

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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization B'NAI B'RITH	D Employer identification number 53-0179971
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2020 K STREET, N.W. 7TH FLOOR	E Telephone number 202-857-6600
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶ N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **▶ WWW.BNAIBRITH.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

I Group Exemption Number **▶ 0947**

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 24,223,300.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	17,393,057.		
	c Indirect public support (not included on line 1a)	1c	4,000.		
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 10,302,202. noncash \$ 7,094,855.)	1e			17,397,057.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,997,883.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			448,979.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	3,901,604.	8a			
	b Less: cost or other basis and sales expenses	8b			
	3,785,912.	8b			
c Gain or (loss) (attach schedule)	8c				
		115,692.			
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d			115,692.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 897,825. of contributions reported on line 1b) ...	9a		149,937.		
b Less: direct expenses other than fundraising expenses	9b		382,049.		
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c			<232,112.>	
10 a Gross sales of inventory, less returns and allowances	10a		4,412.		
b Less: cost of goods sold	10b		6,548.		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3	10c			<2,136.>	
11 Other revenue (from Part VII, line 103)	11			323,428.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			20,048,791.	
Expenses	13 Program services (from line 44, column (B))	13		14,711,055.	
	14 Management and general (from line 44, column (C))	14		4,209,365.	
	15 Fundraising (from line 44, column (D))	15		3,173,427.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			22,093,847.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			<2,045,056.>	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,226,811.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		<2,050,328.>	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			6,131,427.

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Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 1314555, noncash \$ 7094855) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	8,409,410.	8,409,410.	STATEMENT 7 STATEMENT 8	
23 Specific assistance to individuals (attach schedule) STATEMENT 9	2,500.	2,500.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	675,507.	358,558.	247,550.	69,399.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	4,051,098.	1,935,522.	1,561,662.	553,914.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	526,571.	312,111.	120,505.	93,955.
29 Payroll taxes	276,417.	163,833.	63,244.	49,340.
30 Professional fundraising fees	533,457.	4,258.		529,199.
31 Accounting fees	66,375.		64,047.	2,328.
32 Legal fees	205,315.	6,426.	198,889.	
33 Supplies	313,302.	114,138.	184,293.	14,871.
34 Telephone	110,103.	60,909.	40,976.	8,218.
35 Postage and shipping	965,600.	224,013.	16,523.	725,064.
36 Occupancy	1,372,623.	459,580.	911,538.	1,505.
37 Equipment rental and maintenance	174,096.	62,405.	111,240.	451.
38 Printing and publications	1,413,602.	564,163.	53,527.	795,912.
39 Travel	668,158.	299,457.	341,195.	27,506.
40 Conferences, conventions, and meetings	983,091.	874,162.	40,214.	68,715.
41 Interest	23,698.		23,698.	
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	1,322,924.	859,610.	230,264.	233,050.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	22,093,847.	14,711,055.	4,209,365.	3,173,427.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► HUMANITARIAN SERVICES	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 10 (Grants and allocations \$ 7,094,855.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	7,575,159.
b SEE STATEMENT 11 (Grants and allocations \$ 7,306.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,814,816.
c SEE STATEMENT 12 (Grants and allocations \$ 1,307,349.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	2,115,688.
d SEE STATEMENT 13 (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,447,879.
e Other program services (attach schedule) SEE STATEMENT 14 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	757,513.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	14,711,055.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	740,111.	703,604.
	46 Savings and temporary cash investments	1,428,614.	444,612.
	47 a Accounts receivable	2,906,138.	
	b Less: allowance for doubtful accounts	81,504.	
		2,511,631.	2,824,634.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	47,089.	44,380.
	53 Prepaid expenses and deferred charges	1,246,660.	709,278.
	54 a Investments - publicly-traded securities STMT 16 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	7,808,489.	7,253,000.
b Investments - other securities STMT 19 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	629,889.	678,000.	
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets, including program-related investments (describe ▶			
59 Total assets (must equal line 74). Add lines 45 through 58	14,412,483.	12,657,508.	
Liabilities	60 Accounts payable and accrued expenses	1,931,109.	2,148,700.
	61 Grants payable		
	62 Deferred revenue	278,825.	381,249.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 17		500,000.
65 Other liabilities (describe ▶ SEE STATEMENT 18)	1,975,738.	3,496,132.	
66 Total liabilities. Add lines 60 through 65	4,185,672.	6,526,081.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	9,469,498.	5,397,910.
	68 Temporarily restricted	757,313.	733,517.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	10,226,811.	6,131,427.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	14,412,483.	12,657,508.	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90 a List the states with which a copy of this return is filed
91 a The books are in care of KATE MARSHALL Telephone no. 202-857-6600 Located at 2020 K STREET, N.W. 7TH FLOOR, WASHINGTON, DC ZIP +4 20006
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)?

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country **ISRAEL**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 612, 613, or 614		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 26		876,291.		373,956.	747,636.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	448,979.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	115,692.	
101 Net income or (loss) from special events			01	<232,112.>	
102 Gross profit or (loss) from sales of inventory			05	<2,136.>	
103 Other revenue:					
a SEE STATEMENT 27					323,428.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		876,291.		704,379.	1,071,064.
105 Total (add line 104, columns (B), (D), and (E))					2,651,734.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 28

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Kate Marshall*
 Signature of officer: _____ Date: _____
 Type or print name and title: **KATE MARSHALL, CHIEF FINANCIAL OFFICER**

