

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

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

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

OMB No. 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:

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

Please use IRS label or print or type.
See Specific Instructions.**C** Name of organization**B'NAI B'RITH**

Doing Business As

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

2020 K STREET, N.W. 7TH FLOOR

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

WASHINGTON, DC 20006**F** Name and address of principal officer: **DANIEL S. MARIASCHIN**
SAME AS C ABOVE**D** Employer identification number**53-0179971****E** Telephone number**202-857-6600****G** Gross receipts \$**19,071,900.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ **0947****I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.BNAIBRITH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1936****M** State of legal domicile: **DC****Part I Summary**

| | | | | |
|-----------------------------|--|--|--|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: B'NAI B'RITH INTERNATIONAL, THE GLOBAL VOICE OF THE JEWISH COMMUNITY, IS A JEWISH HUMANITARIAN, | | |
| | 2 | Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 172 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 171 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 249 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 275 |
| | | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| b | | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 23,899,999. | 14,969,583. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,288,080. | 1,087,250. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -478,414. | 77,299. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -289,308. | -200,150. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 24,420,357. | 15,933,982. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 14,800,956. | 5,827,362. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,750. | 3,000. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 6,443,596. | 5,782,711. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,068,715. | 270,121. | 453,824. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 6,442,971. | 5,284,783. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 27,960,394. | 17,351,680. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | -3,540,037. | -1,417,698. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 8,687,680. | 7,235,455. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 20,271,395. | 22,075,681. | |
| | | | -11,583,715. | -14,840,226. |

Part II Signature Block

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

Sign
Here

Signature of officer

Date

KATE MARSHALL, CFO
Type or print name and titlePaid
Preparer's
Use OnlyPreparer's signature
Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

SNYDER COHN, PC
11200 ROCKVILLE PIKE, SUITE 415
NORTH BETHESDA, MD 20852

EIN ▶

Phone no. ▶ **301-652-6700**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
 B'NAI B'RITH INTERNATIONAL, THE GLOBAL VOICE OF THE JEWISH COMMUNITY,
 IS A JEWISH HUMANITARIAN, HUMAN RIGHTS, AND ADVOCACY ORGANIZATION.
 SINCE 1843, BBI HAS WORKED FOR JEWISH UNITY, SECURITY, CONTINUITY, AND
 TOLERANCE. BBI'S REACH EXTENDS TO MORE THAN 50 COUNTRIES AROUND THE

2 Did the organization undertake any significant program services during the year which were not listed on
 the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,398,039. including grants of \$ 5,668,181.) (Revenue \$)
 DISASTER SERVICES PROGRAMS, GENERAL/OTHER: ACTIVITIES OF THE B'NAI
 B'RITH DISASTER RELIEF FUND AND OTHER RELATED PROGRAMMING. DURING THE
 YEAR, THE ORGANIZATION PROVIDED ASSISTANCE TO VICTIMS OF EARTHQUAKES
 AND TO VARIOUS HUMANITARIAN PROJECTS IN PERU, ARGENTINA, PARAGUAY, AND
 CUBA. CONTINUED TO AID VICTIMS OF HURRICANE KATRINA AND OTHER GULF
 HURRICANES. ALSO, THROUGH THE COMMUNITIES IN CRISIS PROGRAM, PROVIDED
 MILLIONS OF DOLLARS OF PHARMACEUTICAL DRUGS, SCHOOL BOOKS, ETC. TO
 NEEDY IN SOUTH AMERICA. (500,000 PEOPLE SERVED.)

4b (Code:) (Expenses \$ 1,141,976. including grants of \$ 11,529.) (Revenue \$ 341,996.)
 COMMUNITY, BUSINESS & INDUSTRY PROGRAMS, GENERAL/OTHER: COMMUNITY
 INVOLVEMENT. LOCAL COMMUNITY VOLUNTEER SERVICE ACTIVITIES BY MEMBERS OF
 B'NAI B'RITH CHAPTERS AND OTHER SUPPORTERS THROUGHOUT THE UNITED STATES
 AND IN 50 OTHER COUNTRIES. PROJECTS VARY BY COMMUNITY, BUT INCLUDE
 PROJECT HOPE AND OTHER ACTIVITIES TO HELP THE POOR, ENLIGHTEN AMERICA
 ESSAY CONTESTS AND OTHER ANTI-HATE PROGRAMMING, CHILDREN'S PROGRAMMING
 INCLUDING TEDDY BEARS FOR SICK KIDS AND THE SMARTER KIDS, SAFER KIDS
 PROGRAM, HEALTH AWARENESS PROGRAMMING LIKE THE PROSTATE CANCER
 AWARENESS PROJECT. VOLUNTEERS IN THE US ARE AIDED BY A NETWORK OF STAFF
 WHO PROVIDE ASSISTANCE TO VOLUNTEERS LOCATED IN 17 B'NAI B'RITH REGIONS
 (150,000 MEMBERS AND SUPPORTERS).

