

**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)

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 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**B'NAI B'RITH**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2020 K STREET, N.W. 7TH FLOOR**  
 City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20006**

**D** Employer identification number  
**53-0179971**

**E** Telephone number  
**202-857-6600**

**F** Accounting method:  Cash  Accrual  
 Other (specify)

**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  
**I** Group Exemption Number  **0947**

**G** Website: **WWW.BNAIBRITH.ORG**

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

**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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12  **31,491,231.**

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

**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	25,573,694.	
	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 \$ 12,917,777. noncash \$ 12,659,917.)	1e	25,577,694.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,631,379.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	415,010.	
	6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		3,648,204.	8a		
		3,641,670.	8b		
		6,534.	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b>	8d	6,534.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 869,328. of contributions reported on line 1b) ...	9a	145,177.		
b	Less: direct expenses other than fundraising expenses	9b	426,521.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 2</b>	9c	-281,344.		
10a	Gross sales of inventory, less returns and allowances	10a	1,844.		
		10b	3,566.		
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <b>STMT 3</b>	10c	-1,722.
11	Other revenue (from Part VII, line 103)	11	71,923.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	27,419,474.		
Expenses	13	Program services (from line 44, column (B))	13	19,518,954.	
	14	Management and general (from line 44, column (C))	14	5,488,993.	
	15	Fundraising (from line 44, column (D))	15	3,173,092.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	28,181,039.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-761,565.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,131,427.	
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	-2,979,235.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,390,627.	

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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, directors, key employees, etc., 25b Compensation of former officers, directors, key employees, etc., 25c Compensation and other distributions, not included above, to disqualified persons, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a-27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize), 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)

STATEMENT 7  
STATEMENT 8

STATEMENT 9

SEE STATEMENT 6

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? ▶	Program Service Expenses
<b>HUMANITARIAN SERVICES</b> 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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a SEE STATEMENT 10</b>	
(Grants and allocations \$ <u>12,795,492.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	<u>12,795,492.</u>
<b>b SEE STATEMENT 11</b>	
(Grants and allocations \$ <u>541,809.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	<u>2,165,130.</u>
<b>c SEE STATEMENT 12</b>	
(Grants and allocations \$ <u>44,600.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	<u>1,296,747.</u>
<b>d SEE STATEMENT 13</b>	
(Grants and allocations \$ <u>88,514.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	<u>2,237,644.</u>
<b>e Other program services (attach schedule) SEE STATEMENT 14</b>	
(Grants and allocations \$ <u>131,612.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	<u>1,023,941.</u>
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</b>	<u>19,518,954.</u>

**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 .....	703,604.	1,266,938.	
	46 Savings and temporary cash investments .....	444,612.	474,593.	
	47 a Accounts receivable .....	3,383,538.	3,359,323.	
	b Less: allowance for doubtful accounts .....	24,215.		
	47 a	47a	2,824,634.	47c
	b	47b		
	48 a Pledges receivable .....	48a		48c
	b Less: allowance for doubtful accounts .....	48b		
	49 Grants receivable .....			49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b
	51 a Other notes and loans receivable .....	51a		51c
	b Less: allowance for doubtful accounts .....	51b		
	52 Inventories for sale or use .....		44,380.	46,103.
	53 Prepaid expenses and deferred charges .....		709,278.	317,508.
	54 a Investments - publicly-traded securities STMT 16 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		7,253,000.	5,702,370.
	b Investments - other securities STMT 19 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		678,000.	639,278.
	55 a Investments - land, buildings, and equipment: basis STMT 15	55a		55e
	b Less: accumulated depreciation .....	55b		
56 Investments - other .....			56	
57 a Land, buildings, and equipment: basis .....	57a		57c	
b Less: accumulated depreciation .....	57b			
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58	
59 Total assets (must equal line 74). Add lines 45 through 58 .....		12,657,508.	11,806,113.	
Liabilities	60 Accounts payable and accrued expenses .....	2,148,700.	1,849,299.	
	61 Grants payable .....			
	62 Deferred revenue .....	381,249.	964,821.	
	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 <input type="checkbox"/> SEE STATEMENT 18 )		3,496,132.	6,601,366.
66 Total liabilities. Add lines 60 through 65 .....		6,526,081.	9,415,486.	
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 .....	5,397,910.	1,155,734.	
	68 Temporarily restricted .....	733,517.	1,234,893.	
	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) .....		6,131,427.	2,390,627.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 .....		12,657,508.	11,806,113.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 174
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." X
75 d Does the organization have a written conflict of interest policy? X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? X
80 b If "Yes," enter the name of the organization SEE STATEMENT 23 and check whether it is [ ] exempt or [ ] nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 0
81 b Did the organization file Form 1120-POL for this year? X