Paid Preparer's Use Only: Preparer's signature: *Steve M. Brown* Date: **5/12/08** Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SNYDER, COHN, COLLYER, HAMILTON & ASSOC. 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MARYLAND 20814-3338** EIN: _____
 Phone no.: **301-652-6700**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **B'NAI B'RITH** Employer identification number **53 0179971**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DANIEL HECKELMAN 2020 K STREET, N.W. 7TH FLOOR, WASHIN	DEVELOPMENT DIRECTOR 38.00	144,947.	22,744.	0.
ALLEN LESSACK 2020 K STREET, N.W. 7TH FLOOR, WASHIN	FIELD SERVICES DIR. 38.00	142,331.	20,516.	0.
DAVID VOLZ 2020 K STREET, N.W. 7TH FLOOR, WASHIN	MIS DIRECTOR 38.00	130,926.	17,024.	0.
DEBORAH AUERBACH-DEUTSCH 2020 K STREET, N.W. 7TH FLOOR, WASHIN	COMMUNICATION DIR. 38.00	96,275.	15,821.	0.
RHONDA LOVE 2020 K STREET, N.W. 7TH FLOOR, WASHIN	PROGRAM IMPLEM. DIR. 38.00	90,662.	19,147.	0.
Total number of other employees paid over \$50,000	32			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BDI DEVELOPMENT 4311 WILSHIRE BLVD. SUITE 300, LOS ANGELES, CA 90	FUNDRAISING	394,746.
BRICKMILL STUDIOS 24 MILL BROOK ROAD, WILTON, NH 03086	FUNDRAISING DIRECT MAIL	253,518.
AB DATA 8050 N. PORT WASHINGTON ROAD, MILWAUKEE, WI 53217	FUNDRAISING DIRECT MAIL	132,330.
ARENT FOX, LLP 1050 CONNECTICUT AVENUE, N.W., WASHINGTON, DC 20	LEGAL	74,112.
TELEFUND P.O. BOX 2366, DENVER, CO 80201-2366	FUNDRAISING	71,330.
Total number of others receiving over \$50,000 for professional services	4	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>199,184.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. VI-A, LINE 38B	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 29	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 30	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966? N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ N/A	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0.	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ 0.	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,400,504.	16,518,119.	10,774,240.	10,576,242.	51,269,105.
16 Membership fees received				2,691,711.	2,691,711.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,528,154.	4,231,806.	1,131,885.	1,708,805.	10,600,650.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	391,471.	343,901.	130,767.	82,463.	948,602.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	92,760.	592,015.	SEE STATEMENT 31	110,558.	795,333.
23 Total of lines 15 through 22	17,412,889.	21,685,841.	12,036,892.	15,169,779.	66,305,401.
24 Line 23 minus line 17	13,884,735.	17,454,035.	10,905,007.	13,460,974.	55,704,751.
25 Enter 1% of line 23	174,129.	216,858.	120,369.	151,698.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,114,095.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 55,704,751.
d Add: Amounts from column (e) for lines: 18 948,602. 19 _____ 22 795,333. 26b _____					26d 1,743,935.
e Public support (line 26c minus line 26d total)					26e 53,960,816.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.8693%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	199,184.
38	Total lobbying expenditures (add lines 36 and 37)	38	199,184.
39	Other exempt purpose expenditures	39	13,783,941.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	13,983,125.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	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
41		41	849,156.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	212,289.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

SEE STATEMENT 32

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	849,156.	716,930.			1,566,086.
46					2,349,129.
47	199,184.	176,997.			376,181.
48	212,289.	179,233.			391,522.
49					587,283.
50					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

			Amount
	Yes	No	
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

B'NAI B'RITH

53-0179971

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CAROLYN M. GREENBERG (ESTATE OF) 1 BROADWAY WHITE PLAINS, NY 10601	\$ 400,000.	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.)

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	3,901,604.	3,785,912.	0.	115,692.
TO FORM 990, PART I, LINE 8	3,901,604.	3,785,912.	0.	115,692.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNERS (EIGHT)	1,047,762.	897,825.	149,937.	382,049.	<232,112.>
TO FM 990, PART I, LINE 9	1,047,762.	897,825.	149,937.	382,049.	<232,112.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	4,412	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		4,412
4. COST OF GOODS SOLD (LINE 13)	6,548	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<2,136>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	6,548	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		6,548
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		6,548

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
PENSION LIABILITY ADJUSTMENT - FASB 158	<2,093,220.>
CURRENT YEAR UNREALIZED GAIN ON INVESTMENTS	101,799.
CUMULATIVE UNREALIZED LOSS ON INVESTMENTS	<58,907.>
TOTAL TO FORM 990, PART I, LINE 20	<2,050,328.>

FORM 990	SALES OF INVENTORY	STATEMENT	5
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DESCRIPTION OF SALES CATEGORY	GROSS SALES	COGS	NET SALES
MEMBERSHIP PARAPHANALIA	4,412.	6,549.	<2,137.>
TOTAL AMOUNTS	4,412.	6,549.	<2,137.>

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK AND OTHER SERVICE FEES	619,864.	410,065.	24,261.	185,538.
INSURANCE	167,815.		167,715.	100.
LIST	18,511.			18,511.
TAXES/LICENSES GENERAL	16,012.	3,264.	12,178.	570.
ADMNISTRATION	74,099.	19,658.	26,110.	28,331.
ADVERTISING				
COMMISSIONS	426,623.	426,623.		
TOTAL TO FM 990, LN 43	1,322,924.	859,610.	230,264.	233,050.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIPS	34,000.
BB CAREER & COUNSELING SERVICES OF NY 420 E 55TH ST NEW YORK, NY 10022	
AWARDS	9,500.
JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 E 27TH ST 10FL NEW YORK, NY 10016	
AWARD PROJECT HOPE DAN JOSEPH 8033 HORSEHOE COTTAGE CIRCLE LORTON, VA 22079	1,000.
AWARD	10,000.
BBYO 2020 K ST NW WASHINGTON, DC 20006	
AWARD	5,000.
BBYO 2020 K ST NW WASHINGTON, DC 20006	
AWARDS	2,254.
FIVE SMALL AWARDS - HILLEL 667 GROSBERG CTR DETROIT, MI 48202	
STUDENT TUITION	2,303.
BEVER CAMP W1741 HIGHWAY J MUKWONAGO, WI 53149	
AWARDS	14,135.
BROTHERS BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	
AWARD	5,000.
CONGREGATION BETH ISRAEL 200 CENTURY BLVD DEERFIELD BEACH, FL 33442	