4c (Code:) (Expenses \$ 1,771,298. including grants of \$ 79,452.) (Revenue \$)
 HUMAN RIGHTS, POLICY, SOCIAL ACTION & ADVOCACY: PRIMARILY THROUGH THE
 CENTER FOR HUMAN RIGHTS AND PUBLIC POLICY, SPEAK ABOUT PUBLIC POLICY
 ISSUES OF PARTICULAR INTEREST TO THE JEWISH PEOPLE AT THE UNITED
 NATIONS, EUROPEAN UNION, ORGANIZATION OF AMERICAN STATES, MERCOSUR, AND
 OTHER INTERNATIONAL BODIES, TO THE EXECUTIVE AND LEGISLATIVE BRANCHES
 OF THE FEDERAL GOVERNMENT, AND TO STATE LEGISLATIVE AND EXECUTIVE
 BODIES. PREPARES AND DISTRIBUTES POLICY ANALYSIS FOR ISSUES OF CONCERN.
 THROUGH THE CENTER FOR SENIOR SERVICES, ADVOCATES ON BEHALF OF SENIOR
 CITIZENS.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 1,765,629. including grants of \$ 68,200.) (Revenue \$ 745,254.)

4e Total program service expenses ► \$ 11,076,942.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-----|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a | 55 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 249 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | 2b | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country: ISRAEL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body | 172 | |
| b Enter the number of voting members that are independent | 171 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 Does the organization have members or stockholders? | | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DANIEL S. MARIASCHIN EXECUTIVE VP | 38.00 | X | | X | | | | 329,138. | 0. | 9,384. |
| DENNIS GLICK PRESIDENT | 12.00 | X | | X | | | | 0. | 0. | 0. |
| ALLAN J. JACOBS CHAIR OF THE EXECUTIVE C | 2.00 | X | | X | | | | 0. | 0. | 0. |
| SETH RIKLIN TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| TED GREENFIELD SR. VP | 2.00 | X | | X | | | | 0. | 0. | 0. |
| YVES-VICTOR KAMAMI SR. VP | 2.00 | X | | X | | | | 0. | 0. | 0. |
| ROBERTO NUL SR. VP | 2.00 | X | | X | | | | 0. | 0. | 0. |
| S. BRUCE PASCAL SR. VP | 2.00 | X | | X | | | | 0. | 0. | 0. |
| GARY SALTZMAN SR. VP | 2.00 | X | | X | | | | 0. | 0. | 0. |
| STEPHEN ZORN SR. VP | 7.00 | X | | X | | | | 0. | 0. | 0. |
| TOMMY BAER HONORARY PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD D. HEIDEMAN HONORARY PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOEL KAPLAN HONORARY PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |
| GERARD KRAFT HONORARY PRESIDENT | 16.00 | X | | | | | | 0. | 0. | 0. |
| SEYMOUR D. REICH HONORARY PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |
| KENT E. SCHINER HONORARY PRESIDENT | 4.00 | X | | | | | | 0. | 0. | 0. |
| MOISHE SMITH HONORARY PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SIDNEY CLEARFIELD HONORARY EXECUTIVE VP | 2.00 | X | | | | | | 0. | 0. | 0. |
| RICARDO M. ABRAHAM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| IRVING ABRAMOVITZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ISRAEL ABRAMOWITZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JAMES ALTMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GARY W. ANDERSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| NARCISCO ATTIA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RAMY ATTIE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| YVONNE ATTIE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARMAND AZOULAI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Total | | | | | | | | 1,029,474. | 0. | 41,036. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| BDI DEVELOPMENT, 4311 WILSHIRE BLVD. SUITE 300, LOS ANGELES, CA 90010 | FUNDRAISING | 357,368. |
| AB DATA MARKETING, 8050 N. PORT WASHINGTON ROAD, MILWAUKEE, WI 53217-2600 | FUNDRAISING - DIRECT MAIL | 294,972. |
| | | |
| | | |
| | | |

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

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

Form 990 (2009)

