

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

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

**B** Check if applicable

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA**

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

**520 EIGHT AVENUE**

Room/suite

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

**NEW YORK, NY 10018****D** Employer identification number**13-5599486****E** Telephone number**(212) 532-4949****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

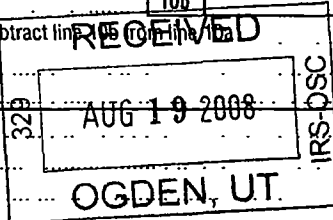
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.JCCA.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**47,923,534.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>5,478,477.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>1,827,452.</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>7,305,929.</b> noncash \$ )	<b>1e</b>	<b>7,305,929.</b>		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>2,509,795.</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>3,826,641.</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>219,703.</b>		
<b>Revenue</b>	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b>	<b>8d</b>	<b>1,209,394.</b>		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>Revenue</b>	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>211,637.</b>		
	<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>15,283,099.</b>		
	<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>11,087,151.</b>	
		<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>1,231,200.</b>	
		<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>535,359.</b>	
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>			
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		<b>17</b>	<b>12,853,710.</b>		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>2,429,389.</b>		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>18,897,734.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>	<b>402,490.</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>21,729,613.</b>		

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA**

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**Part II Statement of  
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>359,531</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	359,531.	359,531.	STATEMENT 4	STATEMENT 5
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	493,895.	0.	493,895.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	5,281,206.	4,743,594.	236,146.	301,466.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	660,554.	545,729.	73,759.	41,066.
<b>28</b> Employee benefits not included on lines 25a - 27	706,917.	576,045.	87,526.	43,346.
<b>29</b> Payroll taxes	332,882.	265,958.	46,911.	20,013.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	27,450.	11,513.	15,937.	0.
<b>32</b> Legal fees	8,478.	4,557.	3,921.	0.
<b>33</b> Supplies	133,862.	101,107.	23,682.	9,073.
<b>34</b> Telephone	48,126.	41,253.	5,430.	1,443.
<b>35</b> Postage and shipping	47,498.	37,378.	5,100.	5,020.
<b>36</b> Occupancy	674,562.	522,323.	107,602.	44,637.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	173,842.	156,547.	10,588.	6,707.
<b>39</b> Travel	349,274.	323,672.	21,294.	4,308.
<b>40</b> Conferences, conventions, and meetings	93,109.	38,531.	54,329.	249.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	236,426.	186,873.	35,024.	14,529.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
<b>g</b> SEE STATEMENT 3	3,226,098.	3,172,540.	10,056.	43,502.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	12,853,710.	11,087,151.	1,231,200.	535,359.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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NORTH AMERICA**

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

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b>	<b>PROGRAM ENRICHMENT SERVICES- THIS PROGRAM PROVIDES DEVELOPING SIGNATURE PROGRAMS FOR MEMBER JCCS AND PROVIDES CONSULTING ON THE PROGRAMMING NEEDS OF THE JCCS. 350 CLIENTS WERE SERVED.</b>	
	(Grants and allocations \$ <b>227,531.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>5,169,946.</b>
<b>b</b>	<b>COMMUNITY CONSULTATION SERVICES- THIS PROGRAM PROVIDES CONSULTING SERVICES TO JCCS IN THE AREA OF GENERAL MANAGEMENT, FINANCIAL MANAGEMENT AND GOVERNANCE. IN ADDITION, THE MANDEL CENTER FOR EXCELLENCE IN LEADERSHIP AND MANAGEMENT HAS BEEN INVOLVED IN DEVELOPING OPERATIONAL BENCHMARKS FOR JCCS. 350 CLIENTS WERE SERVED.</b>	
	(Grants and allocations \$ <b>39,000.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,583,533.</b>
<b>c</b>	<b>SEE STATEMENT 6</b>	
	(Grants and allocations \$ <b>85,500.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,306,637.</b>
<b>d</b>	<b>JEWISH EDUCATION SERVICES- THIS PROGRAM DEVELOPS PROGRAMS FOR JCCS TO OPERATE THAT HAVE SIGNIFICANT JEWISH CONTENT. IN ADDITION, SEMINARS IN ISRAEL FOR PROFESSIONAL STAFF AND LAY LEADERS OF JCCS ARE PERFORMED THROUGH THIS PROGRAM. 350 CLIENTS WERE SERVED.</b>	
	(Grants and allocations \$ <b>0.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,588,135.</b>
<b>e</b>	Other program services (attach schedule) <b>SEE STATEMENT 8</b>	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>438,900.</b>
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>11,087,151.</b>