AWARD HIAS ISRAEL KIKAR RABIN BRANCH #085 TEL AVIV, ISRAEL, IL-67890	25,000.
AWARD WALMART GIFT CARD ORDER PO BOX 1970 LOWELL, AR 72745-1970	5,010.
AWARD CHILDREN'S REGIONAL SERVICE PO BOX 7368 METARIC, LA 70010-7368	30,000.
AWARD INTERFAITH DISASTER TASK FORCE 28 29TH ST GULFPORT, MS 39507	35,000.
AWARD TIPITINA'S FOUNDATION 501 NAPOLEON AVE NEW ORLEANS, LA 70115	15,000.
AWARD LIVING CITIES INC 55 WEST 125 ST 11TH FL NEW YORK, NY 10027	100,000.
AWARD DAUGHTERS OF CHARITY PHARMACY PO BOX 970 HARVEY, LA 70059-0970	30,000.
AWARD CONGREGATION BETH ISRAEL 200 CENTURY BLVD DEERFIELD BEACH, FL 33442	100,000.
AWARD LSU HSC FOUNDATION 828 ROYAL ST #833 NEW ORLEANS, LA 70116	15,000.
AWARD BROTHERS BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	7,617.

AWARD ISRAELI RESCUE & SEARCH BANK OTZAR HA-HAYAL LTD BANK #014 TEL AVIV, ISRAEL, IL-67890	25,000.
AWARD BROTHERS BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH, PA 15233	15,009.
PROGRAM EXPENSE PAYMENT BUS CHARTER TO MUSICIAN VILLAGE NINTH WARD NEW ORLEANS, LA 70115	5,292.
AWARD NOTCH LOGISTICS 4788 SOUTH DURY TERRACE FLAGSTAFF, AZ 86001	2,150.
PROGRAM EXPENSE REIMBURSEMENT JOSHUA LAKIN PROJECT HOPE 108E BROOKLINE ST #108 BOSTON, MA 02118	4,390.
SCHOLARSHIP YITZHAK ALFASI 8 HADERA ST TEL AVIV, ISRAEL, 62095	4,726.
PROGRAM EXPENSE REIMBURSEMENT STAN BERMAN PROGRAM EXPENSE REIMBURSEMENT 2020 K ST NW WASHINGTON, DC 20006	2,500.
AWARD RESIDENCES BB HOUSE 6900 BLVD DECARIE STE 219 MONTREAL, QUEBEC, CANADA, H9R 5C7	100,000.
AWARD BBI MIDWEST REGION 9933 LAWLER AVE SUITE 355 SKOKIE, IL 60077	5,327.
AWARD BBYO, INC 2020 K ST NW WASHINGTON, DC 20006	6,913.

AWARD AMERICAN SOCIETY FOUNDATION 32506 NORTHWESTERN HIGHWAY FARMINGTON HILL, MI 48334	72,558.
AWARDS THREE SMALLER AWARDS - BB PROGRAMS 9933 LAWLER AVE SUITE 355 SKOKIE, IL 60077	4,164.
PROGRAM EXPENSE PAYMENT EMES EDITIONS 7850 MONTGOMERY AVE ELKINS PARK, PA 19117	360.
AWARD OHEB SHALOM CUBA MISSION 101 W. MT ROYAL AVENUE BALTIMORE, MD 21201	9,000.
MEMBERSHIP DUES NCSJ 2020 K ST NW WASHINGTON, DC 20006	12,000.
ANNUAL DUES MEMORIAL FOUNDATION FOR JEWISH CULTURE 50 BROADWAY 34TH FLOOR NEW YORK, NY 10004	2,000.
PRINTING EXPENSE PAYMENT EAGLE PRINTING CORPORATION 1156 15TH ST NW WASHINGTON, DC 20005	745.
TRAVEL EXPENSE PAYMENT OMNI ROYAL ORLEANS 621 ST LOUISE ST NEW ORLEANS, LA 70140	5,452.
AWARD LEO'N' LEVI HOSPITAL 300 PROSPECT AVE HOT SPRINGS, AZ 71901	1,000.
MEMBERSHIP DUES AMERICAN ZIONIST MOVEMENT-NY 633 THRID AVE NEW YORK, NY 10017	1,000.

MEMBERSHIP DUES AND AWARD INTERNATIONAL JEWISH COMMITTEE 845 THIRD AVE 8TH FLOOR NEW YORK, NY 10022	5,400.
AWARD FOUNDATION FOR JEWISH CAMPUS LIFE 800 8TH ST AVE WASHINGTON, DC 20001-3724	25,000.
MEMBERSHIP DUES CONFERENCE OF PRESIDENTS 633 THRID AVE NEW YORK, NY 10022	26,265.
GRANT BBYO, INC 2020 K ST NW WASHINGTON, DC 20006	500,000.
RENT PAYMEMT B'NAI B'RITH FRANCE 10 RUE ST. FERNIDAND PARIS, FRANCE, 75017	20,418.
AWARDS TASCO INDUSTRIES PO BOX 29376 DALLAS, TX 75229	545.
AWARD BIG EASY BBYO 5242 ST CHARLES AVE NEW ORLEANS, LA 70115	1,000.
AWARDS FOUR SMALL AWARDS HOUSING AND MEDICAL 1200 GALVESTON AVE PITTSBURGH, PA 15233	883.
AWARD BB EUROPE TRANSFER 527 AVENUE LOUISE BRUSSELS , BELGIUM, 1050	2,850.
AWARD BB WORLD CENTER PO BOX 7522 JERUSALEM, ISRAEL, 91074	1,088.

PROGRAM EXPENSE REIMBURSEMENT
ALAN JACOBS
2122 YEOMAN ST
WAUKEGAN, IL 60087

2,500.

