

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization B'NAI B'RITH Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2020 K STREET, N.W. 7TH FLOOR City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006	D Employer identification number 53-0179971 E Telephone number 202-857-6600 G Gross receipts \$ 27,634,728. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0947
		F Name and address of principal officer: DANIEL S. MARIASCHIN SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BNAIBRITH.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1936 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: B'NAI B'RITH INTERNATIONAL, THE GLOBAL VOICE OF THE JEWISH COMMUNITY, IS A JEWISH HUMANITARIAN, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 172 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 171 5 Total number of employees (Part V, line 2a) 5 270 6 Total number of volunteers (estimate if necessary) 6 275 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 348,433. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 25,577,694. 9 Program service revenue (Part VIII, line 2g) 1,631,379. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 421,544. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -211,143. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,419,474.	Prior Year 23,899,999. 1,288,080. -478,414. -289,308. 24,420,357.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,602,027. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,000. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,443,596. 16a Professional fundraising fees (Part IX, column (A), line 11e) 548,539. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,065,726. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 7,714,410. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28,181,039. 19 Revenue less expenses. Subtract line 18 from line 12 -761,565.	Current Year 14,800,956. 2,750. 6,443,596. 270,121. 6,442,971. 27,960,394. -3,540,037.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 11,806,113. 21 Total liabilities (Part X, line 26) 9,415,486. 22 Net assets or fund balances. Subtract line 21 from line 20 2,390,627.	Beginning of Year 8,687,680. 20,271,395. -11,583,715.

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 KATE MARSHALL, CFO Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature SNYDER COHN, PC 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MD 20814-3338	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 301-652-6700

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

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,237,449. including grants of \$ 14,431,252.) (Revenue \$)
DISASTER SERVICES 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 PERU, ARGENTINA, PARAGUAY, AND
CUBA. CONTINUED TO AID VICTIMS OF HURRICANE KATRINA AND OTHER GULF
HURRICANES. ALSO, THROUGH THE COMMUNITIES IN CRISIS PROGRAM, PROVIDED
MILLIONS OF DOLLARS OF PHARMACEUTICAL DRUGS, SCHOOL BOOKS, ETC. TO
NEEDY IN SOUTH AMERICA. (500,000 PEOPLE SERVED.)

4b (Code:) (Expenses \$ 1,926,685. including grants of \$ 93,075.) (Revenue \$ 372,657.)
COMMUNITY, BUSINESS & 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 INCLUDE
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 THE SMARTER KIDS, SAFER KIDS
PROGRAM, HEALTH AWARENESS PROGRAMMING LIKE THE PROSTATE CANCER
AWARENESS PROJECT. VOLUNTEERS IN THE US ARE AIDED BY A NETWORK OF STAFF
WHO PROVIDE ASSISTANCE TO VOLUNTEERS LOCATED IN 17 B'NAI B'RITH REGIONS
(150,000 MEMBERS AND SUPPORTERS).

4c (Code:) (Expenses \$ 2,055,640. including grants of \$ 74,653.) (Revenue \$)
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, MERCOSUR, 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.

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

(Expenses \$ 2,312,068. including grants of \$ 201,977.) (Revenue \$ 915,424.)

4e Total program service expenses ► \$ 21,531,842. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	56	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	270	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <u>ISRAEL</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: <u>N/A</u>		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: <u>N/A</u>		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	1a	172
b Enter the number of voting members that are independent	1b	171
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KATE MARSHALL - 202-857-6600**
2020 K STREET, N.W. 7TH FLOOR, WASHINGTON, DC 20006

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****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL S. MARIASCHIN EXECUTIVE VP	38.00	X		X		X		324,795.	0.	5,598.
MOISHE SMITH PRESIDENT	16.00	X		X				0.	0.	0.
DENNIS GLICK CHAIRMAN OF THE EXECUTIV	12.00	X		X				0.	0.	0.
HAROLD SHULMAN TREASURER	8.00	X		X				0.	0.	0.
JOHN ROFEL SENIOR VP	7.00	X		X				0.	0.	0.
SEYMOUR G. SAIDEMAN SENIOR VP	4.00	X		X				0.	0.	0.
HAROLD STEINBERG SENIOR VP	4.00	X		X				0.	0.	0.
JACOBO WOLKOWICZ SENIOR VP	7.00	X		X				0.	0.	0.
JOEL KAPLAN HONORARY PRESIDENT	2.00	X						0.	0.	0.
GERALD KRAFT HONORARY PRESIDENT	2.00	X						0.	0.	0.
SEYMOUR D. REICH HONORARY PRESIDENT	2.00	X						0.	0.	0.
KENT E. SCHINER HONORARY PRESIDENT	4.00	X						0.	0.	0.
TOMMY BAER HONORARY PRESIDENT	2.00	X						0.	0.	0.
RICHARD D. HEIDEMAN HONORARY PRESIDENT	2.00	X						0.	0.	0.
SIDNEY M. CLEARFIELD HONORARY EXECUTIVE VP	2.00	X						0.	0.	0.
RICARDO M. ABRAHAM DIRECTOR	2.00	X						0.	0.	0.
ISRAEL ABRAWOWITZ DIRECTOR	2.00	X						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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES ALTMAN DIRECTOR	2.00	X						0.	0.	0.
GARY W. ANDERSON DIRECTOR	2.00	X						0.	0.	0.
YVONNE ATTIE DIRECTOR	2.00	X						0.	0.	0.
ARMAND AZOULAI DIRECTOR	2.00	X						0.	0.	0.
SHELDON BADZIN DIRECTOR	2.00	X						0.	0.	0.
IRA BARTFIELD DIRECTOR	2.00	X						0.	0.	0.
GERALD J. BATT DIRECTOR	2.00	X						0.	0.	0.
DANIEL BELOZERCOVSKY DIRECTOR	2.00	X						0.	0.	0.
GILBERT BENJAMIN DIRECTOR	2.00	X						0.	0.	0.
EDDA MAYER BERGMANN DIRECTOR	2.00	X						0.	0.	0.
1b Total								1,268,756.	0.	38,870.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

7

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BDI DEVELOPMENT, 4311 WILSHIRE BLVD. SUITE 300, LOS ANGELES, CA 90010	FUNDRAISING	417,547.
AB DATA MARKETING, 8050 N. PORT WASHINGTON ROAD, MILWAUKEE, WI 53217-2600	FUNDRAISING - DIRECT MAIL	326,154.
HEWITT ASSOCIATES, LLC P.O. BOX 95135, CHICAGO, IL 60694-5135	LEGAL SERVICES - SPIN OFF	170,842.
CATHY A. GRANTHAM, 11411 ANGELTON TERRACE, BURTONSVILLE, MD 20866	HUMAN RESOURCE CONSULTANT	130,021.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