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	640,376.	45	
	46 Savings and temporary cash investments		46	711,006.
	47 a Accounts receivable	709,677.		
	b Less: allowance for doubtful accounts	43,441.	47c	666,236.
	48 a Pledges receivable	4,840,105.		
	b Less: allowance for doubtful accounts	0.	48c	4,840,105.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees <b>STATEMENT 9</b>	118,000.	50a	76,000.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts	17,888.	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	413,773.	53	454,337.
	54 a Investments - publicly-traded securities <b>STMT 13</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,124,007.	54a	15,031,817.
	b Investments - other securities <b>STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,020,552.	54b	2,625,161.
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	2,934,464.			
b Less: accumulated depreciation <b>STMT 10</b>	505,854.	57c	2,428,610.	
58 Other assets, including program-related investments (describe ► )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	23,958,012.	59	26,833,272.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	487,819.	60	518,699.
	61 Grants payable		61	
	62 Deferred revenue	78,951.	62	261,810.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► <b>SEE STATEMENT 11</b> )	4,493,508.	65	4,323,150.
66 <b>Total liabilities.</b> Add lines 60 through 65	5,060,278.	66	5,103,659.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	<1,952,452.>	67	<1,537,045.>
	68 Temporarily restricted	5,324,352.	68	6,631,792.
	69 Permanently restricted	15,525,834.	69	16,634,866.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	18,897,734.	73	21,729,613.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	23,958,012.	74	26,833,272.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	15,737,813.
<b>b</b> Amounts included on line a but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments	<b>b1</b>	454,714.	
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify):	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	454,714.
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	15,283,099.
<b>d</b> Amounts included on Part I, line 12, but not on line a:			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify):	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	15,283,099.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1	2017
2	2018
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<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	12,853,710.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	12,853,710.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	12,853,710.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA**

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

<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	108			
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	SEE STATEMENT 15	<b>75b</b>	X	
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."		<b>75c</b>		X
	If "Yes," attach a statement that includes the information described in the instructions.				
<b>d</b>	Does the organization have a written conflict of interest policy?		<b>75d</b>	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions.)

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

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**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
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<b>Part VI Other Information</b> (continued)			Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b> N/A		
<b>85 a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b> N/A		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b> N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	c Dues, assessments, and similar amounts from members	<b>85c</b> N/A		
	d Section 162(e) lobbying and political expenditures	<b>85d</b> N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b> N/A		
<b>86</b>	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b> N/A		
	b Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A		
<b>87</b>	501(c)(12) organizations. Enter: a Gross income from members or shareholders	<b>87a</b> N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b> N/A		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>0.</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		X
<b>90 a</b>	List the states with which a copy of this return is filed <u>NY</u>			
	b Number of employees employed in the pay period that includes March 12, 2007	<b>90b</b>	65	
<b>91 a</b>	The books are in care of <u>JCC ASSOCIATION</u> Telephone no. <u>212 532 4949</u> Located at <u>520 EIGHT AVENUE, NEW YORK, NY</u> ZIP + 4 <u>10018</u>			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>ISRAEL</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X	

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**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
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**Part VI Other Information** (continued) Yes No

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

If "Yes," enter the name of the foreign country **ISRAEL**

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

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

**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **PROGRAM AND SEMINAR FEES**

b  
c  
d  
e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property  
b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets  
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a **RENT ABATEMENT**  
b **SERVICE INCOME**

c  
d  
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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

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

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

**SEE STATEMENT 16**

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

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

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

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

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

Form 990 (2007)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a  
controlling organization as defined in section 512(b)(13). N/A**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"  
complete the schedule below for each controlled entity.