Part VII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|----------------|----------------------|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 1,207,436. | | | | |
| | c Fundraising events | 1c | 1,267,669. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 12494478. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 5,610,681. | | | | |
| | h Total. Add lines 1a-1f | | 14969583. | | | | |
| Program Service Revenue | 2 a PROGRAM PARTICIPATION | Business Code | 900099 | 413,246. | 413,246. | | |
| | b MEMBER INSURANCE PROGR | | 524298 | 341,996. | | 341,996. | |
| | c LECTURE BUREAU | | 900099 | 172,447. | 172,447. | | |
| | d ADVERTISING SALES | | 541800 | 142,226. | | 142,226. | |
| | e GENERAL PROGRAM INCOME | | 900099 | 17,335. | 17,335. | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 1,087,250. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 154,412. | | | 154,412. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ 1267669. of contributions reported on line 1c). See Part IV, line 18 | a | 5,530. | | | | |
| | b Less: direct expenses | b | 488,865. | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 635. | | | | | |
| b Less: cost of goods sold | b | 3,444. | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a MISCELLANEOUS | | 900099 | 268,860. | 268,860. | | | |
| b NET TRANSFERS FROM AFF | | 900099 | 18,546. | 18,546. | | | |
| c FOREIGN EXCHANGE ADJUS | | 900099 | -1,412. | -1,412. | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 285,994. | | | | |
| 12 Total revenue. See instructions. | | | 15933982. | 889,022. | 142,226. | -66,849. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 90,052. | 90,052. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 46,400. | 46,400. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 5,690,910. | 5,690,910. | | |
| 4 Benefits paid to or for members | 3,000. | 3,000. | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 694,575. | 395,654. | 220,346. | 78,575. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,636,977. | 1,344,214. | 779,932. | 512,831. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,423,243. | 224,189. | 1,113,665. | 85,389. |
| 9 Other employee benefits | 669,830. | 90,172. | 540,667. | 38,991. |
| 10 Payroll taxes | 358,086. | 211,271. | 82,360. | 64,455. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 127,034. | 27,015. | 99,935. | 84. |
| c Accounting | 75,746. | | 75,746. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 453,824. | | | 453,824. |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 150,010. | 42,537. | 97,760. | 9,713. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,336,201. | 727,357. | 507,751. | 101,093. |
| 17 Travel | 482,026. | 327,435. | 99,948. | 54,643. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 645,881. | 583,967. | 27,385. | 34,529. |
| 20 Interest | 51,677. | | 51,677. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 274,747. | | 274,747. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a BANK AND OTHER SERVICE | 724,848. | 520,137. | 46,544. | 158,167. |
| b POSTAGE AND SHIPPING | 625,008. | 256,281. | 55,084. | 313,643. |
| c PRINTING AND PUBLICATION | 446,063. | 297,728. | 50,180. | 98,155. |
| d TELEPHONE | 97,843. | 65,984. | 14,166. | 17,693. |
| e GENERAL ADMINISTRATION | 72,270. | 38,966. | 9,922. | 23,382. |
| f All other expenses | 175,429. | 93,673. | 58,208. | 23,548. |
| 25 Total functional expenses. Add lines 1 through 24f | 17,351,680. | 11,076,942. | 4,206,023. | 2,068,715. |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 845,193. | 1 | 813,888. |
| | 2 Savings and temporary cash investments | 661,053. | 2 | 229,281. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,559,754. | 4 | 3,215,277. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 4,977. | 7 | 3,318. |
| | 8 Inventories for sale or use | 49,067. | 8 | 38,009. |
| | 9 Prepaid expenses and deferred charges | 194,146. | 9 | 139,506. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments - publicly traded securities | 4,062,476. | 11 | 2,539,574. |
| | 12 Investments - other securities. See Part IV, line 11 | 311,014. | 12 | 256,602. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 8,687,680. | 16 | 7,235,455. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,930,197. | 17 | 1,958,476. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 853,959. | 19 | 1,153,263. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,000,000. | 23 | 997,314. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 16,487,239. | 25 | 17,966,628. |
| | 26 Total liabilities. Add lines 17 through 25 | 20,271,395. | 26 | 22,075,681. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -12,813,115. | 27 | -16,184,242. |
| | 28 Temporarily restricted net assets | 1,229,400. | 28 | 1,344,016. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | -11,583,715. | 33 | -14,840,226. |
| 34 Total liabilities and net assets/fund balances | 8,687,680. | 34 | 7,235,455. | |

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

B'NAI B'RITH

53-0179971

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13400504. | 17397057. | 25577694. | 23899999. | 14969583. | 95244837. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 13400504. | 17397057. | 25577694. | 23899999. | 14969583. | 95244837. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 95244837. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|----------------------------|
| 7 Amounts from line 4 | 13400504. | 17397057. | 25577694. | 23899999. | 14969583. | 95244837. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 391,471. | 448,979. | 415,010. | 322,346. | 154,412. | 1732218. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 92,760. | 323,428. | 71,923. | 399,766. | 285,994. | 1173871. |
| 11 Total support. Add lines 7 through 10 | | | | | | 98150926. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 9,694,438. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ▶ <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------------------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.04 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 96.92 % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ▶ <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ▶ <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ▶ <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ▶ <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ▶ <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

MISCELLANEOUS - RELATED PURPOSES

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

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

B'NAI B'RITH

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 foundationCheck 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

B'NAI B'RITH

53-0179971

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | JEANNE K. GOLDSTEIN (ESTATE OF) 14801 COBBLESTONE DR SILVER SPRING, MD 20905 | \$ 490,619. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

B'NAI B'RITH

53-0179971

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization

Employer identification number

B'NAI B'RITH

53-0179971

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

| | |
|---|---|
| Name of organization B'NAI B'RITH | Employer identification number 53-0179971 |
|---|---|

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

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

| | (a) | | (b) |
|--|----------|----------|----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ... | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | 109,421. |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? If "Yes," describe in Part IV | | X | |
| j Total. Add lines 1c through 1i | | | 109,421. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

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

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

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

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

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 10096661. | 11885972. | | | |
| b Contributions | 642,854. | 1,229,645. | | | |
| c Net investment earnings, gains, and losses | 1,328,176. | -1575998. | | | |
| d Grants or scholarships | 74,844. | 733,742. | | | |
| e Other expenditures for facilities and programs | 314,934. | 531,874. | | | |
| f Administrative expenses | 104,979. | 177,342. | | | |
| g End of year balance | 11572934. | 10096661. | | | |

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

- a Board designated or quasi-endowment ☒ 50.00 %
 b Permanent endowment ☒ 43.00 %
 c Term endowment ☒ 7.00 %

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

| | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X | |

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 0.