Part VI Other Information (continued)		Yes	No
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? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
85 c	Dues, assessments, and similar amounts from members	85c	N/A
85 d	Section 162(e) lobbying and political expenditures	85d	N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86 b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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? If "Yes," complete Part IX	88a	X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0.; section 4912 $\blacktriangleright$ 0.; section 4955 $\blacktriangleright$ 0.		
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? If "Yes," attach a statement explaining each transaction	89b	X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
90 a	List the states with which a copy of this return is filed $\blacktriangleright$ SEE STATEMENT 24	90b	76
90 b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of $\blacktriangleright$ KATE MARSHALL Telephone no. $\blacktriangleright$ 202-857-6600 Located at $\blacktriangleright$ 2020 K STREET, N.W. 7TH FLOOR, WASHINGTON, DC ZIP + 4 $\blacktriangleright$ 20006		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$ ISRAEL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes  No

e At any time during the calendar year, did the organization maintain an office outside of the United States? 91c   
 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.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>SEE STATEMENT 25</b>		615,295.		417,078.	599,006.
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			14	415,010.	
96 Dividends and interest from securities					
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	6,534.	
101 Net income or (loss) from special events			01	-281,344.	
102 Gross profit or (loss) from sales of inventory			05	-1,722.	
103 Other revenue:					71,923.
a <b>SEE STATEMENT 26</b>					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		615,295.		555,556.	670,929.
105 Total (add line 104, columns (B), (D), and (E))					1,841,780.

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).
1	<b>SEE STATEMENT 27</b>

**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	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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: *Katharine Marshall* Signature of officer | Date: *5/15/09*

Type or print name and title: **KATE MARSHALL, CHIEF FINANCIAL OFFICER**

Paid Preparer's Use Only: Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **SNYDER, COHN, COLLYER, HAMILTON & ASSOC. EIN:**   
**4520 EAST WEST HIGHWAY, SUITE 520**  
**BETHESDA, MD 20814-3338** Phone no. **301-652-6700**

*Filed electronically 5/14/09*

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

53: 0179971

**B'NAI B'RITH**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 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
HENRY ROSENBAUM 2020 K STREET, N.W. 7TH FLOOR, WASHIN	VP OF DEVELOPMENT 38.00	175,000.	17,763.	0.
DANIEL HECKELMAN 2020 K STREET, N.W. 7TH FLOOR, WASHIN	DEPUTY EXECUTIVE VP 38.00	147,053.	19,756.	0.
ALLEN LESSACK 2020 K STREET, N.W. 7TH FLOOR, WASHIN	VP OF REGIONS 38.00	144,434.	18,885.	0.
DAVID VOLZ 2020 K STREET, N.W. 7TH FLOOR, WASHIN	CHIEF OF TECH. SERV. 38.00	132,825.	19,173.	0.
DEBORAH AUERBACH-DEUTSCH 2020 K STREET, N.W. 7TH FLOOR, WASHIN	VP OF COMMUNICATIONS 38.00	100,000.	10,817.	0.
Total number of other employees paid over \$50,000	▶ 33			

**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
AB DATA MARKETING 8050 N. PORT WASHINGTON ROAD, MILWAUKEE, WI 53217	FUNDRAISING DIRECT MAIL	367,018.
BDI DEVELOPMENT 4311 WILSHIRE BLVD. SUITE 300, LOS ANGELES, CA 90	FUNDRAISING	344,396.
ARENT FOX, LLP 1050 CONNECTICUT AVENUE, N.W., WASHINGTON, DC 200	LEGAL	151,046.
HEWITT ASSOCIATES, LLC 2401 PENNSYLVANIA AVE NW # 450, WASHINGTON, DC 2	HUMAN RESOURCES CONSULTING	108,526.
ADAM MOUCHTAR RUE JOSEPH II 168, 1000, BRUSSELS, BELGIUM	HUMAN RIGHTS AND PUBLIC POLICY CON	81,072.
Total number of others receiving over \$50,000 for professional services	▶ 5	

**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>65,365.</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? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... SEE STATEMENT 28	X	
e	Transfer of any part of its income or assets? .....		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 29	X	
b	Did the organization have a section 403(b) annuity plan for its employees? .....	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 .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		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 .....		X
b	Did the organization make any taxable distributions under section 4966? ..... N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? ..... N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year .....		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
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.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	17,397,057.	13,400,504.	16,518,119.	10,774,240.	58,089,920.
16 Membership fees received					
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	1,997,883.	3,528,154.	4,231,806.	1,131,885.	10,889,728.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	448,979.	391,471.	343,901.	130,767.	1,315,118.
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	323,428.	92,760.	SEE STATEMENT 30 592,015.		1,008,203.
23 Total of lines 15 through 22	20,167,347.	17,412,889.	21,685,841.	12,036,892.	71,302,969.
24 Line 23 minus line 17	18,169,464.	13,884,735.	17,454,035.	10,905,007.	60,413,241.
25 Enter 1% of line 23	201,673.	174,129.	216,858.	120,369.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,208,265.
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 2003 through 2006 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 60,413,241.
d Add: Amounts from column (e) for lines: 18 1,315,118. 19 _____					26d 2,323,321.
22 1,008,203. 26b _____					26e 58,089,920.
e Public support (line 26c minus line 26d total)					26f 96.1543%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
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 2003 through 2006, 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.					
			NONE		