4

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1364454.				
	c Fundraising events	1c	4355379.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18180166.				
	g Noncash contributions included in lines 1a-1f: \$		14402728.				
	h Total. Add lines 1a-1f			23899999.			
Program Service Revenue	2 a MEMBER INSURANCE PROGR	Business Code	524298	372,657.			372,657.
	b ADVERTISING SALES		541800	348,433.		348,433.	
	c PROGRAM PARTICIPATION		900099	340,779.	340,779.		
	d LECTURE BUREAU		900099	207,092.	207,092.		
	e GENERAL PROGRAM INCOME		900099	19,119.	19,119.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,288,080.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	2038377.			
b Less: cost or other basis and sales expenses				2516791.			
c Gain or (loss)				-478414.			
d Net gain or (loss)					-478,414.		-478,414.
8 a Gross income from fundraising events (not including \$ 1542309. of contributions reported on line 1c). See Part IV, line 18		a	6,723.				
b Less: direct expenses		b	691,817.				
c Net income or (loss) from fundraising events					-685,094.		-685,094.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a	1,783.				
b Less: cost of goods sold	b	5,763.					
c Net income or (loss) from sales of inventory				-3,980.		-3,980.	
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	320,768.	320,768.		
	b NET TRANSFERS FROM AFF		900099	82,963.	82,963.		
	c FOREIGN EXCHANGE ADJUS		900099	-3,965.	-3,965.		
	d All other revenue						
	e Total. Add lines 11a-11d			399,766.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			24420357.	966,756.	348,433.	-794,831.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	128,304.	128,304.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	103,349.	103,349.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	14,569,303.	14,569,303.		
4 Benefits paid to or for members	2,750.	2,750.		
5 Compensation of current officers, directors, trustees, and key employees	701,029.	378,988.	252,088.	69,953.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,835,691.	2,017,532.	1,015,271.	802,888.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	788,649.	414,821.	208,748.	165,080.
9 Other employee benefits	654,840.	232,095.	305,908.	116,837.
10 Payroll taxes	463,387.	273,398.	106,579.	83,410.
11 Fees for services (non-employees):				
a Management				
b Legal	117,394.	11,339.	96,486.	9,569.
c Accounting	81,997.		81,718.	279.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	270,121.			270,121.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	216,516.	67,107.	138,049.	11,360.
14 Information technology				
15 Royalties				
16 Occupancy	1,355,719.	974,141.	206,762.	174,816.
17 Travel	525,123.	299,546.	144,350.	81,227.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	734,336.	656,475.	38,652.	39,209.
20 Interest	7,766.		7,766.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	265,830.		265,830.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BANK AND OTHER SERVICE	1,000,215.	538,027.	297,905.	164,283.
b PRINTING AND PUBLICATIO	981,122.	386,404.	62,323.	532,395.
c POSTAGE AND SHIPPING	720,011.	206,049.	26,634.	487,328.
d ADVERTISING COMMISSIONS	160,700.	160,700.		
e TELEPHONE	114,372.	65,925.	32,047.	16,400.
f All other expenses	161,870.	45,589.	75,710.	40,571.
25 Total functional expenses. Add lines 1 through 24f	27,960,394.	21,531,842.	3,362,826.	3,065,726.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,266,938.	1	845,193.
	2 Savings and temporary cash investments	474,593.	2	661,053.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,359,323.	4	2,559,754.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	4,977.
	8 Inventories for sale or use	46,103.	8	49,067.
	9 Prepaid expenses and deferred charges	317,508.	9	194,146.
	10a Land, buildings, and equipment: cost basis ... 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b		10c	
	11 Investments - publicly traded securities	5,702,370.	11	4,062,476.
	12 Investments - other securities. See Part IV, line 11	639,278.	12	311,014.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,806,113.	16	8,687,680.	
Liabilities	17 Accounts payable and accrued expenses	1,849,299.	17	1,930,197.
	18 Grants payable		18	
	19 Deferred revenue	964,821.	19	853,959.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,000,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	6,601,366.	25	16,487,239.
	26 Total liabilities. Add lines 17 through 25	9,415,486.	26	20,271,395.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,155,734.	27	-12,813,115.
	28 Temporarily restricted net assets	1,234,893.	28	1,229,400.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,390,627.	33	-11,583,715.
	34 Total liabilities and net assets/fund balances	11,806,113.	34	8,687,680.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16518119.	13400504.	17397057.	25577694.	23899999.	96793373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	16518119.	13400504.	17397057.	25577694.	23899999.	96793373.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						96793373.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	16518119.	13400504.	17397057.	25577694.	23899999.	96793373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	343,901.	391,471.	448,979.	415,010.		1599361.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	592,015.	92,760.	323,428.	71,923.	399,766.	1479892.
11 Total support. Add lines 7 through 10						99872626.
12 Gross receipts from related activities, etc. (see instructions)					12	12,832,829.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.92 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.15 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS - RELATED PURPOSES

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

B'NAI B'RITH

53-0179971

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROSENBLOOM FAMILY TRUST 9460 WILSHIRE BLVD, 800 BEVERLY HILLS, CA 90212	\$ 653,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STANLEY NORMAN JACOBS (ESTATE OF) 500 5TH AVE, 1610 NEW YORK, NY 10110	\$ 799,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008
Open to Public
Inspection

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours 0.

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
- 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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f 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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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).

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

2 Complete lines 2a-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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable
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, violations, and
enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11885972.				
b Contributions	1,229,645.				
c Investment earnings or losses	-1575998.				
d Grants or scholarships	733,742.				
e Other expenditures for facilities and programs	531,874.				
f Administrative expenses	177,342.				
g End of year balance	10096661.				

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

- a Board designated or quasi-endowment ▶ 49.00 %
 b Permanent endowment ▶ 49.00 %
 c Term endowment ▶ 2.00 %

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
3a(i)		X
3a(ii)	X	
3b	X	

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ 0.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,420,357.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,960,394.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,540,037.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,434,305.
9	Total adjustments (net). Add lines 4-8	9	-10,434,305.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-13,974,342.

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

1	Total revenue, gains, and other support per audited financial statements	1	25,068,686.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	117,212.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	691,817.
e	Add lines 2a through 2d	2e	809,029.
3	Subtract line 2e from line 1	3	24,259,657.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	160,700.
c	Add lines 4a and 4b	4c	160,700.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	24,420,357.

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

1	Total expenses and losses per audited financial statements	1	28,491,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	691,817.
e	Add lines 2a through 2d	2e	691,817.
3	Subtract line 2e from line 1	3	27,799,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	160,700.
c	Add lines 4a and 4b	4c	160,700.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	27,960,394.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: BBI HAS AN ENDOWMENT FUND WHICH BENEFITS BOTH THE

GENERAL CHARITABLE PURPOSE OF BBI AS WELL AS RESTRICTED PURPOSES. THE

"ENDOWMENT" INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AS WELL AS

FUNDS DESIGNATED BY BBI TO FUNCTION AS ENDOWMENTS. THE MAJORITY OF THE

ENDOWMENT IS SET UP FOR RESTRICTED PURPOSES SUCH AS TO PROVIDE AN INCOME

DISTRIBUTION TO SUPPORT BBI'S HUMAN RIGHTS AND PUBLIC POLICY, OUR JUDAIC

PROGRAMS, CAMP SCHOLARSHIPS, SPORTS LODGES OR BB'S SENIORS PROGRAM. THERE

ARE SOME PHILANTHROPIC FUNDS WHICH SUPPORT B'NAI B'RITH AS WELL AS OTHER

Part XIV Supplemental Information (continued)

CHARITABLE ORGANIZATIONS NOT RELATED TO B'NAI B'RITH. ADDITIONALLY, THERE IS A GENERAL ENDOWMENT THAT PROVIDES FOR AN INCOME DISTRIBUTION FOR UNRESTRICTED PURPOSES TO THE ORGANIZATION.

PART X: ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") HAS ISSUED INTERPRETATION NO. 48 ("FIN 48"), WHICH CLARIFIES GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. FIN 48 APPLIES TO BUSINESS ENTERPRISES, NOT-FOR-PROFIT ENTITIES, AND PASS-THROUGH ENTITIES, SUCH AS S CORPORATIONS AND LIMITED LIABILITY COMPANIES. ON DECEMBER 30, 2008, THE FASB ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES, WHICH ALLOWS DEFERRAL OF FIN 48 FOR CERTAIN NONPUBLIC ENTERPRISES INCLUDED WITHIN THIS FSP'S SCOPE TO THE ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE COMPANY HAS ELECTED TO DEFER IMPLEMENTATION OF FIN 48 TO ITS ANNUAL CONSOLIDATED FINANCIAL STATEMENTS ENDING ON JUNE 30, 2009. FOR FINANCIAL STATEMENTS COVERING PERIODS PRIOR TO 2009, THE COMPANY EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE THE FASB'S STATEMENT OF FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 5 ACCOUNTING FOR CONTINGENCIES. UNDER THIS APPROACH, DISCLOSURE IS NOT REQUIRED OF A LOSS CONTINGENCY INVOLVING AN UNASSERTED CLAIM OR ASSESSMENT WHEN THERE HAS BEEN NO MANIFESTATION BY A POTENTIAL CLAIMANT OF AN AWARENESS OF A POSSIBLE CLAIM OR ASSESSMENT UNLESS IT IS CONSIDERED PROBABLE THAT A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

PENSION LIABILITY ADJUSTMENT - FASB 158: -10434305.