Schedule D (Form 990) 2009

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 15,933,982. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 17,351,680. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -1,417,698. |
| 4 | Net unrealized gains (losses) on investments | 4 | 67,998. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | 289,232. |
| 8 | Other (Describe in Part XIV.) | 8 | -2,196,043. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -1,838,813. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -3,256,511. |

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,427,561. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 67,998. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 488,865. |
| e | Add lines 2a through 2d | 2e | 556,863. |
| 3 | Subtract line 2e from line 1 | 3 | 15,870,698. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 63,284. |
| c | Add lines 4a and 4b | 4c | 63,284. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 15,933,982. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 17,777,261. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 488,865. |
| e | Add lines 2a through 2d | 2e | 488,865. |
| 3 | Subtract line 2e from line 1 | 3 | 17,288,396. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 63,284. |
| c | Add lines 4a and 4b | 4c | 63,284. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 17,351,680. |

Part XIV Supplemental Information

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

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

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

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

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

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

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

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

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

Part XIV Supplemental Information (continued)

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

PART X: ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - BBI

ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF GENERAL AND ADMINISTRATIVE EXPENSES WHEN ASSESSED. BBI HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY UNDER SECTION 501(C)(3) AND ITS REPORTING OF UNRELATED BUSINESS INCOME AS TAX POSITIONS; HOWEVER, BBI HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. BBI FILES UNRELATED BUSINESS INCOME TAX RETURNS IN THE UNITED STATES AND DISTRICT OF COLUMBIA. BBI IS NOT UNDER AUDIT IN ANY JURISDICTION FOR ANY PERIOD. UNRELATED BUSINESS INCOME TAX RETURNS FOR YEARS ENDED PRIOR TO JUNE 30, 2007 ARE NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION LIABILITY ADJUSTMENT - FASB 158: -2030698.

PRIOR YEAR COST VS MARKET DIFFERENCE: -35124.

CURRENT YEAR COST VS MARKET DIFFERENCE: -130221.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - SPECIAL EVENT EXPENSES - \$488,865

PART XII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT -
\$63,284

PART XIII, LINE 2D - SPECIAL EVENT EXPENSES - \$488,865

PART XIII, LINE 4B - AD COMMISSION EXPENSE - CONTRA INCOME PER AUDIT -
\$63,284

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

53-0179971

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| MIDDLE EAST AND NORTH AFRICA | 1 | 1 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION, | SUPPORTING LOCAL JEWISH PROGRAMS, HUMANITARIAN HELP TO GEORGIA, AND SCHOLARSHIPS, | 347,510. |
| EUROPE | 1 | 1 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION, | SUPPORTING LOCAL JEWISH PROGRAMS, | 14,729. |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN REGION, | PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS, | 5,610,681. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 2 | 2 | | | 5,972,920. |

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

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------------------------|--|--------------------------|----------------------------------|-----------------------------------|--|---|
| | | | MIDDLE EAST AND NORTH AFRICA | PROVIDING HUMANITARIAN HELP TO GEORGIA. | 45,000. | ELECTRONIC FUND OR WIRE TRANSFER | 0. | | |
| | | | MIDDLE EAST AND NORTH AFRICA | SUPPORTING LOCAL JEWISH PROGRAMS. | 15,000. | ELECTRONIC FUND OR WIRE TRANSFER | 0. | | |
| | | | EUROPE | SUPPORTING LOCAL JEWISH PROGRAMS. | 5,000. | ELECTRONIC FUND OR WIRE TRANSFER | 0. | | |
| | | | SOUTH AMERICA | PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS. | 0. | | 536,357. | MEDICAL SUPPLIES | MANUFACTURER FORMULA |
| | | | SOUTH AMERICA | PROVIDING MEDICAL SUPPLIES TO COMMUNITIES IN CRISIS. | 0. | | 247,104. | MEDICAL SUPPLIES | MANUFACTURER FORMULA |
| | | | EUROPE | SUPPORTING LOCAL JEWISH PROGRAMS. | 7,500. | ELECTRONIC FUND OR WIRE TRANSFER | 0. | | |
| | | | | | | | | | |
| | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

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

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

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

B' NAI B' RITH

Employer identification number

53-0179971

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| AB DATA MARKETING | CONSULTS ON DIRECT MAIL PROGRAM | X | | 2,073,895. | 294,972. | 2,073,895. |
| BDI DEVELOPMENT | CONSULTS ON DINNERS PROGRAM | X | | 684,543. | 357,368. | 684,543. |
| TELEFUND, INC | CONSULTS ON TELEMARKETING SERV | | X | 0. | 76,236. | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 2,758,438. | 728,576. | 2,758,438. |

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|-------------------------|------------------------------|---------------------|--|
| | | DINNERS (event type) | GIVING CLUBS (event type) | 1 (total number) | |
| Revenue | 1 Gross receipts | 684,543. | 583,126. | 5,530. | 1,273,199. |
| | 2 Less: Charitable contributions | 684,543. | 583,126. | | 1,267,669. |
| | 3 Gross income (line 1 minus line 2) | | | 5,530. | 5,530. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 488,865. | | | 488,865. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (488,865.) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -483,335. |