AWARD
ROCHESTER CENTER
621 SECOND ST NW
ROCHESTER, MN 55902

1,250.

SCHOLARSHIP
YITZHAK ALFASI
8 HADERA ST
TEL AVIV, ISRAEL, 62095

500.

AWARDS
FIVE SMALL AWARDS - PROGRAM EXPENSES
89 BANNARD ST
FREEHOLD, NJ 07728

1,451.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,314,555.

FORM 990

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 8

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF ARGENTINA
 MINISTRY OF HEALTH
 BUENOS AIRES, ARGENTINA, 1603

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	PHARMACEUTICAL DRUGS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

MANUFACTURER FORMULA

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
MANUFACTURER FORMULA	696,183.	696,183.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF ARGENTINA
 MINISTRY OF HEALTH
 BUENOS AIRES, ARGENTINA, 1603

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	PHARMACEUTICAL DRUGS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

MANUFACTURER FORMULA

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
MANUFACTURER FORMULA	650,000.	650,000.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF PARAGUAY
MINISTRY OF HEALTH
ACUNCION, PARAGUAY, 402

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	PHARMACEUTICAL DRUGS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

MANUFACTURER FORMULA

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
MANUFACTURER FORMULA	2,848,069.	2,848,069.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF ARGENTINA
MINISTRY OF HEALTH
BUENOS AIRES, ARGENTINA, 1603

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	PHARMACEUTICAL DRUGS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

MANUFACTURER FORMULA

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
MANUFACTURER FORMULA	1,854,336.	1,854,336.

DESCRIPTION OF PROGRAM SERVICE ONE

DISASTER SERVICES PROGRAMS, GENERAL/OTHER: ACTIVITIES OF THE BNAI BRITH DISASTER RELIEF FUND AND OTHER RELATED PROGRAMMING. DURING THE YEAR, CONTINUED TO PROVIDE ASSISTANCE TO VICTIMS OF HURRICANE KATRINA AND OTHER GULF HURRICANES, AND CONTINUED TO AID VICTIMS OF THE SOUTH EAST ASIA TSUNAMI. ASSISTANCE THROUGHOUT THE REGION, BUT PARTICULARLY FOR PROJECTS IN THAILAND, SRI LANKA, AND INDIA. 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)

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	<u>7,094,855.</u>	<u>7,575,159.</u>

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY, BUSINESS & INDUSTRY PROGRAMS, GENERAL/ OTHER:
 COMMUNITY INVOLVEMENT. LOCAL COMMUNITY VOLUNTEER SERVICE
 ACTIVITIES BY MEMBERS OF BNAI BRITH 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,
 CHILDRENS PROGRAMMING INCLUDING TEDDY BEARS FOR SICK KIDS
 AND THE SMARTER KIDS, SAFER KIDS PROGRAM, HEALTH AWARENESS
 PROGRAMMING LIKE THE PROSTATE CANCER AWARENESS PROJECT, AND
 THE BNAI BRITH TODAY NEWSPAPER. VOLUNTEERS IN THE US ARE
 AIDED BY A NETWORK OF STAFF WHO PROVIDE ASSISTANCE TO
 VOLUNTEERS LOCATED IN 17 BNAI BRITH REGIONS.
 (150,000 MEMBERS AND SUPPORTERS)

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	7,306.	2,814,816.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 12

DESCRIPTION OF PROGRAM SERVICE THREE

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

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C	<u>1,307,349.</u>	<u>2,115,688.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 13

DESCRIPTION OF PROGRAM SERVICE FOUR

CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY PROGRAMS: 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, 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 ANALYSES FOR ISSUES OF CONCERN. THROUGH THE CENTER FOR SENIOR SERVICES, ADVOCATES ON BEHALF OF SENIOR CITIZENS. (1 PUBLIC COMMUNICATIONS)

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	0.	1,447,879.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 14

DESCRIPTION OF OTHER PROGRAM SERVICES

HOUSING SOCIAL ISSUES, GENERAL/OTHER: ACTIONS BY THE CENTER FOR SENIOR SERVICES, THROUGH A NETWORK OF 37 SPONSORED APARTMENT PROJECTS, PROVIDES SUBSIDIZED GOOD QUALITY HUD SUBSIDIZED HOUSING TO SOME 6,000 LOW INCOME SENIORS ON A NON-SECTARIAN BASIS. PROVIDES SERVICES TO IMPROVE THE MANAGEMENT AND ADMINISTRATION OF THE NETWORK, AND WORK WITH BNAI BRITH GROUPS TO PREPARE APPLICATIONS TO HUD FOR ADDITIONAL PROPERTIES. ALSO INVESTIGATES MARKET RATE CONTINUING CARE RETIREMENT COMMUNITIES, AND PROVIDES SUPPORT SERVICES TO ONE, THE COVENANT AT SOUTH HILLS, IN PITTSBURGH, PA. (38 APARTMENTS)

TOTAL TO FORM 990, PART III, LINE E

	GRANTS AND ALLOCATIONS	EXPENSES
	0.	757,513.
		757,513.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 15
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	COST			440,000.	440,000.
MUTUAL FUNDS	COST			968,000.	968,000.
STATE OF ISRAEL BONDS	COST			11,000.	11,000.
TO FORM 990, LINE 54A, COL B				1,419,000.	1,419,000.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 16
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US AGENCY BONDS	COST	5,720,000.		5,720,000.
MUNICIPAL BONDS	COST		114,000.	114,000.
TOTAL TO FORM 990, LINE 54A, COL B		5,720,000.	114,000.	5,834,000.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 17

LENDER'S NAME TERMS OF REPAYMENT

BB&T BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
11/01/06		500,000.	7.72%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
ACCOUNTS RECEIVABLE, INVENTORY AND EQUIPMENT	LINE OF CREDIT

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	500,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		500,000.