Yes No

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

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

Yes No

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

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

Yes No

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

Please Sign Here: *Allan Finkelstein* Signature of officer Date: *8/13/08*

Type or print name and title: *Allan Finkelstein President*

Paid Preparer's Use Only: Preparer's signature: *Hope Goldstein* Date: *8/8/08* Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):  
Firm's name (or yours if self-employed), address, and ZIP + 4: **MARKS PANETH & SHRON LLP**  
**622 THIRD AVENUE**  
**NEW YORK, NEW YORK 10017** EIN: **21-2503800** Phone no.: **212 503-8800**

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2007**

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13 5599486**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>MANN, ALAN</b> 520 8TH AVENUE, NEW YORK, NY 10018	VICE PRESIDENT 35.00	298,269.	36,579.	0.
<b>DIETZ, ROBERT</b> 520 8TH AVENUE, NEW YORK, NY 10018	VICE PRESIDENT 35.00	166,920.	23,800.	0.
<b>GOLDBERG, ALAN</b> 520 8TH AVENUE, NEW YORK, NY 10018	VICE PRESIDENT 35.00	195,588.	21,639.	0.
<b>SOHINKI, ARNIE</b> 520 8TH AVENUE, NEW YORK, NY 10018	VICE PRESIDENT 35.00	199,851.	18,524.	0.
<b>BALLIN, ROBIN</b> 520 8TH AVENUE, NEW YORK, NY 10018	VICE PRESIDENT 35.00	171,089.	31,355.	0.
Total number of other employees paid over \$50,000 ▶	32			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>PROMISE TECHNOLOGY PARTNERS, LLC</b> 799 BLOOMFIELD AVENUE, VERONA, NJ 07044	CONSULTING	60,960.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

**JEWISH COMMUNITY CENTERS ASSOCIATION OF**

Schedule A (Form 990 or 990-EZ) 2007 **NORTH AMERICA**

**13-5599486** Page 2

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>SEE STATEMENT 17</b>	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>	<b>N/A</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	<b>N/A</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year	0	
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0.	
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

**JEWISH COMMUNITY CENTERS ASSOCIATION OF**

Schedule A (Form 990 or 990-EZ) 2007 **NORTH AMERICA**

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**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

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

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

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2007 NORTH AMERICA

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,274,410.	7,442,885.	7,430,901.	5,738,624.	30,886,820.
16 Membership fees received	3,508,008.	3,432,574.	3,461,756.	3,045,000.	13,447,338.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,349,041.	2,344,132.	2,490,463.	1,594,321.	8,777,957.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	253,569.	259,671.	159,786.	171,822.	844,848.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	169,400.		SEE STATEMENT 18		169,400.
23 Total of lines 15 through 22	16,554,428.	13,479,262.	13,542,906.	10,549,767.	54,126,363.
24 Line 23 minus line 17	14,205,387.	11,135,130.	11,052,443.	8,955,446.	45,348,406.
25 Enter 1% of line 23	165,544.	134,793.	135,429.	105,498.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 906,968.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,687,883.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 45,348,406.
d Add: Amounts from column (e) for lines: 18 844,848. 19 22 169,400. 26b 2,687,883.					26d 3,702,131.
e Public support (line 26c minus line 26d total)					26e 41,646,275.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.8362%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

**JEWISH COMMUNITY CENTERS ASSOCIATION OF**

Schedule A (Form 990 or 990-EZ) 2007 **NORTH AMERICA**

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

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2007

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2007 NORTH AMERICA

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount
		0.

