (3)(1)	4,946,047
(2) Middle East and North Africa	1	1	Program Services	SCH.F Part I(3)(2)	26,667
(3) East Asia and the Pacific	0	0	Program Services	SCH F Part I(3)(3)	32,991
(4) Central America and the Caribbean	0	0	Program Services	SCH.F Part I(3)(4)	48,683
(5) Europe (including Iceland)	0	0	Program Services	SCH F Part I(3)(5)	5,000
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1	1			5,059,388

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South America	SCH.FPTII(1)			4,946,047	MEDICAL SUPPLIES	MANUFACTURER
(2)			East Asia and the	SCH.FPTII(2)	32,991	WIRES		N/A	
(3)			Central America a	SCH.FPTII(3)	48,683	WIRES CHECKS		N/A	
(4)			Middle East and N	SCH.FPTII(4)	26,667	WIRES		N/A	
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **6**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP	Middle East and North	1	6,000	WIRES	0	N/A	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . . ☐ Yes ☒ No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . . ☐ Yes ☒ No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . . ☐ Yes ☒ No



**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - The program director provides oversight, reviews and approves all reports submitted by grantees and the fiscal staff signs off on any expenses that are to be charged to program funds. SCH F Part I(3)(1) Providing medical supplies to communities in crisis. SCH.F Part I(3) (2) Supporting local Jewish programs, humanitarian assistance to places in need for humanitarian assistance. Supporting local programs. SCH.F Part I(3) (3) Supporting local Jewish programs, humanitarian assistance to places in need for humanitarian assistance. SCH F Part I(3) (4), (5) supporting local Jewish programs.

Schedule F, Part II, Line 1 - SCH.FPTII(1) Providing medical supplies to communities in crisis. SCH.FPTII(2) Providing humanitarian help to areas in need of such a help. SCH.FPTII(3) Providing humanitarian help to areas in need of such a help. SCH.FPTII(4) Providing help to Support local Jewish programs.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**BNAI BRITH**

Employer identification number

**53-0179971**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				2,573,895	546,382	2,027,513

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>DINNERS</b> (event type)	(b) Event #2 <b>GIVING CLUBS</b> (event type)	(c) Other events <b>0</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	878,066	524,423		1,402,489
	<b>2</b> Less: Charitable contributions . . . . .	90,550	524,423		614,973
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	787,516	0		787,516
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	0	0		0
	<b>7</b> Food and beverages . . . . .	0	0		0
	<b>8</b> Entertainment . . . . .	0	0		0
	<b>9</b> Other direct expenses . . . . .	540,293	0		540,293
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 540,293 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				247,223

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in.
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## Schedule G, Part IV, Statement 1

Form Schedule G

Page 1

Line Number Part I Line 2b

BNAI BRITH

53-0179971

## Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
AB DATA MARKETING 8050 N PORT WASHINGTON RD MILWAUKEE, WI 53217	CONSULTS ON DIRECT MAIL PROGRAM	Yes	1,695,829	228,807	1,467,022
BDI DEVELOPMENT 4311 WILSHIRE BLVD SUITE 300 LOS ANGELES, CA 90010	CONSULTS ON DINNER PROGRAM	Yes	878,066	317,575	560,491
<b>Total:</b>			<b>2,573,895</b>	<b>546,382</b>	<b>2,027,513</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I  
(Form 990)

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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

BNAI BRITH

Name of the organization

Employer identification number

53-0179971

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
(1) Sch. I, Stmt. 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat No 50055P

Schedule I (Form 990) (2011)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	42	62,955			
2					
3					
4					
5					
6					
7					

**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 - The B'nai B'rith program director provides oversight, reviews and approves all reports submitted by grantees. Additionally, the organization sets up account codes to indicate revenue and expenses associated with grants so that they can be tracked accordingly

## Schedule I, Part IV, Statement 1

Form Schedule I

Page 1

Line Number Part II

BNAI BRITH

53-0179971

Description of Grants and Other Assistance to Governments and Organizations in the United States		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 EAST 27TH ST 10 FLOOR NEW YORK, NY 10016	10,314	
<b>EIN</b>	13-1624104		
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	TO SUPPORT THE REPRESENTATIVE VOICE OF THE ORGANIZED AMERICAN JEWISH COMMUNITY		
<b>Name and address</b>	BBYO 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006	5,500	
<b>EIN</b>	31-1794932		
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	TO SUPPORT YOUNG JEWISH PEOPLE SO THAT THEY ENRICH OTHER JEWISH PEOPLE AND THE WORLD		
<b>Name and address</b>	NATIONAL CONFERENCE ON SOVIET JEWRY 2020 K ST NW 7TH FLOOR WASHINGTON, DC 20006	19,750	
<b>EIN</b>	13-2700517		
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	TO HELP SECURE THE WELL BEING OF OVER ONE MILLION JEWS WHO ARE REBUILDING JEWISH LIFE IN THE FORMER SOVIET UNION		