**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 11 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	65,365.
38	Total lobbying expenditures (add lines 36 and 37) .....	38	65,365.
39	Other exempt purpose expenditures .....	39	28,115,674.
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	28,181,039.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 ..... 20% of the amount on line 40 .....	41	1,000,000.
	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 .....		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	250,000.
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 31

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	1,000,000.	849,156.	716,930.		2,566,086.
46					3,849,129.
47	65,365.	199,184.	176,997.		441,546.
48	250,000.	212,289.	179,233.		641,522.
49					962,283.
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 14 of the instructions.)

N/A

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:	Yes	No	Amount
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 14 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?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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

(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

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Schedule of Contributors

OMB No. 1545-0047

2007

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

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) (2007)

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	JACK LANGSAM FOUNDATION 53RD ST, 800 SAN FRANCISCO, CA 94103	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IDA L. LIBBY (ESTATE OF) 401 9TH STREET, NW, #900 WASHINGTON, DC 20004	\$ 532,952.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JOAN SCHWARZ (ESTATE OF) 6100 GLADES ROAD, STE. 301 BOCA RATON, FL 33434	\$ 874,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ILSE L. JACOBSON (ESTATE OF) 500 WEST MADISON STREET, SUITE 3150 CHICAGO, IL 60661	\$ 607,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ROBERT WEINEIL REVOCABLE TRUST 265 FRANKLIN ST BOSTON, MA 02110	\$ 836,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of 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)
SALE OF SECURITIES	3,648,204.	3,641,670.	0.	6,534.
TO FORM 990, PART I, LINE 8	3,648,204.	3,641,670.	0.	6,534.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
DINNERS (SEVEN)	1,014,505.	869,328.	145,177.	426,521.	-281,344.
TO FM 990, PART I, LINE 9	1,014,505.	869,328.	145,177.	426,521.	-281,344.

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	1,844	
2. RETURNS AND ALLOWANCES . . . . .		1,844
3. LINE 1 LESS LINE 2 . . . . .		<u>1,844</u>
4. COST OF GOODS SOLD (LINE 13) . . . . .	3,566	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		<u><u>-1,722</u></u>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .	3,566	
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		3,566
11. ADD LINES 6 THROUGH 10 . . . . .		<u>3,566</u>
12. INVENTORY AT END OF YEAR . . . . .		3,566
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		<u><u>3,566</u></u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
PENSION LIABILITY ADJUSTMENT - FASB 158		-2,979,235.	
TOTAL TO FORM 990, PART I, LINE 20		-2,979,235.	

FORM 990	SALES OF INVENTORY			STATEMENT	5
DESCRIPTION OF SALES CATEGORY	GROSS SALES	COGS	NET SALES		
MEMBERSHIP PARAPHERNALIA	1,844.	3,566.	-1,722.		
TOTAL AMOUNTS	1,844.	3,566.	-1,722.		

FORM 990	OTHER EXPENSES				STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
BANK AND OTHER SERVICE FEES	875,007.	420,369.	203,534.	251,104.		
INSURANCE	234,817.		234,817.			
LIST TAXES/LICENSES	47,361.			47,361.		
GENERAL ADMINISTRATION	13,805.	4,301.	3,149.	6,355.		
ADVERTISING COMMISSIONS	63,470.	22,159.	18,969.	22,342.		
TOTAL TO FM 990, LN 43	358,643.	358,643.				
	1,593,103.	805,472.	460,469.	327,162.		

B'NAI B'RITH

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,250.
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,250.
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,250.
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,250.
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,250.
AWARD ROCHESTER CENTER 420 EAST 55TH ST NEW YORK, NY 10022	1,000.
AWARD B'NAI B'RITH WARSAW 2020 K ST NW WASHINGTON, DC 20006	5,000.
AWARD JEWISH COUNCIL FOR PUBLIC AFFAIRS 443 PARK AVE NEW YORK, NY 16016	5,000.
AWARD JEWISH COUNCIL FOR PUBLIC AFFAIRS 443 PARK AVE NEW YORK, NY 16016	5,500.
AWARD JEWISH COUNCIL FOR PUBLIC AFFAIRS 443 PARK AVE NEW YORK, NY 16016	5,500.

B'NAI B'RITH

1,000.

AWARD  
 NATIONAL CONFERENCE ON SOVIET JEWRY  
 2020 K ST NW  
 WASHINGTON, DC 20006

1,000.

AWARD  
 NATIONAL CONFERENCE ON SOVIET JEWRY  
 2020 K ST NW  
 WASHINGTON, DC 20006

1,000.

AWARD  
 NATIONAL CONFERENCE ON SOVIET JEWRY  
 2020 K ST NW  
 WASHINGTON, DC 20006

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1,250.

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 2020 K ST NW  
 WASHINGTON, DC 20006

1,250.