FORM 990 OTHER LIABILITIES STATEMENT 18

DESCRIPTION	AMOUNT
ACCRUED PENSION BENEFIT COST; FASB 158	3,496,132.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,496,132.

FORM 990 OTHER SECURITIES STATEMENT 19

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SECTION 457 ASSETS	COST	678,000.
LP INTEREST	COST	0.
OIL PAINTING	COST	0.
TO FORM 990, LINE 54B, COL B		678,000.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 20

DESCRIPTION	AMOUNT
AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT	426,623.
TOTAL TO FORM 990, PART IV-A	426,623.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 21

DESCRIPTION	AMOUNT
AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT	426,623.
TOTAL TO FORM 990, PART IV-B	426,623.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 22

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DANIEL S. MARIASCHIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	EXECUTIVE VP 38.00	273,181.	24,265.	5,000.
STANLEY BERMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	CHIEF FINANCIAL OFFICER 38.00	149,587.	20,481.	0.
MARK OLSHAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	ASSOCIATE EXECUTIVE VP 38.00	178,231.	24,762.	0.
MOISHE SMITH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	PRESIDENT 16.00	0.	0.	0.
DENNIS GLICK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	CHAIRMAN OF THE EXECUTIVE 12.00	0.	0.	0.

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HAROLD SHULMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	TREASURER 8.00	0.	0.	0.
JOHN ROFEL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	SENIOR VP 7.00	0.	0.	0.
SEYMOUR G. SAIDEMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	SENIOR VP 4.00	0.	0.	0.
HAROLD STEINBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	SENIOR VP 4.00	0.	0.	0.
JACOBO WOLKOWICZ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	SENIOR VP 7.00	0.	0.	0.
JOEL KAPLAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 2.00	0.	0.	0.
GERALD KRAFT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 2.00	0.	0.	0.
SEYMOUR D. REICH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 2.00	0.	0.	0.
KENT E. SCHINER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 4.00	0.	0.	0.
TOMMY BAER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 2.00	0.	0.	0.
RICHARD D. HEIDEMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY PRESIDENT 2.00	0.	0.	0.
SIDNEY M. CLEARFIELD 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	HONORARY EXECUTIVE VP 2.00	0.	0.	0.
RICARDO M. ABRAHAM 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

ISRAEL ABRAMOWITZ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JAMES ALTMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GARY W. ANDERSON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
YVONNE ATTIE 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ARMAND AZOULAI 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
SHELDON BADZIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
IRA BARTFIELD 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GERALD J. BATT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DANIEL BELOZERCOVSKY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GILBERT BENJAMIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
EDDA MAYER BERGMANN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
IAN M. BERKOWITZ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LEON BIRBRAGHER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

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ARLINE P. BITTKER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
CLAUDE BLOCH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JAMES R. BLUMBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOSEPH BOGOROCH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ERIC M. BOOK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PNINA BOR 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
WILLIAM B. BRAM 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
NANCY A. BRAUN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT H. CHICOTSKY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
BRUCE A. COANE 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ALAN D. COHEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LEON COHEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PEARL COHEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

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STANLEY G. COHEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STEWART S. COHEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
KAREN COOPER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STUART B. COOPER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HAROLD DAVIS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
SHIRLEY R. DIAMOND 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOSEPH H. DOMBERGER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
SHALOM P. DORON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MICHAEL L. EASLEY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LEON ESKENAZI 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
AARON ETRA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
EDWARD FEINBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
TED M. FELIX 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

HERNAN FISCHMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JACK FLEISCHMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PAOLO FOA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARLENE Z. FRANKLIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JULIO FROIMOVICH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LUIS GAJ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MATTHEW GLICK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARGARETE GOLDBERGER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ABRAHAM GOLDSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DAVID C. GOLDSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DENNIS GOLDSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
IRENE SAUNDERS GOLDSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
FRANCISCO GOTTHILF 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

TED GREENFIELD 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PABLO SERGIO GRINSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JULES GROSSWALD 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MATILDE GROISMAN GUS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOSEPH E. HARARI 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PHYLLIS G. HEIDEMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DENIS HERRNSTADT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ISAAC M. HOCHMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
RALPH HOFMANN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
RICARDO HOLZER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOSE IACOBESCU 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ADAM H. JACOBS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ALLAN J. JACOBS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

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ANDREW JACOBS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ENRIQUE JINCHUK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARK E. JOSEPH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
BORIS KALNICKI 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HAIM V. KATZ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT S. KAUFMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JEREMY B. KAY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROLF D. KEMPER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PHILIP KERSHNER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROSALIND KLEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
EDUARDO KLESTORNY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JAIME KOPEC 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HANS KYCHENTHAL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

URSULA KYCHENTHAL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOSHUA M. LAKIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PHILIP LAX 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
RENE LEVY MADURO 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DAVID LEVY-BENTOLILA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GLEN LEWY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JORGE LOEFF 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
REBECCA LUFT SINCLAIRE 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARC LUMBROSO 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOHN MANHEIM 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
SHEL MARCUS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ANNA MARKS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DAVID MATAS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

ITZCHAK MAYER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
WAYNE J. MEISELS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
BENT MELCHIOR 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DANIEL MERMELSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT METH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HANK MEYER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HAROLD MILLER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
BENTON S. MIRMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ALAN H. MORGAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
RICHARD MORRIS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STUART NOVICK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERTO NUL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
WARNER BEIN OBERNDOERFER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

DVORAH OCHERT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
S. BRUCE PASCAL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT H. PASTON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ZIPORA PEER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
WILLIAM K. PEIREZ 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ADRIENNE PERCH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOELLE A. PERELBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT E. POLLACK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GERALD PRIEBAT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DAVID L. RAVICH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ARTHUR J. RECHT 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JACOB RECKESS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JOHN PETER REEVES 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