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

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

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 EAST 27TH STREET, 10TH FLOOR NEW YORK, NY 10016 | | 501(C)(3) | 5,563. | 0. | | | TO SUPPORT THE REPRESENTATIVE VOICE OF THE ORGANIZED AMERICAN JEWISH COMMUNITY. |
| CONFERENCE OF PRESIDENTS 633 THIRD AVE, 21ST FLOOR NEW YORK, NY 10017 | | 501(C)(4) | 45,964. | 0. | | | TO SUPPORT TAKING THE LEAD TO EXPLAIN AND ANALYZE ISSUES, PROVIDE A LINK BETWEEN AMERICAN |
| BBOY, INC. 2020 K ST NW, NO. 7800 WASHINGTON, DC 20006 | | 501(C)(3) | 5,000. | 0. | | | TO SUPPORT YOUNG JEWISH PEOPLE SO THAT THEY MAY ENRICH OTHER JEWISH PEOPLE AND THE WORLD. |
| NATIONAL CONFERENCE ON SOVIET JEWRY - 2020 K ST NW, NO. 7800 - WASHINGTON, DC 20006 | | 501(C)(3) | 16,776. | 0. | | | TO HELP SECURE THE WELL-BEING OF OVER ONE MILLION JEWS WHO ARE REBUILDING JEWISH LIFE IN |
| | | | | | | | |
| | | | | | | | |

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIP / AWARD | 34 | 46,400. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS BOTH THE PROGRAM DIRECTOR

AND THE FISCAL STAFF SIGN OFF ON ANY EXPENSES THAT ARE TO BE CHARGED TO

GRANT FUNDS. THIS ENSURES THAT THE EXPENSES ARE IN ACCORDANCE WITH THE

SPECIFICATIONS OF THE AGREEMENT. ADDITIONALLY, THE ORGANIZATION SET UP

ACCOUNT CODES TO INDICATE REVENUE AND EXPENSES ASSOCIATED WITH GRANTS SO

THAT IT CAN TRACK EXPENSES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CONFERENCE OF PRESIDENTS

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CONFERENCE ON SOVIET JEWRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SECURE THE WELL-BEING OF
OVER ONE MILLION JEWS WHO ARE REBUILDING JEWISH LIFE IN THE FORMER SOVIET
UNION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I Questions Regarding Compensation

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

☒ First-class or charter travel

☐ Housing allowance or residence for personal use

☒ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

1b

X

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

2

X

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

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" to line 6a or 6b, describe in Part III.

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2009

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SHELDON BADZIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARIE A BAR ZION DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RAPHAEL BAREL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| EARL J. BARISH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| IRA BARTFIELD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GERALD J. BATT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL BELOZERCOVSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM "BILL" BERGER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LEON BIRBRAGHER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ERIC BISSELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARLINE P. BITTKER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ADAM BLOOM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ERIC M. BOOK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM B. BRAM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| NANCY A. BRAUN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BARBARA BRENNAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARIO BRODSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARCELO BURMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT H. CHICOTSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HARVEY CHYETTE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ALAN D. COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PEARL COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STANLEY G. COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEWART S. COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| KAREN COOPER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STUART B. COOPER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SHALOM P. DORON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BERNARDO EDELMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ERIC ENGELMAYER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HERNAN FISCHMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PAOLO FOA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARLENE Z. FRANKLIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JULIO FROIMOVICH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LUIS GAJ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID A. GELLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JARED GENSER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ISAAC GILINSKI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MATTHEW GLICK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| OSCAR GOLDBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| KURT GOLDBERGER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number

53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARGARETE GOLDBERGER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| IRVING GOLDEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT GOLDEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ABRAHAM GOLDSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID C. GOLDSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DENNIS GOLDSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PABLO SERGIO GRINSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BENAMI GROBMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JULES GROSSWALD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MATILDE GROISMAN GUS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PEDRO GUS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOSEPH E. HARARI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RICARDO HOLZER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOSE IACOBESCU DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JACQUES JACUBERT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GARY JAVITCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ENRIQUE JINCHUK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARK E. JOSEPH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BORIS KALNICKI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HAIM V. KATZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERT S. KAUFMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROLF D. KEMPER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PHILIP KERSHNER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARSHALL KLEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROSALIND KLEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| EDUARDO KLESTORNY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JAIME KOPEC DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LEIBA KRANTZBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MRS. GISELE KUSNIEC DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HANS KYCHENTHAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| URSULA KYCHENTHAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DEBORAH LAKIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PHILIP LAX DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID LEVY-BENTOLILA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| AARON LIVERANT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JORGE LOEFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| YORAM LUFT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOHN MANHEIM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SHEL MARCUS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANNA MARKS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DAVID MATAS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ITZCHAK MAYER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| WAYNE J. MEISELS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL MERMELSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HANK MEYER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HAROLD MILLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BENTON S. MIRMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ABRAHAM D. MIZRACHI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ALAN H. MORGAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LYNELLE MORRIS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD MORRIS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANDRE NADJAR DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STUART NOVICK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DVORAH OCHERT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM K. PEIREZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ADRIENNE PERCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOELLE A. PERELBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PETER PERLMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARTHUR J. RECHT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JACOB RECKESS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer identification number