AWARD  
 NATIONAL CONFERENCE ON SOVIET JEWRY  
 2020 K ST NW  
 WASHINGTON, DC 20006

B'NAI B'RITH

53-0179971

AWARD NATIONAL CONFERENCE ON SOVIET JEWRY 2020 K ST NW WASHINGTON, DC 20006	1,250.
AWARD AMERICAN ZIONIST MOVEMENT--NY 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	250.
AWARD AMERICAN ZIONIST MOVEMENT--NY 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	250.
AWARD AMERICAN ZIONIST MOVEMENT--NY 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	250.
AWARD AMERICAN ZIONIST MOVEMENT--NY 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	2,450.
AWARD INTERNATIONAL JWSH COMMITTEE FO 845 3RD AVE 8TH FLOOR NEW YORK, NY 10022	4,900.
AWARD INTERNATIONAL JWSH COMMITTEE FO 846 3RD AVE 8TH FLOOR NEW YORK, NY 10023	6,566.
AWARD CONFERENCE OF PRESIDENTS 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	6,566.
AWARD CONFERENCE OF PRESIDENTS 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	6,566.
AWARD CONFERENCE OF PRESIDENTS 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017	



B'NAI B'RITH

6,566.

AWARD  
 CONFERENCE OF PRESIDENTS  
 633 THIRD AVE, 21ST FLOOR  
 NEW YORK, NY 10017

6,566.

AWARD  
 CONFERENCE OF PRESIDENTS  
 633 THIRD AVE, 21ST FLOOR  
 NEW YORK, NY 10017

8,750.

AWARD  
 B'NAI B'RITH FRANCE  
 10 RUE SAINT - FERDINAND  
 F-75017, PARIS, FRANCE

3,333.

AWARD  
 B'NAI B'RITH WORLD CENTER  
 P.O. BOX 7522  
 JERUSALEM, 91074, ISRAEL

400.

AWARD  
 B'NAI B'RITH NEW ENGLAND  
 2020 K ST NW  
 WASHINGTON, DC 20006

9,675.

AWARD  
 B'NAI B'RITH CHESAPEAKE REGION  
 P.O. BOX 4488  
 SILVER SPRING, MD 20914

989.

AWARD  
 CREATIVE - STUFFED BEARS  
 7300 NORTH MONTICELLO  
 SKOKIE, IL 60076

250.

AWARD  
 B'NAI B'RITH MID-AMERICA  
 2020 K ST NW  
 WASHINGTON, DC 20006

2,500.

AWARD  
 ALAN LESSACK  
 420 EAST 55TH ST  
 NEW YORK, NY 10022

2,500.

AWARD  
 MARVIN SIFLINGER  
 420 EAST 55TH ST  
 NEW YORK, NY 10022

B'NAI B'RITH

495.

AWARD  
EAGLE PRINTING CORPORATION  
420 EAST 55TH ST  
NEW YORK, NY 10022

2,083.

AWARD  
FOUNDATION FOR JEWISH CAMPUS LIFE  
800 8TH ST NW  
WASHINGTON, DC 20001-3724

2,083.

AWARD  
FOUNDATION FOR JEWISH CAMPUS LIFE  
800 8TH ST NW  
WASHINGTON, DC 20001-3724

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AWARD  
FOUNDATION FOR JEWISH CAMPUS LIFE  
800 8TH ST NW  
WASHINGTON, DC 20001-3724

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WASHINGTON, DC 20001-3724

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800 8TH ST NW  
WASHINGTON, DC 20001-3724

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WASHINGTON, DC 20001-3724

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800 8TH ST NW  
WASHINGTON, DC 20001-3724

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800 8TH ST NW  
WASHINGTON, DC 20001-3724

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FOUNDATION FOR JEWISH CAMPUS LIFE  
800 8TH ST NW  
WASHINGTON, DC 20001-3724

B'NAI B'RITH

2,083.

AWARD  
 FOUNDATION FOR JEWISH CAMPUS LIFE  
 800 8TH ST NW  
 WASHINGTON, DC 20001-3724

2,083.

AWARD  
 FOUNDATION FOR JEWISH CAMPUS LIFE  
 800 8TH ST NW  
 WASHINGTON, DC 20001-3724

2,083.

AWARD  
 FOUNDATION FOR JEWISH CAMPUS LIFE  
 800 8TH ST NW  
 WASHINGTON, DC 20001-3724

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

41,667.

AWARD  
 BBYO, INC.  
 2020 K ST NW  
 WASHINGTON, DC 20006

B'NAI B'RITH

53-0179971

41,667.

AWARD  
BBYO, INC.  
2020 K ST NW  
WASHINGTON, DC 20006

41,667.

AWARD  
BBYO, INC.  
2020 K ST NW  
WASHINGTON, DC 20006

41,667.

AWARD  
BBYO, INC.  
2020 K ST NW  
WASHINGTON, DC 20006

41,667.