PART XII, LINE 2D - SPECIAL EVENT EXPENSES - \$691,817

PART XII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT -
\$160,700

PART XIII, LINE 2D - SPECIAL EVENT EXPENSES - \$691,817

PART XIII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT -
\$160,700

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

B'NAI B'RITH

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION.	SUPPORTING LOCAL JEWISH PROGRAMS, HUMANITARIAN HELP TO GEORGIA, AND SCHOLARSHIPS.	331,036.
EUROPE	1	1	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION.	SUPPORTING LOCAL JEWISH PROGRAMS.	7,500.
NORTH AMERICA	0	0	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION.	SUPPORTING LOCAL JEWISH SENIOR HOUSING PROGRAMS.	125,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION.	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS.	118,496.
SOUTH AMERICA	0	0	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION.	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS.	14,284,232.
Totals ▶	2	2			14,866,264.

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

Schedule F (Form 990) 2008

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 ☐

Use Schedule F-1 (Form 990) 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)
			MIDDLE EAST AND NORTH AFRICA	PROVIDING HUMANITARIAN HELP TO GEORGIA.	25,000	ELECTRONIC FUND OR WIRE TRANSFER	0		
			NORTH AMERICA	SUPPORTING LOCAL JEWISH SENIOR HOUSING PROGRAMS.	125,000	ELECTRONIC FUND OR WIRE TRANSFER	0		
			EUROPE	SUPPORTING LOCAL JEWISH PROGRAMS.	7,500	ELECTRONIC FUND OR WIRE TRANSFER	0		
			SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS.	0		244,035	MEDICAL SUPPLIES	MANUFACTURER FORMULA
			SOUTH AMERICA	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS.	0		118,438	MEDICAL SUPPLIES	MANUFACTURER FORMULA
			CENTRAL AMERICA AND THE CARIBBEAN	PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS.	0		118,496	MEDICAL SUPPLIES	MANUFACTURER FORMULA

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6**3 Enter total number of other organizations or entities **0**

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION HAS BOTH THE PROGRAM DIRECTOR AND THE FISCAL STAFF SIGN OFF ON ANY EXPENSES THAT ARE TO BE CHARGED TO GRANT FUNDS. THIS ENSURES THAT THE EXPENSES ARE IN ACCORDANCE WITH THE SPECIFICATIONS OF THE AGREEMENT. ADDITIONALLY, THE ORGANIZATION SET UP ACCOUNT CODES TO INDICATE REVENUE AND EXPENSES ASSOCIATED WITH GRANTS SO THAT IT CAN TRACK EXPENSES.

SCHEDULE F, PART I, LINE 3: THE ORGANIZATION SET UP ACCOUNT CODES TO INDICATE REVENUE AND EXPENSES ASSOCIATED WITH THE VARIOUS GRANTS SO THAT IT CAN TRACK EXPENSES ASSOCIATED WITH THESE GRANTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

2008
**Open To Public
Inspection**

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
AB DATA	CONSULTS ON DIRECT MAIL PROGRAM		X	2,033,131.	326,154.	1,706,977.
BDI DEVELOPMENT	CONSULTS ON DINNERS PROGRAM		X	836,261.	417,547.	418,714.
Total				2,869,392.	743,701.	2,125,691.

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

AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, RI, SC, TN, 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DINNERS (event type)	GIVING CLUBS (event type)	1 (total number)	
Revenue	1 Gross receipts	875,746.	666,563.	6,723.	1,549,032.
	2 Less: Charitable contributions	875,746.	666,563.		1,542,309.
	3 Gross revenue (line 1 minus line 2)			6,723.	6,723.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	397,509.		294,308.	691,817.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(691,817.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				-685,094.

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	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address:

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?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

B' NAI B' RITH

Part I General Information on Grants and Assistance

Employer identification number
53-0179971

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" on 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. Use Part IV and Schedule I-1 (Form 990) 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
ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022		501(C)(3)	5,000.	0.			TO SUPPORT LOCAL JEWISH PROGRAMS.
JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 EAST 27TH STREET, 10TH FLOOR NEW YORK, NY 10016		501(C)(3)	10,800.	0.			TO SUPPORT THE REPRESENTATIVE VOICE OF THE ORGANIZED AMERICAN JEWISH COMMUNITY.
CONFERENCE OF PRESIDENTS 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017		501(C)(4)	26,265.	0.			TO SUPPORT TAKING THE LEAD TO EXPLAIN AND ANALYZE ISSUES, PROVIDE A LINK BETWEEN AMERICAN
FOUNDATION FOR JEWISH CAMPUS LIFE 800 8TH ST NW WASHINGTON, DC 20001		501(C)(3)	8,333.	0.			TO PROVIDE OPPORTUNITIES FOR JEWISH STUDENTS.
BBYO, INC. 2020 K ST NW, 7TH FLOOR WASHINGTON, DC 20006		501(C)(3)	21,971.	0.			TO SUPPORT YOUNG JEWISH PEOPLE SO THAT THEY MAY ENRICH OTHER JEWISH PEOPLE AND THE WORLD.
JEWISH CHILDREN REGIONAL SERVICE 1120 EXECUTIVE TOWER, 3500 N. CAUSEWAY BLVD. - METAIRIE, LA 70002		501(C)(3)	5,000.	0.			TO PROVIDE SOCIAL SERVICES FOR THE UNDERPRIVILEGED.

2 Enter total number of section 501(c)(3) and government organizations **7.**

3 Enter total number of other organizations **1.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
SCHOLARSHIPS	61	103,349.	0.		

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 ORGANIZATION HAS BOTH THE PROGRAM DIRECTOR AND THE FISCAL STAFF SIGN OFF ON ANY EXPENSES THAT ARE TO BE CHARGED TO GRANT FUNDS. THIS ENSURES THAT THE EXPENSES ARE IN ACCORDANCE WITH THE SPECIFICATIONS OF THE AGREEMENT. ADDITIONALLY, THE ORGANIZATION SET UP ACCOUNT CODES TO INDICATE REVENUE AND EXPENSES ASSOCIATED WITH GRANTS SO THAT IT CAN TRACK EXPENSES.

Open to Public Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

[illegible]