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

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





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FORM 990 PAGE 2

728102  
04-27-07

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	33,849,829.	32,640,435.	0.	1,209,394.
TO FORM 990, PART I, LINE 8	33,849,829.	32,640,435.	0.	1,209,394.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	454,714.
ADOPTION OF FASB 158	<52,224.>
TOTAL TO FORM 990, PART I, LINE 20	402,490.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
JEWISH CHAPLAINCY-CHAPLAINS EXPENSES AND PROJECT AND SEMINAR COSTS	22,774.	22,774.	0.	0.
COMPUTER EXPENSES	2,586,653.	2,578,871.	0.	7,782.
OTHER	45,105.	41,118.	3,259.	728.
CONSULTANTS AND OTHER PROFESSIONAL FEES	169,951.	161,004.	0.	8,947.
MEMBERSHIP DUES	353,852.	331,966.	0.	21,886.
	47,763.	36,807.	6,797.	4,159.
TOTAL TO FM 990, LN 43	3,226,098.	3,172,540.	10,056.	43,502.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT ADOLPH & ROSE LEVIS JCC 9801 DONNA KLEIN BLVD. BOCA RATON, FL 33428	38,100.
GRANT BETTY & MILTON KATZ JCC 1301 SPRINGDALE ROAD CHERRY HILL, NJ 08003	3,100.
GRANT CAMP RAMARO FOR CHILDREN PO BOX 266 RHINEBECK, NY 12572	1,900.
GRANT DAVID POSNACK JCC 5850 S PINE ISLAND ROAD DAVIE, FL 33328	3,100.
GRANT DURHAM-CHAPEL HILL JEWISH FEDERATION 3622 LYCKAN PARKWAY DURHAM, NC 27707	1,900.
GRANT FRESH AIR SOCIETY/TAMARACK 6735 TELEGRAPH ROAD BLOOMSFIELD, MI 48301	2,100.
GRANT HARRY & ROSE SAMSON FAMILY JCC 6255 N SANTA MONICA BLVD. MILWAUKEE, WI 53217	3,100.
GRANT HEBREW EDUCATIONAL SOCIETY 9502 SEAVIEW AVENUE BROOKLYN, NY 11236	1,200.
GRANT I.J. & JEANNE WAGNER JCC 2 NORTH MEDICAL DRIVE SALT LAKE CITY, UT 84113	2,100.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

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GRANT JCC METROWEST 76+0 NORTHFIELD AVE WEST ORANGE, NJ 07052	2,100.
GRANT JCC OF CLEVELAND 26001 SOUTH WOODLAND BEACHWOOD, OH 44122	3,200.
GRANT JCC OF GREATER BUFFALO 2640 NORTH FOREST ROAD GETZVILLE, NY 14068	2,100.
GRANT JCC OF GREATER PITTSBURGH 5738 FORBES AVENUE PITTSBURGH, PA 15217	4,200.
GRANT JCC OF HOUSTON 5601 S BRAESWOOD BLVD. HOUSTON, TX 77096	26,201.
GRANT JCC OF STATEN ISLAND 1466 MANOR ROAD STATEN ISLAND, NY 10314	4,000.
GRANT JCC OF WASHTENAW COUNTY 2935 BIRCH HOLLOW DRIVE ANN ARBOR, MI 48108	2,100.
GRANT JCCS OF CHICAGO 30 S. WELLS STREET CHICAGO, IL 60606	4,950.
GRANT JCCS OF GREATER BOSTON 333 NAHANTON STREET NEWTON CENTRE, MA 02459	2,100.
GRANT JERRY SHAW JCC OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320	3,100.

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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GRANT	7,500.
JOSH SHERWIN	
JEWISH THEOLOGICAL SEMINARY 380 BROADWAY	
NEW YORK, NY 10027	
GRANT	3,100.
MARCUS JCC OF ATLANTA	
5342 TILLY MILL ROAD	
DUNWOODY, GA 30338	
GRANT	2,000.
MARJORIE & OSCAR BOONSHOFT CENTER FOR JEWISH CULTURE &	
EDUCATION	
525 VERSAILLES DRIVE	
DAYTON, OH 45459	
GRANT	1,500.
MILTON & BETTY KATZ JCC	
501 NORTH JEROME AVENUE	
MARGATE CITY, NJ 08402	
GRANT	2,000.
NEW JERSEY Y CAMPS	
21 PLYMOUTH STREET	
FAIRFIELD, NJ 07004	
GRANT	1,600.
NEW ORLEANS JCC	
5342 ST. CHARLES AVE.	
NEW ORLEANS, LA 70115	
GRANT	3,100.
RALEIGH-CARY JCC	
12804 NORWOOD DR	
RALEIGH, NC 27613	
GRANT	2,100.
ROBERT E. LOUP JCC	
350 SOUTH DAHLIA STREET	
DENVER, CO 80246	
GRANT	2,100.
ROSE & MAX RADY JCC	
123 DONCASTER STREET, STE B-100	
WINNIPEG, MB R3M 0S3	
GRANT	36,000.
RUTH HYMAN JCC OF THE JCC OF GREATER MONMOUTH	
100 GRANT AVENUE	
DEAL PARK, NJ 07723	