AWARD  
BBYO, INC.  
2020 K ST NW  
WASHINGTON, DC 20006

41,667.

AWARD  
BBYO, INC.  
2020 K ST NW  
WASHINGTON, DC 20006

25,000.

AWARD  
HIAS ISRAEL  
KIKAR RABIN BRANCH #085  
TEL AVIV, ISRAEL, IL-67890

10,000.

AWARD  
ISRAAID  
2020 K ST NW  
WASHINGTON, DC 20006

1,530.

AWARD  
LAURIE GOLD  
2020 K ST NW  
WASHINGTON, DC 20006

4,031.

AWARD  
B'NAI B'RITH HENRY MONSKY FOUNDATION - BEBER CAMP  
2020 K ST NW  
WASHINGTON, DC 20006

6,829.

AWARD  
B'NAI B'RITH HENRY MONSKY FOUNDATION - BEBER CAMP  
2020 K ST NW  
WASHINGTON, DC 20006

B'NAI B'RITH

53-0179971

AWARD JEWISH CHILDREN REGIONAL SERVICE 3500 N. CAUSEWAY BLVD. METAIRIE, LA 70002	5,000.
AWARD ST. BERNARD PROJECT 8324 PARC PLACE CHALMETTE, LA 70043	30,000.
AWARD BROTHER'S BROTHER'S FOUNDATION 1200 GALVESTON AVENUE PITTSBURGH, PA 15233	46.
AWARD CONGREGATION BETH ISRAEL 200 CENTURY BLVD DEERFIELD BEACH, FL 33442	35,000.
AWARD DIGILINK 2020 K ST NW WASHINGTON, DC 20006	1,355.
AWARD ISRAAID 2020 K ST NW WASHINGTON, DC 20006	10,000.
AWARD SUPPLIES OVER SEAS 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	2,000.
AWARD BROTHER'S BROTHER'S FOUNDATION 1200 GALVESTON AVENUE PITTSBURGH, PA 15233	4,065.
SCHOLARSHIP ANDREA KALSOV 3397 BARHAM BLVD LOS ANGELES, CA 90068	300.
SCHOLARSHIP EMILY JACKSON 3398 BARHAM BLVD LOS ANGELES, CA 90069	300.

B'NAI B'RITH

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SCHOLARSHIP DJ DIX 3399 BARHAM BLVD LOS ANGELES, CA 90070	300.
SCHOLARSHIP CHELSEA ALFAFARA 3400 BARHAM BLVD LOS ANGELES, CA 90071	300.
SCHOLARSHIP DAVID ENGLISH 3401 BARHAM BLVD LOS ANGELES, CA 90072	300.
SCHOLARSHIP DANIELLE DIAZ 3403 BARHAM BLVD LOS ANGELES, CA 90074	300.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.

B'NAI B'RITH

SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP YITZHAK ALFASI PO BOX 7522 91074, JERUSALEM, ISRAEL	500.
SCHOLARSHIP POSNER SCHOLARSHIPS 2020 K ST NW WASHINGTON, DC 20006	33,800.
AWARD MEMORIAL FOUNDATION FOR JEWISH CULTURE 50 BROADWAY 34TH FL. NEW YORK, NY 10004	2,000.
AWARD LEO'N' LEVI HOSPITAL 300 PROSPECT AVE HOT SPRINGS, AZ 71901	83.
AWARD LEO'N' LEVI HOSPITAL 300 PROSPECT AVE HOT SPRINGS, AZ 71901	83.

B'NAI B'RITH

53-0179971

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.

AWARD  
LEO'N' LEVI HOSPITAL  
300 PROSPECT AVE  
HOT SPRINGS, AZ 71901

83.



B'NAI B'RITH

53-0179971

609.

AWARD  
BAUER & ASSOCIATES LTD  
5616 GENERAL WASHINGTON DR  
ALEXANDRIA, VA 22312

116.

AWARD  
BAUER & ASSOCIATES LTD  
5616 GENERAL WASHINGTON DR  
ALEXANDRIA, VA 22312

125,000.

AWARD  
RESIDENCES B'NAI B'RITH HOUSE  
8000 COTE ST LUC RD  
QUEBEC, CANADA, H4W1R6

6,612.

AWARD  
DEERFIELD BEACH HOUSING  
299 SW 9TH AVE  
DEERFIELD BEACH, FL 33441

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

942,111.

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASS OF ACTIVITY: NON-CASH DONATION OF FOOTWEAR

DONEE'S NAME AND ADDRESS

GOVERNMENT OF PERU  
 AV. SALAVERRY  
 801, JESUS MARIA - LIMA, PERU

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	FOOTWEAR	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

PURCHASE PRICE

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
PURCHASE PRICE	120,960.	120,960.

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	1,315,259.	1,315,259.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF PERU  
AV. SALAVERRY  
801, JESUS MARIA - LIMA, PERU

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	6,001,931.	6,001,931.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

GOVERNMENT OF PARAGUAY  
MINISTRY OF HEALTH  
ACUNCION, PARAGUAY, 402

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	1,938,567.	1,938,567.