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

3 Enter total number of other organizations.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TAKING THE LEAD TO EXPLAIN AND ANALYZE ISSUES, PROVIDE A LINK BETWEEN AMERICAN JEWRY AND THE U.S. GOVERNMENT, AND MARSHALL A COORDINATED COMMUNITY RESPONSE.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CONFERENCE ON SOVIET JEWRY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b <input checked="" type="checkbox"/>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 <input checked="" type="checkbox"/>	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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:		
a Receive a severance payment or change of control payment?	4a	<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IAN M. BERKOWITZ DIRECTOR	2.00	X						0.	0.	0.
LEON BIRBRAGHER DIRECTOR	2.00	X						0.	0.	0.
ARLINE P. BITTKER DIRECTOR	2.00	X						0.	0.	0.
CLAUDE BLOCH DIRECTOR	2.00	X						0.	0.	0.
JAMES R. BLUMBERG DIRECTOR	2.00	X						0.	0.	0.
JOSEPH BOGOROCH DIRECTOR	2.00	X						0.	0.	0.
ERIC M. BOOK DIRECTOR	2.00	X						0.	0.	0.
PNINA BOR DIRECTOR	2.00	X						0.	0.	0.
WILLIAM B. BRAM DIRECTOR	2.00	X						0.	0.	0.
NANCY A. BRAUN DIRECTOR	2.00	X						0.	0.	0.
ROBERT H. CHICOTSKY DIRECTOR	2.00	X						0.	0.	0.
BRUCE A. COANE DIRECTOR	2.00	X						0.	0.	0.
ALAN D. COHEN DIRECTOR	2.00	X						0.	0.	0.
LEON COHEN DIRECTOR	2.00	X						0.	0.	0.
PEARL COHEN DIRECTOR	2.00	X						0.	0.	0.
STANLEY G. COHEN DIRECTOR	2.00	X						0.	0.	0.
STEWART S. COHEN DIRECTOR	2.00	X						0.	0.	0.
KAREN COOPER DIRECTOR	2.00	X						0.	0.	0.
STUART B. COOPER DIRECTOR	2.00	X						0.	0.	0.
HAROLD DAVIS DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHIRLEY R. DIAMOND DIRECTOR	2.00	X						0.	0.	0.
JOSEPH H. DOMBERGER DIRECTOR	2.00	X						0.	0.	0.
SHALOM P. DORON DIRECTOR	2.00	X						0.	0.	0.
MICHAEL L. EASLEY DIRECTOR	2.00	X						0.	0.	0.
LEON ESKENAZI DIRECTOR	2.00	X						0.	0.	0.
AARON ETRA DIRECTOR	2.00	X						0.	0.	0.
EDWARD FEINBERG DIRECTOR	2.00	X						0.	0.	0.
TED M. FELIX DIRECTOR	2.00	X						0.	0.	0.
HERNAN FISCHMAN DIRECTOR	2.00	X						0.	0.	0.
JACK FLEISCHMAN DIRECTOR	2.00	X						0.	0.	0.
PAOLO FOA DIRECTOR	2.00	X						0.	0.	0.
MARLENE Z. FRANKLIN DIRECTOR	2.00	X						0.	0.	0.
JULIO FROIMOVICH DIRECTOR	2.00	X						0.	0.	0.
LUIS GAJ DIRECTOR	2.00	X						0.	0.	0.
MATTHEW GLICK DIRECTOR	2.00	X						0.	0.	0.
MARGARETE GOLDBERGER DIRECTOR	2.00	X						0.	0.	0.
ABRAHAM GOLDSTEIN DIRECTOR	2.00	X						0.	0.	0.
DAVID C. GOLDSTEIN DIRECTOR	2.00	X						0.	0.	0.
DENNIS GOLDSTEIN DIRECTOR	2.00	X						0.	0.	0.
IRENE SAUNDERS GOLDSTEIN DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCISCO GOTTHILF DIRECTOR	2.00	X						0.	0.	0.
TED GREENFIELD DIRECTOR	2.00	X						0.	0.	0.
PABLO SERGIO GRINSTEIN DIRECTOR	2.00	X						0.	0.	0.
JULES GROSSWALD DIRECTOR	2.00	X						0.	0.	0.
MATILDE GROISMAN GUS DIRECTOR	2.00	X						0.	0.	0.
JOSEPH E. HARARI DIRECTOR	2.00	X						0.	0.	0.
PHYLLIS G. HEIDEMAN DIRECTOR	2.00	X						0.	0.	0.
DENIS HERRNSTADT DIRECTOR	2.00	X						0.	0.	0.
ISAAC M. HOCHMAN DIRECTOR	2.00	X						0.	0.	0.
RALPH HOFMANN DIRECTOR	2.00	X						0.	0.	0.
RICARDO HOLZER DIRECTOR	2.00	X						0.	0.	0.
JOSE IACOBESCU DIRECTOR	2.00	X						0.	0.	0.
ADAM H. JACOBS DIRECTOR	2.00	X						0.	0.	0.
ALLAN J. JACOBS DIRECTOR	2.00	X						0.	0.	0.
ANDREW JACOBS DIRECTOR	2.00	X						0.	0.	0.
ENRIQUE JINCHUK DIRECTOR	2.00	X						0.	0.	0.
MARK E. JOSEPH DIRECTOR	2.00	X						0.	0.	0.
BORIS KALNICKI DIRECTOR	2.00	X						0.	0.	0.
HAIM V. KATZ DIRECTOR	2.00	X						0.	0.	0.
ROBERT S. KAUFMAN DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEREMY B. KAY DIRECTOR	2.00	X						0.	0.	0.
ROLF D. KEMPER DIRECTOR	2.00	X						0.	0.	0.
PHILIP KERSHNER DIRECTOR	2.00	X						0.	0.	0.
ROSALIND KLEIN DIRECTOR	2.00	X						0.	0.	0.
EDUARDO KLESTORNY DIRECTOR	2.00	X						0.	0.	0.
JAIME KOPEC DIRECTOR	2.00	X						0.	0.	0.
HANS KYCHENTHAL DIRECTOR	2.00	X						0.	0.	0.
URSULA KYCHENTHAL DIRECTOR	2.00	X						0.	0.	0.
JOSHUA M. LAKIN DIRECTOR	2.00	X						0.	0.	0.
PHILIP LAX DIRECTOR	2.00	X						0.	0.	0.
RENE LEVY MADURO DIRECTOR	2.00	X						0.	0.	0.
DAVID LEVY-BENTOLILA DIRECTOR	2.00	X						0.	0.	0.
GLEN LEWY DIRECTOR	2.00	X						0.	0.	0.
JORGE LOEFF DIRECTOR	2.00	X						0.	0.	0.
REBECCA LUFT SINCLAIRE DIRECTOR	2.00	X						0.	0.	0.
MARC LUMBROSO DIRECTOR	2.00	X						0.	0.	0.
JOHN MANHEIM DIRECTOR	2.00	X						0.	0.	0.
SHEL MARCUS DIRECTOR	2.00	X						0.	0.	0.
ANNA MARKS DIRECTOR	2.00	X						0.	0.	0.
DAVID MATAS DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ITZCHAK MAYER DIRECTOR	2.00	X						0.	0.	0.
WAYNE J. MEISELS DIRECTOR	2.00	X						0.	0.	0.
BENT MELCHIOR DIRECTOR	2.00	X						0.	0.	0.
DANIEL MERMELSTEIN DIRECTOR	2.00	X						0.	0.	0.
ROBERT METH DIRECTOR	2.00	X						0.	0.	0.
HANK MEYER DIRECTOR	2.00	X						0.	0.	0.
HAROLD MILLER DIRECTOR	2.00	X						0.	0.	0.
BENTON S. MIRMAN DIRECTOR	2.00	X						0.	0.	0.
ALAN H. MORGAN DIRECTOR	2.00	X						0.	0.	0.
RICHARD MORRIS DIRECTOR	2.00	X						0.	0.	0.
STUART NOVICK DIRECTOR	2.00	X						0.	0.	0.
ROBERTO NUL DIRECTOR	2.00	X						0.	0.	0.
WARNER BEIN OBERNDOERFER DIRECTOR	2.00	X						0.	0.	0.
DVORAH OCHERT DIRECTOR	2.00	X						0.	0.	0.
S. BRUCE PASCAL DIRECTOR	2.00	X						0.	0.	0.
ROBERT H. PASTON DIRECTOR	2.00	X						0.	0.	0.
ZIPORA PEER DIRECTOR	2.00	X						0.	0.	0.
WILLIAM K. PEIREZ DIRECTOR	2.00	X						0.	0.	0.
ADRIENNE PERCH DIRECTOR	2.00	X						0.	0.	0.
JOELLE A. PERELBERG DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E. POLLACK DIRECTOR	2.00	X						0.	0.	0.
GERALD PRIEBAT DIRECTOR	2.00	X						0.	0.	0.
DAVID L. RAVICH DIRECTOR	2.00	X						0.	0.	0.
ARTHUR J. RECHT DIRECTOR	2.00	X						0.	0.	0.
JACOB RECKESS DIRECTOR	2.00	X						0.	0.	0.
JOHN PETER REEVES DIRECTOR	2.00	X						0.	0.	0.
AARON D. ROSE DIRECTOR	2.00	X						0.	0.	0.
JEFFREY S. ROSS DIRECTOR	2.00	X						0.	0.	0.
STEVEN B. ROTENBERG DIRECTOR	2.00	X						0.	0.	0.
HOWARD ROTHMAN DIRECTOR	2.00	X						0.	0.	0.
GARY P. SALTZMAN DIRECTOR	2.00	X						0.	0.	0.
STEPHEN R. SATISKY DIRECTOR	2.00	X						0.	0.	0.
PETER SCHIFF DIRECTOR	2.00	X						0.	0.	0.
DANIEL M. SCHYDLOWSKY DIRECTOR	2.00	X						0.	0.	0.
RENEE SHARON DIRECTOR	2.00	X						0.	0.	0.
JEFFREY R. SHER DIRECTOR	2.00	X						0.	0.	0.
ZELMAR B. SHRELL DIRECTOR	2.00	X						0.	0.	0.
MURRAY H. SHUSTERMAN DIRECTOR	2.00	X						0.	0.	0.
MARVIN M. SIFLINGER DIRECTOR	2.00	X						0.	0.	0.
IRVING SILVER DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