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BNAI BRITH

**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

**2011**

**Open to Public  
Inspection**

Employer identification number

53-0179971

**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 checked="" 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> | ✓ |
- 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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>5a</b> | ✓ |
| <b>b</b> Any related organization? | <b>5b</b> | ✓ |
- 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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>6a</b> | ✓ |
| <b>b</b> Any related organization? | <b>6b</b> | ✓ |
- 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

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Daniel S Mariaschin	(i)	351,429	0	0	28,788	380,217	0
		(ii)	0	0	0	0	0	0
2	Mark Olshan	(i)	175,896	0	0	23,230	199,126	0
		(ii)	0	0	0	0	0	0
3	Kate Marshall	(i)	155,680	0	0	11,944	167,624	0
		(ii)	0	0	0	0	0	0
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - The EVP is reimbursed for expenses when his spouse accompanies him to a B'nai B'rith event. The amount has been included in the employees for W-2 for the year.

Schedule J, Part I, Line 3 - Factors considered. Comparisons to market compensation levels for cash compensation total direct compensation followed by in depth review and in consultation with the Board's compensation committee based on HR recommendations. Committee evaluates all of the factors and makes the decision. The most common comparability data used is the Form 990 of a comparable organization.

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

BNAI BRITH

53-0179971

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	2	4,946,047	SM COST
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( . . . . . )				
26 Other ► ( . . . . . )				
27 Other ► ( . . . . . )				
28 Other ► ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - Brother's Brother contributed the medical supplies to the organization and assisted in the distribution of these contributions to the recipients.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

**BNAI BRITH**

Employer identification number

**53-0179971**

Form 990, Part III, Line 1 - B'nai B'rith International has been working for you and all Jews around the world since 1843

Form 990, Part VI, Section B, Line 11b - The organization's controller and independent consultant review the form 990

Form 990, Part VI, Section B, Line 12c - The organization regularly sends out conflict of interest disclosure forms to officers, directors, trustees, and key employees. The organization collects these forms at regularly scheduled meetings to monitor and ensure compliance.

Form 990, Part VI, Section B, Line 15 - Factors considered Comparisons to market compensation levels for cash compensation totals direct compensation followed by in depth review and in consultation with the Board's compensation committee based on HR recommendations. Committee evaluates all of the factors and makes the decision. The most common comparability data used is the Form 990 of a comparable organization. Documentation of the approval is documented in the B'nai B'rith Board of Governors minutes. Approval of the appointment at that time is still the policy found in the BBI Constitution

Form 990, Part VI, Section C, Line 19 - Documents provided upon request

Form 990, Part XI, Line 2 - The audit committee is responsible for the oversight of the quality and integrity of the company's accounting and reporting practices, controls, and financial statements; legal and regulatory compliance, the auditor's qualifications and independence, and the performance of the company's internal audit function and independent auditors. There is no change from prior year.

Form 990, Part XI, Line 5 - Adjustment due to transfer pension plan assets to PBGC \$13,978,307. Adjustments due to unrealized losses \$-127,235 Adjustment due to reclassifications from affiliated organizations \$-136,939

**Schedule O, Statement 1**

Form 990

Page 1

Line Number

**BNAI BRITH**

**53-0179971**

**Reasonable Cause Explanations**

**Explanation**

NA

**Schedule O, Statement 2**

Form 990

Page 2

Line Number Part III Line 4d

**BNAI BRITH****53-0179971****Other Program Services Accomplishments**

<b>Activity Code</b>	<b>Description</b>	<b>Expense</b>	<b>Grants</b>	<b>Revenue</b>
	Human rights, Policy, Social Action and Advocacy primarily through the Center for Human Rights and Public Policy, speak about Public Policy Issues of particular interest to the Jewish people at the United Nations, European Union, Organization of American States, Mercosur, and other international bodies, to the executive and legislative branches of the federal government, and to the state legislative and executive bodies Prepares and distributes policy analysis for issues of concern	1,061,796	0	0
	Senior Services and Senior Housing Actions by the center for Senior Services, through a network of 37 sponsored apartment projects, provides high quality HUD subsidized housing to some 7,000 low income seniors on a non sectarian basis, provides services to improve the management and administration of the network, and works with B'nai B'rith groups to prepare applications to HUD for additional properties Also investigates the affordable senior housing options The Center for Senior Services also provides ongoing workshop on a variety of topics of interest to older persons that include, are not limited to aging in place, Medicare, social security, transportation, stem cell research, and health care reform	530,781	0	0
<b>Total:</b>		<b>1,592,577</b>	<b>0</b>	<b>0</b>