CLASS OF ACTIVITY: NON-CASH DONATION OF MEDICINE

DONEE'S NAME AND ADDRESS

CARITAS DEL PERU  
CALLE OMICRON  
492, CARMEN DE LA LEGUA - CALLAO, PERU

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	788,889.	788,889.

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	2,494,310.	2,494,310.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	12,659,916.
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FORM 990

BENEFITS PAID TO OR FOR MEMBERS

STATEMENT 9

DESCRIPTION

AMOUNT

SUPPLEMENTAL PENSION

3,000.

TOTAL TO FORM 990, PART II, LINE 24

3,000.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE ONE

DISASTER SERVICES PROGRAMS, GENERAL/OTHER: ACTIVITIES OF THE B'NAI B'RITH DISASTER RELIEF FUND AND OTHER RELATED PROGRAMMING. DURING THE YEAR, PROVIDED ASSISTANCE TO VICTIMS OF EARTHQUAKES IN PERU, AND THROUGHOUT SOUTH AMERICA, BUT PARTICULARLY FOR PROJECTS IN PERU, ARGENTINA, PARAGUAY, AND CUBA. CONTINUED TO AID VICTIMS OF HURRICANE KATRINA AND OTHER GULF HURRICANES. ALSO, THROUGH THE COMMUNITIES IN CRISIS PROGRAM, PROVIDED MILLIONS OF DOLLARS OF PHARMACEUTICAL DRUGS, SCHOOL BOOKS, ETC. TO NEEDY IN SOUTH AMERICA. (500,000 PEOPLE SERVED.)

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

12,795,492.

12,795,492.

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY, BUSINESS & INDUSTRY PROGRAMS, GENERAL/OTHER: COMMUNITY INVOLVEMENT. LOCAL COMMUNITY VOLUNTEER SERVICE ACTIVITIES BY MEMBERS OF B'NAI B'RITH CHAPTERS AND OTHER SUPPORTERS THROUGHOUT THE UNITED STATES AND IN 50 OTHER COUNTRIES. PROJECTS VARY BY COMMUNITY, BUT INCLUDE PROJECT HOPE AND OTHER ACTIVITIES TO HELP THE POOR, ENLIGHTEN AMERICA ESSAY CONTESTS AND OTHER ANTI-HATE PROGRAMMING, CHILDREN'S PROGRAMMING INCLUDING TEDDY BEARS FOR SICK KIDS AND THE SMARTER KIDS, SAFER KIDS PROGRAM, HEALTH AWARENESS PROGRAMMING LIKE THE PROSTATE CANCER AWARENESS PROJECT, AND THE B'NAI B'RITH TODAY NEWSPAPER. VOLUNTEERS IN THE US ARE AIDED BY A NETWORK OF STAFF WHO PROVIDE ASSISTANCE TO VOLUNTEERS LOCATED IN 17 B'NAI B'RITH REGIONS (150,000 MEMBERS AND SUPPORTERS).

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
541,809.	2,165,130.

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 B'NAI B'RITH CAMPS, THE B'NAI B'RITH YOUTH ORGANIZATION, INC. FOR TEENS, AND THE FOUNDATION FOR JEWISH CAMPUS LIFE FOR COLLEGE LIFE FOR COLLEGE STUDENTS. DIRECT SERVICES INCLUDE THOSE OF THE B'NAI B'RITH KLUTZNICK NATIONAL JEWISH MUSEUM, B'NAI B'RITH LECTURE BUREAU, B'NAI B'RITH MAGAZINE (50,000 RECIPIENTS).

TO FORM 990, PART III, LINE C

GRANTS	EXPENSES
44,600.	1,296,747.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 13

DESCRIPTION OF PROGRAM SERVICE FOUR

HUMAN RIGHTS, POLICY, SOCIAL ACTION & ADVOCACY: PRIMARILY THROUGH THE CENTER FOR HUMAN RIGHTS AND PUBLIC POLICY, SPEAK ABOUT PUBLIC POLICY ISSUES OF PARTICULAR INTEREST TO THE JEWISH PEOPLE AT THE UNITED NATIONS, EUROPEAN UNION, ORGANIZATION OF AMERICAN STATES, MERCOSUR, AND OTHER INTERNATIONAL BODIES, TO THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE FEDERAL GOVERNMENT, AND TO STATE LEGISLATIVE AND EXECUTIVE BODIES. PREPARES AND DISTRIBUTES POLICY ANALYSIS FOR ISSUES OF CONCERN. THROUGH THE CENTER FOR SENIOR SERVICES, ADVOCATES ON BEHALF OF SENIOR CITIZENS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	88,514.	2,237,644.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 14