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

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GRANT	3,100.
SAMUEL FIELD/BAY TERRACE YM & YWHA	
58-20 LITTLE NECK PARKWAY	
LITTLE NECK, NY 11362	
GRANT	2,000.
SHOREFRONT YM-YWHA OF BTIGHTON-MANHATTAN BEACH	
3300 CONEY ISLAND AVE	
BROOKLYN, NY 11235	
GRANT	2,100.
TUCSON JCC	
3800 E RIVER ROAD	
TUCSON, AZ 85718	
GRANT	2,000.
VALLEY OF THE SUN JCC	
12701 N SCOTTSDALE ROAD	
SCOTTSDALE, AZ 85254	
GRANT	2,100.
WORCESTER JCC	
633 SALISBURY STREET	
WORCESTER, MA 01609	
GRANT	2,100.
YM-YWHA/MONTREAL JCCS	
5400 WESTBURY AVE	
MONTREAL, QC H3W 2W8	
GRANT	2,000.
YORK JCC	
2000 HOLLYWOOD DRIVE	
YORK, PA 17403	
GRANT	1,000.
YOUNG ISRAEL OF STATEN ISLAND	
835 FOREST HILL ROAD	
NEW YORK, NY 10314	
GRANT	1,000.
JCC OF LOUISVILLE	
3600 DUTCHMANS LANE	
LOUISVILLE, KY 40205	
GRANT	6,794.
JCC OF GREATER BALTIMORE	
3506 GWYNNBROOK AVENUE	
OWINGS MILLS, MD 21117	

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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GRANT	800.
JEW FED OF GREATER HARRISBURG	
3301 N FRONT STREET	
HARRISBURG, PA 17110	
GRANT	500.
SID JACOBSON JCC	
300 FOREST DRIVE	
EAST HILLS, NY 11548	
GRANT	1,000.
MID ISLAND YM-YWHA	
45 MANETTO HILL ROAD	
PLAINVIEW, NY 11803	
GRANT	1,000.
SIDNEY ALBERT ALBANY JCC	
340 WHITEHALL ROAD	
ALBANY, NY 12208	
GRANT	1,000.
ALPERT JCC	
3801 EAST WILLOW STREET	
LONG BEACH, CA 90815	
GRANT	1,000.
SEPHARDIC COMMUNITY CENTER	
1901 OCEAN PKWY	
BROOKLYN, NY 11223	
GRANT	1,000.
BARSHOP JCC	
12500 NW MILITARY HWY	
SAN ANTONIO, TX 78321	
GRANT	1,000.
SHIMON & SARA BIRNBAUM JCC	
775 TALAMINI ROAD	
BRIDGEWATER, NJ 08807	
GRANT	1,000.
SAN FRANCISCO JCC - CAMP KOCHAV	
3200 CALIFORNIA STREET	
SAN FRANCISCO, CA 94118	
GRANT	1,000.
PINEMERE CAMP	
4100 MAIN STREET	
PHILADELPHIA, PA 19127	

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

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GRANT	
ALBERT L. SCHULTZ JCC	2,050.
4000 MIDDLEFIELD ROAD	
PALO ALTO, CA 94303	
GRANT	
FLORENCE G HELLER	35,000.
520 8TH AVENUE	
NEW YORK, NY 10018	
GRANT	
MERAGE JCC OF ORANGE COUNTY	30,836.
ONE FEDERATION WAY, STE 200	
IRVINE, CA 92603	

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

273,031.