B'NAI B'RITH

Employer Identification number

53-0179971

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REINOLD SIMON DIRECTOR	2.00	X						0.	0.	0.
STEVEN I. SMIGA DIRECTOR	2.00	X						0.	0.	0.
LAWRENCE SORIA DIRECTOR	2.00	X						0.	0.	0.
MARK B. SPERLING DIRECTOR	2.00	X						0.	0.	0.
ROBERT B. SPITZER DIRECTOR	2.00	X						0.	0.	0.
JORGE STAINFELD DIRECTOR	2.00	X						0.	0.	0.
FRIEDA STANGLER DIRECTOR	2.00	X						0.	0.	0.
ALLAN A. STOCK DIRECTOR	2.00	X						0.	0.	0.
FRITS VAN COEVORDEN DIRECTOR	2.00	X						0.	0.	0.
JACK S. VENTURA DIRECTOR	2.00	X						0.	0.	0.
MATT WAAS DIRECTOR	2.00	X						0.	0.	0.
JASON WACHS DIRECTOR	2.00	X						0.	0.	0.
AVIGDOR WARSHA DIRECTOR	2.00	X						0.	0.	0.
GRAHAM WEINBERG DIRECTOR	2.00	X						0.	0.	0.
GERRY WEINSTEIN DIRECTOR	2.00	X						0.	0.	0.
ROCHELLE WILNER DIRECTOR	2.00	X						0.	0.	0.
FRANK D. WINSTON DIRECTOR	2.00	X						0.	0.	0.
LARRY L. WYMOR DIRECTOR	2.00	X						0.	0.	0.
EDUARDO Yael DIRECTOR	2.00	X						0.	0.	0.
ANDRES YUSUPOFF DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

B'NAI B'RITH

Employer Identification number

53-0179971

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLD.

TODAY B'NAI B'RITH INTERNATIONAL IS A NATIONAL AND GLOBAL LEADER IN THE
FIGHT AGAINST ANTI-SEMITISM AND ANTI-ISRAEL BIAS; PROVIDES SENIOR
HOUSING AND ADVOCACY ON ISSUES OF VITAL CONCERN TO SENIORS AND THEIR
FAMILIES; HELPS COMMUNITIES IN CRISIS; AND PROMOTES JEWISH IDENTITY
THROUGH CULTURAL ACTIVITIES.

THE WORK OF B'NAI B'RITH INTERNATIONAL IS FOCUSED IN ITS CENTERS.
THESE CENTERS PROVIDE THE FRAMEWORK FOR INTENSIVE STUDY OF ISSUES AND
THOUGHTFUL RESPONSES THROUGH THE COMBINED EFFORTS OF DEDICATED
VOLUNTEER LEADERS AND PROFESSIONAL STAFF.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

JUDAISM PROGRAMS, GENERAL/OTHER: JEWISH CONTINUITY PROGRAMMING PROVIDED
EITHER DIRECTLY OR THROUGH ALLOCATIONS TO B'NAI B'RITH CAMPS, THE B'NAI
B'RITH YOUTH ORGANIZATION, INC. FOR TEENS, AND THE FOUNDATION FOR
JEWISH CAMPUS LIFE FOR COLLEGE LIFE FOR COLLEGE STUDENTS. DIRECT
SERVICES INCLUDE THOSE OF THE B'NAI B'RITH KLUTZNICK NATIONAL JEWISH
MUSEUM, B'NAI B'RITH LECTURE BUREAU, B'NAI B'RITH MAGAZINE (50,000

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Inspection

Name of the organization

B'NAI B'RITH

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53-0179971

RECIPIENTS).

EXPENSES \$ 1345368. INCLUDING GRANTS OF \$ 76977. REVENUE \$ 896305.

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 WORKSHOPS 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.

EXPENSES \$ 966700. INCLUDING GRANTS OF \$ 125000. REVENUE \$ 19119.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S CFO AND FISCAL MANAGER REVIEW THE FORM 990. THEY COMPARE IT TO THE AUDIT AND ADJUST FOR DIFFERENCES. THEY ALSO LOOK FOR VARIOUS BENCHMARKS IN TERMS OF THEIR EXPECTATIONS. THEY RUN VARIOUS REPORTS SO THAT THEY CAN COMPARE THE FORM TO WHAT THEY HAVE IN THE GENERAL LEDGER AND FINANCIAL STATEMENTS. IN ADDITION, THEY DISCUSS THE FORM WITH THE PAID PREPARERS.

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

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

SCHEDULED MEETINGS TO MONITOR AND ENSURE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION WILL, DEPENDING ON
THE EMPLOYEE OR POTENTIAL EMPLOYEE, USE A COMPENSATION COMMITTEE AND
COMPARABILITY DATA TO DETERMINE THE COMPENSATION OF SAID EMPLOYEE OR
POTENTIAL EMPLOYEE. THE COMPENSATION COMMITTEE USUALLY CONSISTS OF SEVERAL
BOARD MEMBERS. THE MOST COMMON COMPARABILITY DATA USED IS THE FORM 990 OF A
COMPARABLE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AR,AZ,CA,CT,DC,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY
OK,OR,RI,SC,TN,UT,VA,WA,WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL
STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE. COPIES OF THE
ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST.

FORM 990, PAGE 11, PART XI, LINE 2C

AUDIT OVERSIGHT COMMITTEE

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S
FINANCIAL STATEMENTS AND THE ORGANIZATION'S SELECTION OF AN INDEPENDENT
ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): IN ADDITION TO THE AMOUNTS PAID

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

FOR PROFESSIONAL FUNDRAISING SERVICES LISTED ON SCHEDULE G, THE

ORGANIZATION ALSO PAID FUNDRAISERS THE FOLLOWING:

AB DATA:

LIST RENTAL \$ 21,088

POSTAGE \$ 7,829

LETTERSHOP/MAILHOUSE \$ 95,852

PRINT COMPONENTS \$230,573

LASER PRINTING \$ 20,587

BDI DEVELOPMENT:

OFFICE SUPPLIES \$ 2,036

POSTAGE \$ 7,586

PRINTING \$ 8,346

TRAVEL \$ 18,777

ENTERTAINMENT \$ 5,541

MISCELLANEOUS \$ 5,327

THE ORGANIZATION WAS PROVIDED WITH DETAILED INVOICES FROM THE
AFOREMENTIONED FUNDRAISERS THAT DISTINGUISH THE AMOUNTS PAID FOR
PROFESSIONAL FUNDRAISING SERVICES AND THE AMOUNTS PAID FOR FUNDRAISING
EXPENSES.

FORM 990, PAGE 2, PART III, LINE 1

CONTINUATION OF THE ORGANIZATION'S MISSION STATEMENT

THE CENTER FOR HUMAN RIGHTS AND PUBLIC POLICY (CHRP) BRINGS A JEWISH

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

VOICE TO INTERNATIONAL AND DOMESTIC POLICY AND IN DEFENSE OF ISRAEL.

BBI HAS SERVED AS AN NGO (NON-GOVERNMENTAL ORGANIZATION) AT THE UNITED

NATIONS SINCE 1947. WHETHER AN ISSUE IS BEFORE THE HUMAN RIGHTS

COUNCIL, THE SECURITY COUNCIL, OR ON THE DESK OF A U.N. OFFICIAL, BBI

LEADERS AND STAFF PROVIDE EXPERT TESTIMONY AND ADVOCACY FOR ISRAEL AND

THE JEWISH POPULATION WORLDWIDE. IN THE UNITED STATES, CHRPP ADVOCATES

FOR THE SAFETY, SECURITY, AND RIGHTS OF THE JEWISH PEOPLE AND THE STATE

OF ISRAEL. IN LATIN AMERICA, CHRPP WORKS TO BUILD TOLERANCE AND

PROMOTES SOCIAL JUSTICE. THROUGHOUT THE UNITED STATES, IN EUROPE, AND

AROUND THE WORLD, CHRPP IS A LEADER IN THE FIGHT AGAINST ANTI-SEMITISM.

AND IN CENTRAL AND EASTERN EUROPE, CHRPP IS A STRONG ADVOCATE FOR

HOLOCAUST RESTITUTION.