53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOHN PETER REEVES DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DENNIS RICE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOHN ROFEL DIRECTOR | 7.00 | X | | | | | | 0. | 0. | 0. |
| JEFFREY S. ROSS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEVEN B. ROTENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SID ROTH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HOWARD ROTHMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| REBECCA SALTZMAN-HALVORS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MILTON SARLIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN R. SATISKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARK SCHIFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PETER SCHIFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL M. SCHYDLOWSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RINA SEGAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RENEE SHARON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JEFFREY R. SHER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ZELMAR B. SHRELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HAROLD SHULMAN DIRECTOR | 8.00 | X | | | | | | 0. | 0. | 0. |
| MURRAY H. SHUSTERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARVIN M. SIFLINGER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

B'NAI B'RITH

Employer identification number
53-0179971

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| IRVING SILVER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEVEN I. SMIGA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARK B. SPERLING DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JORGE STAINFELD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN STERN DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT G. SUGARMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAN TARTAKOVSKI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| TED TOBACK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| EMILY TROTZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| FRITS VAN COEVORDEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JACK S. VENTURA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MATT WAAS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JASON WACHS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANALIA WAINBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GRAHAM WEINBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LARRY L. WYMOR DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| EDUARDO Yael DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANDRES YUSUPOFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANDRES ZELDIS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DR. AUBREY ZIDENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

B'NAI B'RITH

Employer Identification number
53-0179971

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

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

Part I **Types of Property**

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 1 | 5,610,681. | COST OF DONATED PROP |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (..... | | | | |
| 26 Other ► (..... | | | | |
| 27 Other ► (..... | | | | |
| 28 Other ► (..... | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | X | |

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

Schedule M (Form 990) 2009

Part II**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: BROTHER'S BROTHER CONTRIBUTED THE MEDICAL
SUPPLIES TO THE ORGANIZATION AND ASSISTED IN THE DISTRIBUTION OF THESE
CONTRIBUTIONS TO THE RECIPIENTS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number

53-0179971

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

HUMAN RIGHTS, AND ADVOCACY ORGANIZATION. SINCE 1843, BBI HAS WORKED FOR
JEWISH UNITY, SECURITY, CONTINUITY, AND TOLERANCE. BBI'S REACH EXTENDS
TO MORE THAN 50 COUNTRIES AROUND THE WORLD.

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

WORLD.

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

THE WORK OF B'NAI B'RITH INTERNATIONAL IS FOCUSED IN ITS CENTERS.

THESE CENTERS PROVIDE THE FRAMEWORK FOR INTENSIVE STUDY OF ISSUES AND
THOUGHTFUL RESPONSES THROUGH THE COMBINED EFFORTS OF DEDICATED
VOLUNTEER LEADERS AND PROFESSIONAL STAFF.

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

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

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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RECIPIENTS).

EXPENSES \$ 826548. INCLUDING GRANTS OF \$ 68200. REVENUE \$ 727919.

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

EXPENSES \$ 939081. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17335.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S CFO AND FISCAL MANAGER REVIEW THE FORM 990. THEY COMPARE IT TO THE AUDIT AND ADJUST FOR DIFFERENCES. THEY ALSO LOOK FOR VARIOUS BENCHMARKS IN TERMS OF THEIR EXPECTATIONS. THEY RUN VARIOUS REPORTS SO THAT THEY CAN COMPARE THE FORM TO WHAT THEY HAVE IN THE GENERAL LEDGER AND FINANCIAL STATEMENTS. IN ADDITION, THEY DISCUSS THE FORM WITH THE PAID PREPARERS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY SENDS OUT CONFLICT OF INTEREST DISCLOSURE FORMS TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES. THE ORGANIZATION COLLECTS THESE FORMS AT REGULARLY

SCHEDULE O
(Form 990)

Department of the Treasury
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Name of the organization

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53-0179971

SCHEDULED MEETINGS TO MONITOR AND ENSURE COMPLIANCE.

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

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

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

SCHEDULE G, PART I, LINE 2B, COLUMN (V): IN ADDITION TO THE AMOUNTS PAID
FOR PROFESSIONAL FUNDRAISING SERVICES LISTED ON SCHEDULE G, THE
ORGANIZATION ALSO PAID FUNDRAISERS THE FOLLOWING:

AB DATA MARKETING:

LIST RENTAL \$ 43,684

POSTAGE \$ 222,874

LETTERSHOP/MAILHOUSE \$ 62,185

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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PRINT COMPONENTS \$ 145,959

LASER PRINTING \$ 25,411

BDI DEVELOPMENT:

OFFICE EXPENSE \$ 533

POSTAGE \$ 9,752

PRINTING \$ 7,377

TRAVEL \$ 12,331

ENTERTAINMENT \$ 12,434

MISCELLANEOUS \$ 2,076

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

FORM 990, SCHEDULE G, PART I, LINE 2B(III)