FORM 990	CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP DANIEL BERZANSKY MERAGE JCC OF ORANGE COUNTY, ONE FEDETARION WAY, SUITE 200 IRVING, CA 92603	NONE	5,000.
SCHOLARSHIP RACHEL FELBER 302 PARKWAY DRIVE EASTLAKE, OH 44095	NONE	5,000.
SCHOLARSHIP ARIELLA KLEIN 420 HILL STREET, APT. #1 ANN ARBOR, MI 48104	NONE	5,000.
SCHOLARSHIP TAMARA LUSTIG 1000 WEST AVENUE, APT. #1605 MIAMI BEACH, FL 33139	NONE	5,000.
SCHOLARSHIP DEBORAH TUTTLE 828 11TH STREET, APT. #2 SANTA MONICA, CA 90403	NONE	5,000.



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SCHOLARSHIP MARK YOUNG 215 WEST 109TH STREET, APT. #5F NEW YORK, NY 10025	NONE	5,000.
SCHOLARSHIP LAURIE GOLDBERG 3550 NORTH LAKE SHORE DR. UNIT 308 CHICAGO, IL 60657	NONE	10,000.
SCHOLARSHIP JASON SCHWARTZ 2807 MARNAT ROAD #E BALTIMORE, MD 21209	NONE	10,000.
SCHOLARSHIP ADINAH EAST 54 WEST 89 STEET # 4R NEW YORK, NY 10024	EMPLOYEE	2,000.
SCHOLARSHIP WENDY SINGER 1528 W ARDMORE, #3W CHICAGO, IL 60660	NONE	10,000.
SCHOLARSHIP MELISSA WARSETSKY 6500 SANZO ROAD, #E BALTIMORE, MD 21209	NONE	10,000.
SCHOLARSHIP STEPHANIE TAVSS 330 W NORTH STREET YORK, PA 17401	NONE	10,000.
SCHOLARSHIP STEVEN MARK 478 ARTUR TERRACE PARAMUS, NJ 07652	NONE	6,000.
SCHOLARSHIP VIOLETTA SHMULENSEN 1535 SHORE PKWY, #4-A BROOKLYN, NY 11214	NONE	2,000.
SCHOLARSHIP MIRIAM CLAIRE BERNSTEIN 731 LIMIT APPT. 1-E ST. LOUIS, MO 63130	NONE	5,000.

JEWISH COMMUNITY CENTERS ASSOCIATION OF

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SCHOLARSHIP JENNIFER BELL 36-30 30TH STREET, #2 ASTORIA, NY 11106	NONE	5,000.
SCHOLARSHIP JULIE HOLLANDER 1 RUSSELL DRIVE, APT B-45 MINEOLA, NY 11501	NONE	5,000.
SCHOLARSHIP MICHAEL WALDMAN 20807 LAS LOMAS BLVD SAN ANTONIO, TX 78258	NONE	5,000.
SCHOLARSHIP LAUREN BLITZER 27 WEST 85TH STREET, #1-A NEW YORK, NY 10024	EMPLOYEE	1,000.
SCHOLARSHIP WRITE-OFFS VARIOUS VARIOUS VARIOUS	NONE	<24,500.>

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

86,500.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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## DESCRIPTION OF PROGRAM SERVICE THREE

PERSONNEL SERVICES- THIS PROGRAM DEALS WITH ALL MATTERS RELATED TO THE 3,000 PROFESSIONALS WORKING IN JEWISH COMMUNITY CENTERS THROUGHOUT NORTH AMERICA. THE PROGRAM INCLUDES RECRUITING QUALITY PROFESSIONALS TO FILL VACANCIES IN JCCS; ENHANCING A JCC'S STAFF RETENTION POTENTIAL; MONITORING AND LEADING CHANGES IN PERSONNEL PRACTICE; STUDYING AND PUBLICATION OF TRENDS, INCLUDING SALARIES. 350 CLIENTS WERE SERVED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	85,500.	1,306,637.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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## EXPLANATION

JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA PROVIDES SERVICES AND RESOURCES TO JCCS IN US AND CANADA

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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
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## DESCRIPTION OF OTHER PROGRAM SERVICES

DIRECT SERVICE TO THE MILITARY- THIS PROGRAM WORKS WITH ALL BRANCHES OF THE US MILITARY TO ENDORSE JEWISH CHAPLAINS AND PROVIDES SERVICES TO ACTIVE DUTY PERSONNEL, THEIR FAMILIES AND THOSE IN VETERANS HOSPITALS. 350 CLIENTS WERE SERVED.