THE CENTER FOR SENIOR SERVICES (CSS) PROVIDES THE TANGIBLE - HOUSING

AND PRACTICAL INFORMATION ON AGING - AND THE INTANGIBLE - ADVOCACY AND

NATIONAL LEADERSHIP - ON ISSUES AFFECTING JEWISH SENIORS. BBI IS THE

LARGEST NATIONAL JEWISH SPONSOR OF SENIOR HOUSING IN THE UNITED STATES

AND OPERATES NEARLY 50 FIXED-INCOME AND MARKET-RATE HOUSING FACILITIES

WORLDWIDE. BBI BRINGS PROGRAMS AND SERVICES TO SENIORS AND GIVES THEM

THE OPPORTUNITY TO TAKE CONTROL OF THEIR OWN FUTURES. THROUGH A STEADY

FLOW OF INFORMATION ON TOPICS AS FAR-RANGING AS MEDICARE PART D AND

AGING SAFELY IN PLACE TO NATIONAL AND INTERNATIONAL ADVOCACY ON VITAL

ISSUES SUCH AS INCOME PROTECTION AND STEM CELL RESEARCH, BBI PRESENTS A

CONCERNED VOICE FOR ALL SENIORS.

THE CENTER FOR COMMUNITY ACTION (CCA) HELPS B'NAI B'RITH INTERNATIONAL

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number
53-0179971

SERVE INDIVIDUAL JEWISH COMMUNITIES AND THE WORLD, PROVIDING DISASTER RELIEF AND SERVICES TO THOSE IN NEED, PROMOTING RESPECT FOR OTHERS AND CELEBRATING DIVERSITY, AND OFFERING A HELPING HAND. FROM SRI LANKA TO NEW ORLEANS TO ISRAEL, BBI MEMBERS AND SUPPORTERS HAVE PROVIDED THE FUNDS TO AID THESE DISASTER AND WAR-TORN AREAS, SEEKING TO FILL THE NEEDS THAT MIGHT OTHERWISE BE OVERLOOKED. IN LOCAL COMMUNITIES AROUND THE WORLD, BBI VOLUNTEERS REACH OUT TO THE SICK, THE NEEDY, AND THOSE HURT BY INTOLERANCE AND INDIFFERENCE. THE CENTER FOR JEWISH IDENTITY OFTEN WORKS WITH CCA, BRINGING HOLOCAUST REMEMBRANCE PROGRAMS TO COMMUNITIES AND SPREADING THE LESSON OF TOLERANCE TO CHILDREN AND ADULTS.

THE CENTER FOR JEWISH CULTURE (CJC) SHOWCASES THE HEART AND SOUL OF JEWISH HISTORY, ARTS, AND EXPERIENCE. THE EXTENSIVE COLLECTION OF THE B'NAI B'RITH KLUTZNICK NATIONAL JEWISH MUSEUM ENHANCES THE WORLDWIDE UNDERSTANDING OF THE JEWISH PEOPLE BY PRESERVING, FOSTERING, AND PROMOTING JEWISH CULTURE AND CONTRIBUTIONS THROUGH DISTINCTIVE COLLECTIONS, RELEVANT PROGRAMMING, AND LOCAL AND INTERNATIONAL OUTREACH. THE CENTER INCLUDES THE EXTENSIVE PHILIP AND MILDRED LAX ARCHIVES OF B'NAI B'RITH.

AT THE WORLD CENTER IN JERUSALEM, BBI FOCUSES ON ISRAEL AND ITS PLACE IN THE WORLD. THE WORLD CENTER PROMOTES STRONG ISRAEL-DIASPORA RELATIONS. IT IS THE VOICE OF THE B'NAI B'RITH COMMUNITY TO THE ISRAELI GOVERNMENT, NATIONAL INSTITUTIONS, AND THE NGO COMMUNITY IN ISRAEL. THE WORLD CENTER SPONSORS CULTURAL PROGRAMS AND INTERCHANGE.

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

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

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Employer identification number

53-0179971

AS A FOUNDING MEMBER OF ISRAAID, THE WORLD CENTER WORKS WITH MANY OTHER ISRAELI RELIEF ORGANIZATIONS. THE CENTER ALSO COORDINATED B'NAI B'RITH INTERNATIONAL'S ISRAEL EMERGENCY FUND RELIEF EFFORTS DURING AND FOLLOWING THE 2006 WAR WITH LEBANON, INCLUDING "SIFRUT (LITERATURE) FOR SOLDIERS," WHICH SENT THOUSANDS OF HEBREW-LANGUAGE BESTSELLERS AND CLASSICS TO ISRAEL DEFENSE FORCE SOLDIERS.

IN ADDITION, BBI OPERATES TWO YOUTH CAMPS IN THE UNITED STATES: PERLMAN CAMP IN PENNSYLVANIA AND BEBER CAMP IN WISCONSIN. EACH CAMP PROVIDES A UNIQUE JEWISH CAMPING EXPERIENCE AND HAS TAUGHT LEADERSHIP SKILLS TO GENERATIONS OF JEWISH YOUTH. BOTH CAMPS PARTICIPATE IN CAMP PASSPORT, A BBI PROGRAM THAT BRINGS ISRAELI BOYS AND GIRLS, WHOSE FAMILY MEMBERS HAVE BEEN VICTIMS OF WAR AND TERROR, TO THE UNITED STATES FOR A SUMMER OF CAMP AND HEALING.

B'NAI B'RITH INTERNATIONAL HAS BEEN WORKING FOR YOU AND FOR ALL JEWS AROUND THE WORLD SINCE 1843.

FORM 990, PAGE 5, PART V, LINE 1A

FORM 1096 FILING EXPLANATION

THE ORGANIZATION FILED A 2008 FORM 1096 UNDER ITS NAME AND FEDERAL EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 56 FORMS. OF THOSE 56 FORMS, 10 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN #53:0209632). SINCE ALL 56 OF THE FORMS WERE REPORTED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 1A AND

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990. HOWEVER, THE 2008 FORM
990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS
EXPLANATION.

FORM 990, PAGE 5, PART V, LINE 2A

FORM W-3 FILING EXPLANATION

THE ORGANIZATION FILED A 2008 FORM W-3 UNDER ITS NAME AND FEDERAL
EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 270 W-2 FORMS. OF THOSE
270 W-2 FORMS, 175 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION
(FEIN #53:0209632). SINCE ALL 270 OF THE FORMS WERE REPORTED UNDER THE
ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL
BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 2A AND
NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990. HOWEVER, THE 2008 FORM
990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS
EXPLANATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008
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Inspection

Name of the organization

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Employer identification number
53-0179971

Part I Identification of Disregarded Entities

(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

Part II Identification of Related Tax-Exempt Organizations

(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
B'NAI B'RITH FOUNDATION OF THE U.S. - 53-0257218, 2020 K STREET, N.W., 7TH FLOOR, WASHINGTON, DC 20006	OPERATE A CHARITABLE ENDOWMENT FUND	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7 N/A	
B'NAI B'RITH HILLEL FOUNDATION - 53-0238141 2020 K STREET, N.W., 7TH FLOOR WASHINGTON, DC 20006	SERVICE FOR CAMPUS JEWISH YOUTH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7 N/A	
B'NAI B'RITH YOUTH COMMISSION - 53-0209634 2020 K STREET, N.W., 7TH FLOOR WASHINGTON, DC 20006	TEEN SERVICES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7 N/A	
B'NAI B'RITH HENRY MONSKY FOUNDATION - 53-0209632, 2020 K STREET, N.W., 7TH FLOOR, WASHINGTON, DC 20006	TO OPERATE CHARITABLE CAMPING AND OFFICE FACILITIES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7 N/A	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		DISTRICT OF COLUMBIA	501(C)(3)	LINE 7 N/A	