AARON D. ROSE 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JEFFREY S. ROSS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STEVEN B. ROTENBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
HOWARD ROTHMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GARY P. SALTZMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STEPHEN R. SATISKY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
PETER SCHIFF 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
DANIEL M. SCHYDLOWSKY 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
RENEE SHARON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JEFFREY R. SHER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ZELMAR B. SHRELL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MURRAY H. SHUSTERMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARVIN M. SIFLINGER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

B'NAI B'RITH

53-0179971

IRVING SILVER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
REINOLD SIMON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STEVEN I. SMIGA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LAWRENCE SORIA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MARK B. SPERLING 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROBERT B. SPITZER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JORGE STAINFELD 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
FRIEDA STANGLER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ALLAN A. STOCK 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
FRITS VAN COEVORDEN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JACK S. VENTURA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
MATT WAAS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
JASON WACHS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

B'NAI B'RITH

53-0179971

AVIGDOR WARSHA 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GRAHAM WEINBERG 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GERRY WEINSTEIN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ROCHELLE WILNER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
FRANK D. WINSTON 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
LARRY L. WYMOR 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
EDUARDO YAEL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ANDRES YUSUPOFF 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
SUSANA ZOLKWER 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
STEPHEN B. ZORN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
GWEN ZUARES 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
ISAAC ELIAS ZVIKLICH 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.
WITOLD ZYSS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	DIRECTOR 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

600,999.	69,508.	5,000.
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FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 23

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
B'NAI B'RITH FOUNDATION OF THE UNITED STATES	X	
B'NAI B'RITH HILLEL FOUNDATIONS	X	
B'NAI B'RITH YOUTH COMMISSION	X	
B'NAI B'RITH HENRY MONSKY FOUNDATION	X	
B'NAI B'RITH HOUSING, INC.	X	

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 24
RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MARK OLSHAN	32,466.	5,900.	
NAME OF RELATED ORGANIZATION			EMPLOYER ID NUMBER
B'NAI B'RITH HENRY MONSKY			53-0209632
RELATIONSHIP BETWEEN ORGANIZATIONS			
AFFILIATED ORGANIZATION			
COMPENSATION DESCRIPTION			
COMPENSATION FULLY PAID BY BNAI BRITH BUT PARTIALLY REIMBURSED BY BNAI BRITH HENRY MONSKY FOUNDATION			

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 25
PART VI, LINE 90

STATES

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

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 26

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
93A ADVERTISING SALES	541800	876,291.			
93B PROGRAM PARTICIPATION FEES					451,190.
93C MEMBER INSURANCE PROGRAM			15	373,956.	
93D LECTURE BUREAU					240,455.

93E GENERAL PROGRAM
INCOME

55,991.

TO FORM 990, PART VII, LINE 93

876,291.

373,956.

747,636.

FORM 990

OTHER REVENUE

STATEMENT 27

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
SETTLEMENT FOREIGN EXCHANGE ADJUSTMENTS					100,000.
MISCELLANEOUS NET TRANSFERS FROM AFFILIATED ORGANIZATIONS					<6,450.> 141,055.
TO FORM 990, PART VII, LINE 103					88,823. 323,428.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 28

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93B	FEES PAID BY PARTICIPANTS IN EXEMPT PURPOSE PROGRAMS.
93D	FEES PAID BY ATTENDEES TO EXEMPTED PURPOSE EDUCATIONAL AND CULTURAL PROGRAMS.
93E	GENERAL INCOME RAISED FROM PARTICIPANTS IN EXEMPT PURPOSE PROGRAMS.
103A	SETTLEMENT OF DISPUTE RELATED TO EXEMPT ACTIVITY.
103B	CUMULATIVE CURRENCY ADJUSTMENTS FOR PARTICIPANT FEES AND EXPENSES RECORDED ELSEWHERE.
103D	MISCELLANEOUS INCOME EARNED IN THE CONDUCT OF EXEMPT PURPOSE PROGRAMS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 29

ORDINARY COURSE OF BUSINESS POLICY IS TO REIMBURSE FOR FULLY
DOCUMENTED APPROPRIATE EXPENSES.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 30
PART III, LINE 3A

THE ORGANIZATION MAINTAINS ONE SCHOLARSHIP FUND, PURSUANT TO A RESTRICTED DONATION, FOR NEEDY STUDENTS IN THE GREATER NEW YORK AREA. SCHOLARSHIPS ARE GRANTED BASED ON ACADEMIC ACHIEVMENT AND NEED TO INDIVIDUALS ON A NON-SECTARIAN BASIS. NO MEMBER OF THE ORGANIZATION NOR HIS FAMILY ARE ELIGIBLE FOR SCHOLARSHIP AWARDS. APPLICATIONS ARE SOUGHT FROM POTENTIAL RECIPIENTS THROUGH THEIR HIGH SCHOOLS, AND JUDGED BY A SELECTION COMMITTEE.

SCHEDULE A OTHER INCOME STATEMENT 31

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS RELATED PURPOSES	92,760.	592,015.	0.	110,558.
TOTAL TO SCHEDULE A, LINE 22	92,760.	592,015.	0.	110,558.

SCHEDULE A

SECTION 501(H) AVERAGING STATEMENT
PART VI-A

STATEMENT 32

FIRST ELECTION OF SECTION 501(H) MADE IN TAX YEAR ENDING 6/30/06.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 Part II of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization B'nai B'rith	Employer identification number 53-0179971
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. c/o Snyder Cohn - 4520 East West Highway, Suite 520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bethesda, MD 20814	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ _____

Telephone No. ▶ 301-652-6700 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until February 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning July 1, 2006, and ending June 30, 2007.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2006)

91 7108 2133 2932 4626 4132

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2006 or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) B'NAI B'RITH</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2020 K STREET, N.W. 7TH FLOOR</p> <p>City or town, state, and ZIP code WASHINGTON, DC 20006</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 53-0179971</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 541800</p>
<p>C Book value of all assets at end of year 12,657,508.</p>	<p>F Group exemption number (see instructions for Block F.) ▶ 0947</p> <p>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</p>	

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
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule G)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	876,291.	628,838.	247,453.
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	876,291.	628,838.	247,453.