DESCRIPTION OF OTHER PROGRAM SERVICES

SENIOR SERVICES AND SENIOR HOUSING: ACTIONS BY THE CENTER FOR SENIOR SERVICES, THROUGH A NETWORK OF 37 SPONSORED APARTMENT PROJECTS, PROVIDES HIGH QUALITY HUD SUBSIDIZED HOUSING TO SOME 7,000 LOW INCOME SENIORS ON A NON-SECTARIAN BASIS. PROVIDES SERVICES TO IMPROVE THE MANAGEMENT AND ADMINISTRATION OF THE NETWORK, AND WORKS WITH B'NAI B'RITH GROUPS TO PREPARE APPLICATIONS TO HUD FOR ADDITIONAL PROPERTIES. ALSO INVESTIGATES THE AFFORDABLE SENIOR HOUSING OPTIONS. THE CENTER FOR SENIOR SERVICES ALSO PROVIDES ONGOING WORKSHOPS ON A VARIETY OF TOPICS OF INTEREST TO OLDER PERSONS THAT INCLUDE, ARE NOT LIMITED TO AGING IN PLACE, MEDICARE, SOCIAL SECURITY, TRANSPORTATION, STEM CELL RESEARCH, AND HEALTH CARE REFORM.

TOTAL TO FORM 990, PART III, LINE E

	GRANTS AND ALLOCATIONS	EXPENSES
	131,612.	1,023,941.
	131,612.	1,023,941.



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 15

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	COST			596,421.	596,421.
MUTUAL FUNDS	COST			1,098,477.	1,098,477.
STATE OF ISRAEL BONDS	COST			8,450.	8,450.
TO FORM 990, LINE 54A, COL B				1,703,348.	1,703,348.

FORM 990 GOVERNMENT SECURITIES STATEMENT 16

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US AGENCY BONDS	COST	3,999,022.		3,999,022.
TOTAL TO FORM 990, LINE 54A, COL B		3,999,022.		3,999,022.

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.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 18

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED PENSION BENEFIT COST; FASB 158	3,496,132.	6,601,366.
TOTAL TO FORM 990, PART IV, LINE 65	3,496,132.	6,601,366.

FORM 990 OTHER SECURITIES STATEMENT 19

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SECTION 457 ASSETS	COST	635,928.
OTHER INVESTMENTS	COST	3,350.
TO FORM 990, LINE 54B, COL B		639,278.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 20

DESCRIPTION	AMOUNT
AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT	358,643.
TOTAL TO FORM 990, PART IV-A	358,643.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 21

DESCRIPTION	AMOUNT
AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT	358,643.
TOTAL TO FORM 990, PART IV-B	358,643.

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	327,161.	23,644.	5,000.
STANLEY BERMAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	CHIEF FINANCIAL OFFICER 38.00	60,801.	5,908.	0.
DOUGLAS MAAS 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	CHIEF FINANCIAL OFFICER 38.00	100,912.	9,805.	0.
KATE MARSHALL 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	CHIEF FINANCIAL OFFICER 38.00	49,069.	4,768.	0.
MARK OLSHAN 2020 K STREET, NW, 7TH FLOOR WASHINGTON, DC 20006	ASSOCIATE EXECUTIVE VP 38.00	180,691.	23,033.	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.
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.

B'NAI B'RITH

53-0179971

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.

B'NAI B'RITH

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.
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.

B'NAI B'RITH

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.
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.

B'NAI B'RITH

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.



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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.

B'NAI B'RITH

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.
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.

## B'NAI B'RITH

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.

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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.

B'NAI B'RITH

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.

B'NAI B'RITH

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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.

## B'NAI B'RITH

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.
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.

B'NAI B'RITH

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.
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.



B'NAI B'RITH

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

718,634. 67,158. 5,000.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 23  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
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

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 24

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 25

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
93A ADVERTISING SALES	541800	615,295.			
93B PROGRAM PARTICIPATION FEES					338,740.
93C MEMBER INSURANCE PROGRAM			15	417,078.	231,546.
93D LECTURE BUREAU					28,720.
93E GENERAL PROGRAM INCOME					
TO FORM 990, PART VII, LINE 93		615,295.		417,078.	599,006.

FORM 990

OTHER REVENUE

STATEMENT 26

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
SETTLEMENT					11,875.
FOREIGN EXCHANGE ADJUSTMENTS					-900.
MISCELLANEOUS					25,882.
NET TRANSFERS FROM AFFILIATED ORGANIZATIONS					35,066.
TO FORM 990, PART VII, LINE 103					71,923.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 27

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.
103C	MISCELLANEOUS INCOME EARNED IN THE CONDUCT OF EXEMPT PURPOSE PROGRAMS.
103D	NET TRANSFERS FROM AFFILIATED ORGANIZATIONS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 28

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

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 29  
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 30
	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
DESCRIPTION				
MISCELLANEOUS RELATED PURPOSES	323,428.	92,760.	592,015.	0.
TOTAL TO SCHEDULE A, LINE 22	323,428.	92,760.	592,015.	0.