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	
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?	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Gift, grant, or capital contribution to other organization(s)	1b <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Gift, grant, or capital contribution from other organization(s)	1c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d Loans or loan guarantees to or for other organization(s)	1d <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e Loans or loan guarantees by other organization(s)	1e <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f Sale of assets to other organization(s)	1f <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g Purchase of assets from other organization(s)	1g <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h Exchange of assets	1h <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i Lease of facilities, equipment, or other assets to other organization(s)	1i <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j Lease of facilities, equipment, or other assets from other organization(s)	1j <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
m Sharing of facilities, equipment, mailing lists, or other assets	1m <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
n Sharing of paid employees	1n <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
o Reimbursement paid to other organization for expenses	1o <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
p Reimbursement paid by other organization for expenses	1p <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
q Other transfer of cash or property to other organization(s)	1q <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
r Other transfer of cash or property from other organization(s)	1r <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) B'NAI B'RITH FOUNDATION OF THE U.S.	R	96,978.
(2)		
(3)		
(4)		
(5)		
(6)		

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	B'NAI B'RITH 2020 K STREET, N.W. 7TH FLOOR WASHINGTON, DC 20006
Prepared by	SNYDER COHN, PC 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MD 20814-3338
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 17, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

OMB No. 1545-0087

2008Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) B'NAI B'RITH Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2020 K STREET, N.W. 7TH FLOOR City or town, state, and ZIP code WASHINGTON, DC 20006	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 53-0179971 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800
C Book value of all assets at end of year 8,687,680.	F Group exemption number (See instructions for Block F.) 0947 G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **KATE MARSHALL** Telephone number **202-857-6600**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	348,433.	257,373.	91,060.
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	348,433.	257,373.	91,060.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	91,060.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	91,060.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

Part IV Tax and Payments**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43 0.

44a Payments: A 2007 overpayment credited to 2008

44a

b 2008 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Other credits and payments:☐ Form 2439 ☐ Form 4136 ☐ Other

Total

44f

45 Total payments. Add lines 44a through 44f

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 0.

49 Enter the amount of line 48 you want: Credited to 2009 estimated tax

Refunded

49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and

Yes No
XFinancial Accounts. If YES, enter the name of the foreign country here **ISRAEL**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No	
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

CFO _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

P00086901

Firm's name (or yours if self-employed), address, and ZIP code

SNYDER COHN, PC
4520 EAST WEST HIGHWAY, SUITE 520
BETHESDA, MD 20814-3338

EIN 52-1022232

Phone no.

301-652-6700

Form 990-T (2008)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)**1** Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.(b) **Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
(1)		%			
(2)		%			
(3)		%			
(4)		%			

Totals

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

0.

0.

Total dividends-received deductions included in column 8

0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

0.

0.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) B'NAI B'RITH						
(2) MAGAZINE	348,433.	257,373.		24,067.	439,727.	
(3)						
(4)						
Totals (carry to Part II, line (5))	348,433.	257,373.	91,060.	24,067.	439,727.	91,060.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	348,433.	257,373.				91,060.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	348,433.	257,373.				91,060.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.****2008**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

B'NAI B'RITH**53-0179971**

Name and title of officer

**KATE MARSHALL
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>24420357</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize SNYDER COHN, PC to enter my PIN 20006
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.**52747812345**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

2008 TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	B'NAI B'RITH 2020 K STREET, N.W. 7TH FLOOR WASHINGTON, DC 20006
Prepared by	SNYDER COHN, PC 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MD 20814-3338
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 100.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 BALANCE DUE \$ 100.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	D.C. TREASURER
Mail tax return and check (if applicable) to	OFFICE OF TAX AND REVENUE PO BOX 679 WASHINGTON, DC 20044-0679
Return must be mailed on or before	PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.
Special Instructions	ENCLOSE A CHECK OR MONEY ORDER FOR \$100.00, PAYABLE TO D.C. TREASURER. INCLUDE D-2030P SUB PAYMENT VOUCHER WITH YOUR RETURN.

2008 D-2030P SUB Payment Voucher

Instructions

The D-2030P Payment Voucher may be used to make any payment due on your D-20 or D-30 return.

- Enter your Taxpayer Identification Number.
- Mark space based on the return type you file, D-20 or D-30 and whether you have a FEIN or SSN.
- Enter your business name and address exactly as shown on your return.
- Enter the taxable year beginning and ending for the return you are filing (month and year only).
- Enter the amount you are paying by check or money order.
- Make your check or money order payable to DC Treasurer (do not send cash).
- Make sure your name and address appear on your payment.
- Write your FEIN/SSN, tax period and either D-20 or D-30 on your check or money order.
- Staple your payment only to the D-2030P. Mail the D-2030P with, but not attached to your tax return to the following:

Mail the D-2030P form with payment attached and your D-20 tax return to:

Office of Tax and Revenue
PO Box 679
Washington, DC 20044-0679

or

Mail the D-2030P form with payment attached and your D-30 tax return to:

Office of Tax and Revenue
PO Box 7572
Washington, DC 20044-7572

(Do not attach this voucher to your D-20 or D-30 return)

Note: If you are filing a refund or no payment due return, do not use this D-2030P voucher.

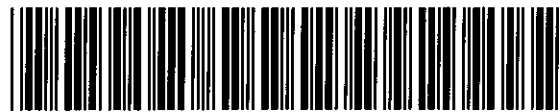
By using the D-2030P Payment Voucher, you are helping us in processing your payment.

Detach at perforation before mailing

843181
08-22-08

Government of the
District of Columbia

2008 D-2030P SUB Payment Voucher



082300411019
OFFICIAL USE ONLY

Taxpayer Identification Number Mark if ☒ FEIN Mark if ☒ for a D-20 Return
530179971 Mark if SSN Mark if for a D-30 Return

Business Name
B'NAI B'RITH

Mailing Address Line #1
2020 K STREET, N.W. 7TH FLOOR

Mailing Address Line #2

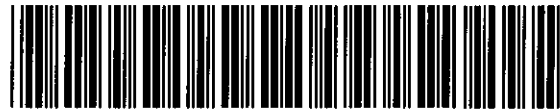
Taxable year beginning (MMYY) Taxable year ending (MMYY)
0708 0609

City
WASHINGTON

State
DC

ZIP code + 4
20006

Amount submitted with this form \$ 100 .00

**2008 D-20 SUB Corporation
Franchise Tax Return**

OFFICIAL USE ONLY 080200311019

Federal Employer I.D. Number
530179971Number of business locations
In the District: **1** Outside the District: **0**Name of corporation
B'NAI B'RITHTaxable year beginning MMY
0708Taxable year ending MMY
0609Business address line #1
2020 K STREET, N.W. 7TH FLOOR

Business address line #2

Mark if:
AMENDED RETURN
CERTIFIED QHTC
CONSOLIDATED RETURN
FINAL RETURNCity
WASHINGTONState ZIP code
DC 20006Mailing address line #1
2020 K STREET, N.W. 7TH FLOOR

Mailing address line #2

NAICS CODE
541800City
WASHINGTONState ZIP code + 4
DC 20006**• READ INSTRUCTIONS BEFORE PREPARING RETURN**

Enter dollar amounts only. If amount is zero, leave line blank.

(To allocate Non-Business items, see instructions.)

GROSS INCOME

STAPLE CHECK OR MONEY ORDER HERE

DEDUCTIONS

8/23/01 01:29:09

1. Gross receipts, minus returns and allowances	1	\$	.00
2. Cost of goods sold (from Schedule A) and/or operations <i>Attach statement</i>	2	\$	.00
3. Gross profit from sales and/or operations Mark if minus	3	\$	.00
<i>Line 1 minus Line 2</i>			
4. Dividends <i>From Form D-20, Schedule B</i>	4	\$	.00
5. Interest <i>Attach statement</i>	5	\$	.00
6. Net rental income from D-20, Schedule I Mark if minus	6	\$	.00
7. Net royalties <i>Attach statement</i>	7	\$	.00
8. (a) Net capital gain <i>Attach copy of federal Form 1120, Schedule D</i>	8(a)	\$	.00
(b) Ordinary gain (loss) from Part II, federal Form 4797 Mark if minus	8(b)	\$	.00
<i>Attach copy of completed Form 4797</i>			
9. Other income (loss) <i>Attach statement</i>	9	\$	.00
10. Total gross income <i>Add Lines 3 - 9</i> Mark if minus	10	\$	.00
<hr/>			
11. Compensation of officers <i>From Form D-20, Schedule C</i>	11	\$	.00
12. Salaries and wages	12	\$	.00
13. Repairs	13	\$	.00
14. Bad debts	14	\$	.00
15. Rent	15	\$	.00
16. Taxes <i>From Form D-20, Schedule D</i>	16	\$	.00
17. Interest <i>Attach statement</i>	17	\$	.00
18. Contributions and/or gifts <i>Attach statement</i>	18	\$	.00
19. Amortization <i>Attach copy of your Federal Form 4562</i>	19	\$	.00
20. Depreciation <i>Attach copy of your Federal Form 4562</i>	20	\$	.00
<i>Do not include any additional federal sec. 179 expenses or bonus depreciation.</i>			
21. Depletion <i>Attach statement</i>	21	\$	.00
22. (a) Enter royalty payments .....		\$	.00
(b) Minus royalty payments to related entities .....		\$	.00
Enter result	22	\$	.00