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)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules.)			
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			247,453.
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			247,453.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			0.
31 Net operating loss deduction (limited to the amount on line 30)			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)			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			0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Check here and indicate which forms are attached: 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: 43 Total tax. Add lines 41 and 42 44a Payments: A 2005 overpayment credited to 2006 44b 2006 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for federal telephone excise tax paid (attach Form 8913) 44g Other credits and payments: 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2007 estimated tax Refunded

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

1 At any time during the 2006 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. 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. 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 2 Purchases 3 Cost of labor 4a Additional section 263A costs 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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.

Sign Here Signature of officer Kate Marshall Date Date Title CHIEF FINANCIAL OFFICER

Paid Preparer's Use Only Preparer's signature Steve M. Brant Date 5/12/08 Check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code SNYDER, COHN, COLLYER, HAMILTON & ASSOC. 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MARYLAND 20814-3338 EIN 52-1022232 Phone no. 301-652-6700

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(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)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.
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 20)

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	
			(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	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

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)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

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)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

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)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 23)

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	167,080.	145,493.		68,922.	368,723.	
(3) B'NAI B'RITH						
(4) TODAY	709,211.	483,345.		44,169.	520,218.	
Totals (carry to Part II, line (5))	876,291.	628,838.	247,453.	113,091.	888,941.	247,453.

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)	(2)	(3)	(4)	(5)	(6)	(7)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	876,291.	628,838.				247,453.
Totals, Part II (lines 1-5)	876,291.	628,838.				247,453.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

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.

Department of the Treasury
Internal Revenue Service

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return

Identifying number

B'NAI B'RITH

53-0179971

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

Amount of federal excise tax on long distance or bundled service only

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$ 191.	\$ 59.
2 June, July, and August 2003			191.	56.
3 September, October, and November 2003			191.	54.
4 December 2003; January and February 2004			191.	52.
5 March, April, and May 2004			190.	50.
6 June, July, and August 2004			190.	48.
7 September, October, and November 2004			190.	46.
8 December 2004; January and February 2005			190.	43.
9 March, April, and May 2005			190.	40.
10 June, July, and August 2005			190.	37.
11 September, October, and November 2005			190.	34.
12 December 2005; January and February 2006			200.	32.
13 March, April, and May 2006			204.	29.
14 June and July 2006			136.	17.
15 Add lines 1 - 14 in columns (d) and (e)			\$ 2,634.	\$ 597.
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns				\$ 3,231.

LHA For Paperwork Reduction Act Notice, see the instructions.

Form **8913** (2006)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 Part II of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization B'nai B'rith	Employer identification number 53-0179971
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. c/o Snyder Cohn - 4520 East West Highway, Suite 520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bethesda, MD 20814	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ _____

Telephone No. ▶ 301-652-6700 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until May 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning July 1, 2006, and ending June 30, 2007.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

91 7108 2133 3932 4626 4132

2006 D-20 SUB Corporation Franchise Tax Return



060200311039

OFFICIAL USE ONLY

Federal Employer I.D. Number: 530179971
 Number of business locations: In the District: 1 Outside the District: 0

Name of corporation: B'NAI B'RITH
 Taxable year beginning MMY: 0706
 Taxable year ending MMY: 0607

Business address line #1: 2020 K STREET, N.W. 7TH FLOOR
 Business address line #2: [Blank]
 Mark if: AMENDED RETURN, CERTIFIED QHTC, CONSOLIDATED RETURN, FINAL RETURN

City: WASHINGTON State: DC Zip code: 20006

Mailing address line #1: SAME

Mailing address line #2: [Blank] NAICS CODE: [Blank]
 City: [Blank] State: [Blank] Zip code + 4: [Blank]

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate Non-Business items, see instructions.)

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

GROSS INCOME	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..... <i>Line 1 minus Line 2</i>	3	.00
	4. Dividends <i>From Schedule B</i>	4	.00
	5. Interest <i>Attach statement</i>	5	.00
	6. Gross rental income..... <i>Mark if minus</i>	6	.00
	7. Royalties <i>Attach statement</i>	7	.00
	8. (a) Net capital gain <i>Attach copy of Federal Schedule D</i>	8(a)	.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797..... <i>Mark if minus</i>	8(b)	.00
	9. Other income (loss) <i>Attach statement</i> STATEMENT 1	9	0.00
10. Total gross income <i>Add Lines 3 - 9</i> <i>Mark if minus</i>	10	.00	
DEDUCTIONS	11. Compensation of officers <i>From Schedule C</i>	11	.00
	12. Salaries and wages.....	12	.00
	13. Repairs.....	13	.00
	14. Bad debts.....	14	.00
	15. Rent <i>Do not take federal bonus depreciation or extra IRC §179 expenses</i>	15	.00
	16. Taxes <i>From Schedule D</i>	16	.00
	17. Interest <i>Attach statement</i>	17	.00
	18. Contributions 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> <i>Do not include additional federal bonus depreciation.</i>	20	.00
	21. Depletion <i>Attach statement</i>	21	.00
	22. Advertising	22	.00