DESCRIPTION OF CUSTODY OR CONTROL ARRANGEMENT

BDI DEVELOPMENT AND AB DATA MARKETING HAVE CUSTODY OF THE RAISED FUNDS
UNTIL THEY ARE TRANSFERRED TO THE ORGANIZATION. DURING THIS TIME, THEY
DO NOT HAVE THE AUTHORITY TO USE THE FUNDS OR DIRECT THEIR USE.
HOWEVER, DEPENDING ON THE WAY THE FUNDS WERE CONTRIBUTED, THEY COULD
HAVE THE AUTHORITY TO DEPOSIT THESE FUNDS IN A HOLDING ACCOUNT UNTIL
THE FUNDS ARE TRANSFERRED TO THE ORGANIZATION. TELEFUND, INC DOES NOT
HAVE CUSTODY OR CONTROL OF FUNDS AS THEY WORK FOR THE ORGANIZATION
THROUGH AB DATA MARKETING.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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2009

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FORM 990, PAGE 2, PART III, LINE 1

CONTINUATION OF THE ORGANIZATION'S MISSION STATEMENT

THE CENTER FOR HUMAN RIGHTS AND PUBLIC POLICY (CHRPP) BRINGS A JEWISH
VOICE TO INTERNATIONAL AND DOMESTIC POLICY AND IN DEFENSE OF ISRAEL.

BBI HAS SERVED AS AN NGO (NON-GOVERNMENTAL ORGANIZATION) AT THE UNITED
NATIONS SINCE 1947. WHETHER AN ISSUE IS BEFORE THE HUMAN RIGHTS

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

LEADERS AND STAFF PROVIDE EXPERT TESTIMONY AND ADVOCACY FOR ISRAEL AND

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

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

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

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

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

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

HOLOCAUST RESTITUTION.

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

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

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

LARGEST NATIONAL JEWISH SPONSOR OF SENIOR HOUSING IN THE UNITED STATES

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

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

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

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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53-0179971

AGING SAFELY IN PLACE TO NATIONAL AND INTERNATIONAL ADVOCACY ON VITAL
ISSUES SUCH AS INCOME PROTECTION AND STEM CELL RESEARCH, BBI PRESENTS A
CONCERNED VOICE FOR ALL SENIORS.

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

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

SCHEDULE O
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Department of the Treasury
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Supplemental Information to Form 990

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AT THE WORLD CENTER IN JERUSALEM, BBI FOCUSES ON ISRAEL AND ITS PLACE
IN THE WORLD. THE WORLD CENTER PROMOTES STRONG ISRAEL-DIASPORA
RELATIONS. IT IS THE VOICE OF THE B'NAI B'RITH COMMUNITY TO THE
ISRAELI GOVERNMENT, NATIONAL INSTITUTIONS, AND THE NGO COMMUNITY IN
ISRAEL. THE WORLD CENTER SPONSORS CULTURAL PROGRAMS AND INTERCHANGE.
AS A FOUNDING MEMBER OF ISRAAID, THE WORLD CENTER WORKS WITH MANY OTHER
ISRAELI RELIEF ORGANIZATIONS. THE CENTER ALSO COORDINATED B'NAI B'RITH
INTERNATIONAL'S ISRAEL EMERGENCY FUND RELIEF EFFORTS DURING AND
FOLLOWING THE 2006 WAR WITH LEBANON, INCLUDING "SIFRUT (LITERATURE) FOR
SOLDIERS," WHICH SENT THOUSANDS OF HEBREW-LANGUAGE BESTSELLERS AND
CLASSICS TO ISRAEL DEFENSE FORCE SOLDIERS.

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

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

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

FORM 1096 FILING EXPLANATION

THE ORGANIZATION FILED A 2009 FORM 1096 UNDER ITS NAME AND FEDERAL

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

B'NAI B'RITH

Employer identification number
53-0179971

EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 55 FORMS. OF THOSE 55
FORMS, 12 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION (FEIN
#53:0209632). SINCE ALL 55 OF THE FORMS WERE REPORTED UNDER THE
ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL
BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 1A AND
NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990. HOWEVER, THE 2009 FORM
990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS
EXPLANATION.

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

FORM W-3 FILING EXPLANATION

THE ORGANIZATION FILED A 2009 FORM W-3 UNDER ITS NAME AND FEDERAL
EMPLOYER IDENTIFICATION NUMBER THAT INCLUDED 249 W-2 FORMS. OF THOSE
249 W-2 FORMS, 174 WERE ATTRIBUTABLE TO THE HENRY MONSKY FOUNDATION
(FEIN #53:0209632). SINCE ALL 249 OF THE FORMS WERE REPORTED UNDER THE
ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER, THOSE FORMS WILL
BE REPORTED ON THE ORGANIZATION'S FORM 990, PAGE 5, PART V, LINE 2A AND
NOT ON THE HENRY MONSKY FOUNDATION'S FORM 990. HOWEVER, THE 2009 FORM
990 SCHEDULE O FOR THE HENRY MONSKY FOUNDATION WILL INCLUDE THIS
EXPLANATION.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
|--|----------------------------------|------------------------|
| (1) B'NAI B'RITH FOUNDATION OF THE U.S. | R | 97,323. |
| (2) B'NAI B'RITH HENRY MONSKY FOUNDATION | D | 320,000. |
| (3) B'NAI B'RITH HENRY MONSKY FOUNDATION | Q | 57,260. |
| (4) | | |
| (5) | | |
| (6) | | |

Part II

[illegible]