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SCHEDULE A

SECTION 501(H) AVERAGING STATEMENT  
PART VI-A

STATEMENT 31

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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) 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) 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](http://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 Hwy., #520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bethesda, MD 20814-3338	

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. ▶ \_\_\_\_\_ 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) corporation required to file Form 990-T) extension of time until 02-16, 2009, 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, 2007, and ending June 30, 2008.

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	\$	0.00
b 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	\$	
c 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	\$	0.00

**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.

o If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box 
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
o If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.
Type or print Name of Exempt Organization B'nai B'rith
Employer identification number 53-0179971
Number, street, and room or suite no. If a P.O. box, see instructions. c/o Snyder, Cohn-4520 East West Hwy, #520
For IRS use only
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):
[X] Form 990 [ ] Form 990-PF [ ] Form 1041-A [ ] Form 6069
[ ] Form 990-BL [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 4720 [ ] Form 8870
[ ] Form 990-EZ [ ] Form 990-T (trust other than above) [ ] Form 5227

STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

o The books are in the care of
Telephone No. FAX No.
o If the organization does not have an office or place of business in the United States, check this box
o If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until May 15, 2009.
5 For calendar year, or other tax year beginning July 1, 2007, and ending June 30, 2008.
6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension We do not have sufficient information to complete an accurate return at this time.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: Tentative tax less nonrefundable credits, \$0. 8b: Refundable credits and estimated tax payments, \$. 8c: Balance Due, \$0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 01/31/2009

91 7108 2133 3932 4626 0257



Form 990-T

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

OMB No. 1545-0047

# 2007

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

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year: **11,806,113.**

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9.): **53-0179971**

**E** Unrelated business activity codes (See instructions for Block E on page 9.): **541800**

Name of organization (  Check box if name changed and see instructions.): **B'NAI B'RITH**

Print or Type: **2020 K STREET, N.W. 7TH FLOOR**

City or town, state, and ZIP code: **WASHINGTON, DC 20006**

**F** Group exemption number (see instructions for Block F.): **0947**

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

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

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

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

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	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 C)			
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)	615,295.	472,667.	142,628.
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	615,295.	472,667.	142,628.

**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)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			
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)			
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			1,000.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36 37 37 Proxy tax. See instructions 38 38 Alternative minimum tax 39 0. 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) 40a 40b b Other credits (see instructions) 40b c General business credit. Check here and indicate which forms are attached: [ ] Form 3800 [ ] Form(s) (specify) 40c 40d d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e e Total credits. Add lines 40a through 40d 41 0. 41 Subtract line 40e from line 39 42 42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 43 0. 43 Total tax. Add lines 41 and 42 44a Payments: A 2006 overpayment credited to 2007 44a 44b b 2007 estimated tax payments 44b 44c c Tax deposited with Form 8868 44c 44d d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e e Backup withholding (see instructions) 44e f Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44f 45 45 Total payments. Add lines 44a through 44f 46 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 47 0. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 49 Enter the amount of line 48 you want: Credited to 2008 estimated tax [ ] Refunded

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

1 At any time during the 2007 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 TDF 90-22.1. If YES, enter the name of the foreign country here ISRAEL Yes No X 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. Yes No X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ N/A

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

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs 4a 4b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 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 Date Title CHIEF FINANCIAL OFFICER May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No Preparer's SSN or PTIN P00086901 Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's name (or yours if self-employed), address, and ZIP code SNYDER, COHN, COLLYER, HAMILTON & ASSOC. 4520 EAST WEST HIGHWAY, SUITE 520 BETHESDA, MD 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

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes a Total row and a Total income calculation row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 5 main columns: 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, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes a Totals row.

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

Table with 6 main columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 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. Includes a Totals row.

**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 22)

**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	141,587.	150,389.		19,936.	438,229.	
(3) B'NAI B'RITH						
(4) TODAY	473,708.	322,278.		26,147.	559,131.	
Totals (carry to Part II, line (5))	615,295.	472,667.	142,628.	46,083.	997,360.	142,628.

**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) Totals from Part I	615,295.	472,667.				142,628.
Totals, Part II (lines 1-5)	615,295.	472,667.				142,628.

**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.

## 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) 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) 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>B'nai B'rith</b>	Employer identification number <b>53-0179971</b>
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. <b>c/o Snyder, Cohn-4520 East West Hwy., #520</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Bethesda, MD 20814-3338</b>	

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. ▶ \_\_\_\_\_ 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) corporation required to file Form 990-T) extension of time until 05-15, 2009, 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, 2007, and ending June 30, 2008.

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	\$	0.00
b 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	\$	
c 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	\$	0.00

**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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions.

Return ID (20-digit number) N/A

Name of exempt organization: B'NAI B'RITH; Employer identification number: 53-0179971

Name and title of officer: KATE MARSHALL, CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 27419474
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize SNYDER, COHN, COLLYER, HAMILTON & ASSOC. to enter my PIN [ ] do not enter all zeros as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: Katherine Marshall Date: 5/14/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52747812345 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature: Steve M Brant Date: 5/14/09

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