Taxpayer Name: B'NAI B'RITH



060200321039

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>	26	.00
	27. Net operating loss deduction <i>(Before year 2000).</i>	27	.00
	28. Net income after net operating loss deduction <i>Line 26 minus Line 27.</i>	28	.00
	29. (a) Non-business income <i>Attach statement.</i>	29a	.00
	(b) Expense related to non-business income <i>Attach statement.</i>	29b	.00
	(c) 29(a) minus 29(b).....	29c	.00
	30. Net income subject to apportionment <i>Line 28 minus 29(c).</i>	30	.00
TAXABLE INCOME	31. DC apportionment factor <i>From Line 5, column 3, Schedule F.</i>	31	
	32. Net income from trade or business apportioned to DC.....	32	.00
	<i>Line 30 amount multiplied by Line 31 factor.</i>		
	33. Portion of line 29(c) attributable to DC <i>Attach statement.</i>	33	.00
	34. Total taxable income <i>before apportioned NOL deduction.</i>	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>	36	.00
<hr/>			
	37. TAX 9.975% of Line 36. <i>If less than \$100, enter \$100.</i>	37	100.00
	38. (a) Tax paid <i>if any, with request for extension of time to file or paid with original return if this is an amended return.</i>	38a	.00
TAX AND CREDITS	(b) 2006 estimated franchise tax payments.....	38b	.00
	(c) Economic development zone incentives credit <i>from worksheet.</i>	38c	.00
	(d) QHTC credits <i>Do not apply against minimum tax. Attach DC Form D-20CR.</i>	38d	.00
	39. Add lines 38(a), (b), (c) and (d) <i>Enter total.</i>	39	.00
	40. Tax due <i>If Line 37 is larger, subtract Line 39 from Line 37.</i>	40	100.00
	41. Overpayment <i>If Line 39 is larger, subtract Line 37 from Line 39.</i>	41	.00
	42. QHTC retraining costs credit <i>Part G, Line 5, DC Form D-20CR.</i>	42	.00
	<i>Do not include any amounts here that are included on Line 38(d)</i>		
	43. Amount you want to apply to your 2007 estimated franchise tax.....	43	.00
	44. Amount to be refunded <i>Line 41 plus Line 42 minus Line 43.</i>	44	.00

Make check or money order payable to the D.C. Treasurer. Include your FEIN, "D-20" and tax year on your payment. Mail return and payment (attached to D-2030P) to: Office of Tax and Revenue, (see instructions for correct address) 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

Officer's signature

Title

Date

2028576600

Telephone number of person to contact

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer)

Date

Firm name

Firm address

Preparer's FEIN, SSN or PTIN

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

Schedule A - Cost of Goods Sold (See specific instructions for Line 2)		Schedule B - Dividends (See specific instructions for Line 4)	
		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year.....	\$		
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (additional federal bonus depreciation is not allowable)			
5. Total	\$		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (enter here and on Line 2, Page 1)	\$		
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, Page 1, 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, Page 1, Line 11)					\$	

Schedule D - Taxes (See specific instructions for Line 16)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (enter here and on D-20, Page 1, 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, Page 2, Line 36)	\$
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 (Lines 1-5)	\$	10. TOTAL (Lines 7, 8 and 9)	\$

Schedule F: DC Apportionment Factor (See Instructions, page 10.)		Carry all factors to six decimal places		
	Column 1: TOTAL	Column 2: In-DC	Column 3: Factor (Column 2 divided by Column 1)	
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, divide Line 4 by the actual number. Note: Financial Institutions using a two-factor formula should divide Line 4 by 2. (Enter the factor here and on D-20, page 2, 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				SEE ATTACHED 990 BALANCE SHEET
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 \$	
6. TOTAL of Lines 1 through 5	\$	9. TOTAL of Lines 7 and 8	\$
		10. Income (federal Form 1120, page 1, line 28) (Line 6 minus Line 9)	\$

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

1. Balance at beginning of year	\$	5. Distributions: (a) Cash (b) Stock (c) Property	\$
2. Net income per books			
3. Other increases (itemize)		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)	\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION 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 NW WASHINGTON, DC	

6. During 2006, 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 "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7. (Amended returns) of the General Instructions. If you have already provided OTR a detailed statement, enter the date it was sent. MM/DD/YYYY

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 2005? YES NO If no, state reason

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2006? 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 2006? 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

B'NAI B'RITH
FORM D-20

FE ID # 53-0179971
TAX YEAR 2006

Page 1, Line 9, Other Income:

See attached Form 990T

STATEMENT 1

**2006 FR-128 SUB Extension of Time
File DC Franchise or Partnership Return**

Important: Leave lines blank that do not apply.

Extension of time to file

1. Total Tax Liability for the Period.....	1.	. 00
2. Estimated Franchise Tax Payments (Include any overpayment credit).....	2.	. 00
3. Other payments	3.	. 00
4. Total payments and credits (Add Lines 2 and 3).....	4.	0 . 00
5. Balance due (Line 1 minus Line 4).....	5.	0 . 00

Enter the amount here and on the voucher below.

(Note: You will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this request)

You must send payment in full with this form or your request will be denied.
Attach check or money order made payable to DC Treasurer. Include your FEIN or SSN, "2006 FR-128" on your payment.
Mail the bottom portion of this form with any payment to:

for form D-20 and form D-30
Office of Tax and Revenue
PO Box 7792
Washington DC 20044-7792

for form D-65
Office of Tax and Revenue
PO Box 447
Washington DC 20044-0447

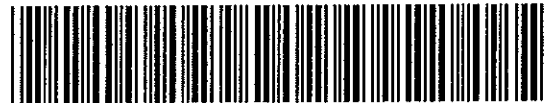
Official form is smaller than full page. Please cut to size along dashed line before filing.

STF CGWK1000

7007 0220 0004 0581 1014

Government of the
District of Columbia

**2006 FR-128 SUB Extension of Time
to File DC Franchise
or Partnership Return**



Federal Employer I.D. Number
530179971

Social Security Number (If self-employed)

OFFICIAL USE ONLY

Business Name
B'NAI B'RITH

Business mailing address line #1 Mark if this is your first return or your address is different from last year's return.
4520 EAST WEST HWY, #520

City State Zip code + 4
BETHESDA MD 20814

A 6-month extension of time to file until 15, 2007, for calendar year 2006, or a 6-month extension of time
to file until 03-15-2008 , for a fiscal year ending 06-30-2007 is requested for the following return (check one):

D-20 Corporation Franchise Tax Return D-30 Unincorporated Business Franchise Tax Return D-65 Partnership Return of Income
Amount submitted with this form **0 . 00**