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

OMB No. 1545-0087

2009Open to Public Inspection for
501(c)(3) Organizations Only

| | | |
|---|---|---|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) B'NAI B'RITH Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 2020 K STREET, N.W. 7TH FLOOR City or town, state, and ZIP code WASHINGTON, DC 20006 | D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 53-0179971 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800 |
| C Book value of all assets at end of year 7,235,455. | F Group exemption number (See instructions for Block F.) ▶ 0947 G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | |

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶
J The books are in care of ▶ **KATE MARSHALL** Telephone number ▶ **202-857-6600**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|-----------------|----------------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 142,226. | 127,226. | 15,000. |
| 12 Other income (See instructions; attach schedule.) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 142,226. | 127,226. | 15,000. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | 15,000. |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 15,000. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 0. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 0. |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

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

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

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

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

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

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e **Total credits.** Add lines 40a through 40d 40e**41 Subtract line 40e from line 39** 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a Payments:** A 2008 overpayment credited to 2009 44a

b 2009 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44f**45 Total payments.** Add lines 44a through 44f 45**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.**49 Enter the amount of line 48 you want:** Credited to 2010 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

- 1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **ISRAEL**
- 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.
- 3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

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

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

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 *Katharine Marshall* *4/10/11* **CFO**

Signature of officer Date Title

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

Paid Preparer's Use Only

Preparer's signature **SNYDER COHN, PC** Date **4/10/11** Check if self-employed ☐ Preparer's SSN or PTIN **P00086901**

Firm's name (or yours if self-employed), address, and ZIP code **11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852** 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 18)**1. Description of property**

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

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

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

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

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|--|--|---|--|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

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

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | |
|---|--|--|---|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0. | 0. |

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

(see instructions on page 20)

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

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

(see instructions on page 21)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 28. |
| Totals | 0. | 0. | | | | 0. |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) B'NAI B'RITH | | | | | | |
| (2) MAGAZINE | 142,226. | 127,226. | | 16,018. | 230,144. | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 142,226. | 127,226. | 15,000. | 16,018. | 230,144. | 15,000. |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 142,226. | 127,226. | | | | 15,000. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 142,226. | 127,226. | | | | 15,000. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

| 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. |

2009 FR-128 SUB Extension of Time
File DC Franchise or Partnership Return

Why file the FR-128

Use Form FR-128 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

When to file

The request for an extension of time to file must be submitted no later than the due date of the return.

Note: If you are a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

Extension of time to file

A 6-month extension of time to file will be allowed if you complete this form properly, file it on time and PAY the full amount of any tax due shown on Line 5. When you file your return (D-20/D-30/D-65), attach a copy of the FR-128 which you filed. A separate extension request must be filed for each return.

Blanket requests for extensions will not be accepted.

Federal extension forms

The Office of Tax and Revenue does not accept the federal application for an extension of time to file. You must use DC Form FR-128.

Additional extension of time

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In that case, an additional extension of 6 months may be granted.

Notes:

- If your liability exceeds \$10,000, you must file and pay electronically. See www.taxpayerservicecenter.com
- In order to comply with new banking rules, if the funds for this payment will come from an account outside of the United States, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

Important: Leave lines blank that do not apply.

ENTER DOLLAR AMOUNTS ONLY

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

Enter the amount here and on the voucher below.

Payment in full must be submitted with this form or your request will be denied.

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

Payment and mailing instructions: You must send payment in full with this form or your request will be denied.

Attach check or money order made payable to DC Treasurer. Include your FEIN or SSN, "2009 FR-128" on your payment.

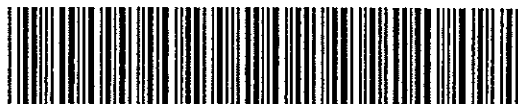
Mail the bottom portion of this form with any payment to:

Office of Tax and Revenue
PO Box 7792
Washington DC 20044-7792

Detach at perforation before mailing

Government of the
District of Columbia

2009 FR-128 SUB Extension of Time
to File DC Franchise or
Partnership Return



091280211039

Federal Employer I.D. Number

530179971

Social Security Number (If self-employed)

OFFICIAL USE ONLY

Business Name

B'NAI B'RITH

Tax period ending MMY

0610

Business mailing address line #1

C/O SNYDER-4520 EAST WEST HWY

City

BETHESDA

State

MD

Zip code + 4

208143338

Request for a 6-month extension of time to file until

15, 2010, for calendar year 2009, or until MAY 2011

, for fiscal year

ending JUN 2010

is requested for the following return (check one):

X D-20 Corporation Franchise Tax Return

D-30 Unincorporated Business Franchise Tax Return

D-65 Partnership Return of Income

Amount submitted with this form

0.00

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

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

| | | | |
|--|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | 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, PC - 4520 East West Highway, Suite 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 corporation required to file Form 990-T) extension of time until **February 15, 2011**, 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**, 20**09**, and ending **June 30**, 20**10**.

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 |
| 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 | \$ | 0 |
| 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 |

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

91 7108 2133 3932 4625 3303

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

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010**2009**Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

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

Name and title of officer

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

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

| | | |
|--|--|--------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>15933982</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize SNYDER COHN, PC

ERO firm name

to enter my PIN 20006Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2009 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 2009 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 ▶ Katharine A Marshall Date ▶ 1/8/11**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 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Shane M BrantDate ▶ 1/7/11**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)923051
03-02-10