Taxpayer Name: **B'NAI B'RITH**

080200321019

Federal Employer I.D. Number: **530179971**

		ENTER DOLLAR AMOUNTS ONLY	
DEDUCTIONS	23. Pension, profit-sharing plans	23	\$.00
	24. Other deductions <i>Attach statement</i>	24	\$.00
	25. Total deductions <i>Add Lines 11 - 24</i>	25	\$.00
<hr/>			
	26. Net income <i>Line 10 minus Line 25</i> Mark if minus	26	\$ 0 .00
	27. Net operating loss deduction (<i>For years before 2000</i>)	27	\$.00
	28. Net income after net operating loss deduction <i>Line 26 minus Line 27</i> Mark if minus	28	\$.00
	29. (a) Non-business income <i>Attach statement</i> Mark if minus	29a	\$.00
	(b) Expense related to non-business income <i>Attach statement</i>	29b	\$.00
	(c) 29(a) minus 29(b) Mark if minus	29c	\$.00
	30. Net income subject to apportionment <i>Line 28 minus 29(c)</i> Mark if minus	30	\$ 0 .00
TAXABLE INCOME	31. DC apportionment factor <i>from Form D-20, Schedule F, col. 3, line 5</i>	31	1.000000
	32. Net income from trade or business apportioned to DC Mark if minus	32	\$ 0 .00
	<i>Line 30 amount multiplied by Line 31 factor.</i>		
	33. Portion of Line 29(c) attributable to DC <i>Attach statement</i> Mark if minus	33	\$ 0 .00
	34. Total taxable income before apportioned NOL deduction Mark if minus	34	\$.00
	<i>Line 32 plus or minus Line 33</i>		
	35. Apportioned NOL deduction (<i>Losses occurring in year 2000 and later</i>)	35	\$.00
	36. Total District taxable income <i>Line 34 plus or minus Line 35</i> Mark if minus	36	\$ 0 .00
<hr/>			
TAX - PAYMENTS AND CREDITS	37. TAX 9.975% of Line 36. <i>If less than \$100, enter required minimum of \$100</i>	37	\$ 100 .00
	38. Minus Nonrefundable Credits from Schedule UB, Line 6	38	\$.00
	39. Net Tax (may not be less than \$100)	39	\$ 100 .00
	40. Payments and Refundable Credits:		
	(a) Tax paid if any, with request for an extension of time to file or paid with original return if this is an amended return ...	40a	\$.00
	(b) 2008 estimated franchise tax payments	40b	\$.00
	(c) Refundable credits from Schedule UB, Line 7	40c	\$.00
	41. Add Lines 40(a), (b) and (c)	41	\$.00
	42. Tax due <i>If Line 39 amount is larger, subtract Line 41 from Line 39</i>	42	\$ 100 .00
	43. Overpayment <i>If Line 41 amount is larger, subtract Line 39 from Line 41</i>	43	\$.00
44. Amount you want to apply to your 2009 estimated franchise tax	44	\$.00	
45. Amount to be refunded <i>Line 43 minus Line 44</i>	45	\$.00	

Payment due return - make payment payable to the D.C. Treasurer. Include your FEIN, "D-20" and tax year on your payment and attach it to the D-2030P voucher.
Mail return and payment to the Office of Tax and Revenue, PO Box 879, Washington, DC 20044-0879

Refund or no payment due return - mail return to the Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221
Your return is due by the 15th day of the third month following the close of the tax year.

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

**PLEASE
SIGN
HERE
PAID
PREPARER
ONLY**

CFO

Officer's signature

Title

Date

Telephone number of person to contact

SNYDER COHN, PC**BETHESDA, M 20814**

Preparer's signature (if other than taxpayer)

Date

Firm name

Firm address

Preparer's FEIN, SSN or PTIN **521022232**

If you want to allow the preparer to discuss this return
with the Office of Tax and Revenue, mark here **X**

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)**Schedule B - Dividends** (See specific instructions for Line 4.)

1. Inventory at beginning of year	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale			\$
3. Salaries and wages			
4. Other costs per books (attach statement) (Additional federal bonus deprec. is not allowable.)			
5. Total	\$		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11.)

Col. 1 Name, Address and SSN of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
					\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)

EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns

1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total District taxable income reported (from D-20, Line 38).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

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Schedule F - DC Apportionment Factor (See instructions, page 10.)

Carry all factors to six decimal places.

Round cents to the nearest dollar.

Column 1 TOTAL

Column 2 in DC

Column 3 Factor
(Col. 2 divided by Column 1.)

If an amount is zero, leave the line blank.

1. **PROPERTY FACTOR:** Average value of real estate and tangible personal property owned or rented to and used by the corporation. (Financial institutions do not complete this item.) \$.00 \$.00
2. **PAYROLL FACTOR:** Total compensation paid or accrued by the corporation. \$.00 \$.00
3. **SALES FACTOR:** All gross receipts of the corporation other than gross receipts from non-business income. \$.00 \$.00

4. **SUM OF FACTORS:** (Add Column 3 entries.)

5. **DC APPORTIONMENT FACTOR:** Line 4 divided by 3 if there are 3 denominators. If fewer than 3 entries in col. 1, divide Line 4 by the actual number. Note: Financial institutions use a two-factor formula and should divide Line 4 by 2. (Enter the factor here and on D-20, Line 31.)

Schedule G - Balance Sheets

Beginning of Taxable Year

End of Taxable Year

	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL				

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books	\$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$	\$
2. Federal income tax .....	.....	
3. Excess of capital losses over capital gains .....	.....	
4. Taxable income not recorded on books this year (itemize) .....	.....	
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ (b) Depletion \$ .....	.....	8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ (b) Depletion \$ .....	.....
		9. TOTAL of Lines 7 and 8	\$
6. TOTAL of Lines 1 through 5	\$	10. Taxable Income (federal Form 1120, page 1, line 28) (Line 6 minus Line 9 of this Schedule.)	\$

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	\$	5. Distributions: (a) Cash	\$
2. Net income per books .....	.....	(b) Stock .....	.....
3. Other increases (itemize) .....	.....	(c) Property .....	.....
		6. Other decreases (itemize) .....	.....
4. TOTAL of Lines 1, 2 and 3	\$	7. TOTAL of Lines 5 and 6	\$
		8. Balance at end of year (Line 4 minus Line 7)	\$

Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent*	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7. TOTAL (Enter the total of Col. 3, minus columns 4, 5 and 6, on D-20, Line 6.)		\$	\$	\$	\$

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

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Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION WASHINGTON, DC	2.(a) DATE OF INCORPORATION 05/16/1936	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: OGDEN, UT
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - KATE MARSHALL		5. LOCATED AT - 2020 K STREET, N.W. 7TH FLOOR DC	

6. During 2008, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS?
 YES ☐ NO ☒ If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY

If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.

7. Is this corporation affiliated with a partnership or another corporation? ☐ YES ☒ NO If yes, explain:

8. Is this return made on the accrual basis? ☒ YES ☐ NO If no, indicate basis used: ☐ Cash Basis ☐ Other (specify)

9. Did you file a franchise tax return with DC for the year 2007? ☒ YES ☐ NO If no, state reason:

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2008? ☒ YES ☐ NO If no, state reason:

11. Did you file annual information returns, federal forms 1099 and 1099, relating to payment of dividends and interest for 2008? ☒ YES ☐ NO

12. (a) Has the business been terminated? ☐ YES ☒ NO If yes, explain and give date:
 (b) Have you moved out of DC? ☐ YES ☒ NO