Schedule O, Statement 3

Form 990

Page 6

Line Number Part VI Section C Line 17

BNAI BRITH

53-0179971

States Where Copy Of Return Is Filed

States

AK

AL

AR

AZ

CA

CT

DC

FL

GA

IL

KS

KY

LA

MD

ME

MI

MN

MS

NC

ND

NH

NJ

NM

NY

OK

OR

RI

SC

TN

UT

VA

WA

WI

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BNAI BRITH

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

53-0179971

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) B'NAI B'RITH FOUNDATION OF THE US (53-0257218) .....	SCH R PART VII(1)	DC	501(C)(3)	LINE 7	N/A	✓	
(2) B'NAI B'RITH HILLEL FOUNDATION (53-0238141) .....	SCH R Part VII(2)	DC	501(C)(3)	LINE 7	N/A	✓	
(3) B'NAI B'RITH YOUTH COMMISSION (53-0209634) .....	SCH. R Part VII(4)	DC	501(C)(3)	LINE 7	N/A	✓	
(4) B'NAI B'RITH HENRY MONSKY FOUNDATION (53-0209632) .....	SCH.R Part VII(4)	DC	501(C)(3)	LINE 7	N/A	✓	
(5) B'NAI B'RITH HOUSING INC (52-1425604) .....	SCH.R Part VII(5)	DC	501(C)(3)	LINE 7	N/A	✓	
(6) .....							
(7) .....							

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

Cat No 50135Y

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) B'nai B'rith Pooled Income Fund (52-6382955) 2020 K Street NW 7th Floor, Washington, DC 20006	TRUST 642(C)(5)	DC	N/A	T	0	100	100%
(2) Milton & Molly Cobert 50570 Charitable (52-1766754) 2020 K St NW 7th Floor, Washington, DC 20006	TRUST 664(d)(2)	DC	N/A	T	0	100	100%
(3) Jules Jacobsen Charitable Remainder (52-6668656) 2020 K St NW 7th Floor, Washington, DC 20006	TRUST 664(d)(2)	DC	N/A	T	0	100	100%
(4) Herman Kosovitz Charitable Remainder (65-6357310) 2020 K St NW 7th Floor, Washington, DC 20006	TRUST 664(d)(2)	DC	N/A	T	0	100	100%
(5) William Snyder 50568 Charitable (52-7166344) 2020 K St NW 7th Floor, Washington, DC 20006	TRUST 664(d)(2)	DC	N/A	T	0	100	100%
(6) Norman & Helen Sider (81-611245) 2020 K St NW 7th Floor, Washington, DC 20006	TRUST 664(d)(2)	DC	N/A	T	0	100	100%
(7) (Continued on Schedule R, Part VII, Statement 1)							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		<b>1a</b> ✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<b>1b</b> ✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		<b>1c</b> ✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<b>1d</b> ✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>1e</b> ✓
<b>f</b> Sale of assets to related organization(s) . . . . .		<b>1f</b> ✓
<b>g</b> Purchase of assets from related organization(s) . . . . .		<b>1g</b> ✓
<b>h</b> Exchange of assets with related organization(s) . . . . .		<b>1h</b> ✓
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>1i</b> ✓
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>1j</b> ✓
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>1k</b> ✓
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>1l</b> ✓
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>1m</b> ✓
<b>n</b> Sharing of paid employees with related organization(s) . . . . .		<b>1n</b> ✓
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>1o</b> ✓
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .		<b>1p</b> ✓
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .		<b>1q</b> ✓
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .		<b>1r</b> ✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	B'NAI B'RITH HENRY MONSKY FOUNDATION	r	95,995	
(2)	B'NAI B'RITH FOUNDATION OF THE US	r	120,750	
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
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(16) .....													

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end-of- year assets	Percentage ownership
<b>Name and EIN</b>	Julius Stern Charitable Remainder (65-6352077)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(2)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Oscar & Ray Merber Charitable Remainder (52-1098572)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Stewart Kohn 20505 Charitable (52-6316655)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Moses & Sylvia Siegel Charitable Remainder (52-6602214)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Jerome Mann Charitable Remainder (04-6967301)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Jacob Scovronek Annuity Trust (52-6485927)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak 20511 (52-1638420)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak 20516 (52-6462086)	0	100	100%

## Schedule R, Part VII, Statement 1

BNAI BRITH

<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak 20524 (52-6462087)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak 20526 (52-6478669)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak (52-6602227)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Lillian & Carl Schustak 20539 (52-6602215)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Axelrod-Golumbia 50566 Charitable Remainder (52-7069240)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Hans Wolff 20518 Charitable Remainder (52-6426511)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Sidney Faber 20556 Chantable Remainder (52-6776040)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Sanford Lipson 20555 Trust (52-5772333)	0	100	100%



## Schedule R, Part VII, Statement 1

BNAI BRITH

<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Ruth Horowitz 20554 Charitable Remainder (52-6785922)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	Phyllis Solof 20563 Charitable Remainder (52-6817612)	0	100	100%
<b>Address</b>	2020 K St NW 7th Floor Washington, DC 20006			
<b>Primary activity</b>	TRUST 664(d)(1)			
<b>State or foreign country</b>	DC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			