TOTAL TO FORM 990, PART III, LINE E

	GRANTS AND ALLOCATIONS	EXPENSES
	0.	438,900.
		438,900.

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FORM 990      RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES      STATEMENT      9  
AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY

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BORROWER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
ALAN MANN, VICE PRESIDENT	75,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
01/27/00	03/01/08	NONE. LOAN IS FORGIVEN OVER THE TERM OF THE LOAN	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	OFFSET OF RELOCATION COSTS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	75,000.	5,000.

BORROWER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
ALAN GOLDBERG, VICE PRESIDENT	50,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
06/19/03	07/01/08	NONE. LOAN IS FORGIVEN OVER THE TERM OF THE LOAN	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	OFFSET OF RELOCATION COSTS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	50,000.	10,000.

BORROWER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
ALVIN MARS, VICE PRESIDENT	75,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
07/05/02	07/05/10	NONE. LOAN IS FORGIVEN OVER THE TERM OF THE LOAN	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	OFFSET OF RELOCATION COSTS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	75,000.	25,000.

BORROWER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
ARNIE SOHINKI, VP PROGRAM SERVICES	60,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
10/27/05	11/01/10	NONE. LOAN IS FORGIVEN OVER THE TERM OF THE LOAN	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	OFFSET OF RELOCATION COSTS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	60,000.	36,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 50A, COLUMN B	76,000.
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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND IMPROVEMENTS	335,590.	179,833.	155,757.
LEASEHOLD IMPROVEMENTS	1,584,117.	90,343.	1,493,774.
FURNITURE, EQUIPMENT AND VEHICLES	1,014,757.	235,678.	779,079.
TOTAL TO FORM 990, PART IV, LN 57	2,934,464.	505,854.	2,428,610.

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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED PAYROLL VACATION	456,332.	287,745.
DEFERRED RENT CREDIT	42,237.	0.
NET PENSION LIABILITY	2,242,343.	2,160,015.
ACCRUED NON-PENSION POSTRETIREMENT BENEFITS	1,439,616.	1,580,840.
ACCRUED SUPPLEMENTAL PENSION AND RETIREMENT BENEFITS	312,980.	294,550.
TOTAL TO FORM 990, PART IV, LINE 65	4,493,508.	4,323,150.

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FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
PORTION HELD FOR FLORENCE G. HELLER RESEARCH CENTER	COST	<190,841.>
ALTERNATIVE INVESTMENTS	FMV	2,816,002.
TO FORM 990, LINE 54B, COL B		2,625,161.

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 13
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS	FMV			1,623,615.	1,623,615.
MARKETABLE EQUITY SECURITIES	FMV	7,579,136.			7,579,136.
MARKETABLE DEBT SECURITIES	FMV		5,829,066.		5,829,066.
TO FORM 990, LINE 54A, COL B		7,579,136.	5,829,066.	1,623,615.	15,031,817.

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FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 14
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALLAN FINKELSTEIN 520 8TH AVENUE NEW YORK, NY 10018	PRESIDENT 35.00	457,314.	36,581.	0.
ALAN P. SOLOW 520 8TH AVENUE NEW YORK, NY 10018	CHAIR 2.00	0.	0.	0.
LISA BRILL 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
DONALD BRODSKY 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
CHERYL FISHBEIN 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
GARY JACOBS 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

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VIRGINIA MAAS 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
STEPHEN R. REINER 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
TOBY RUBIN 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
STEPHEN SEIDEN 520 8TH AVENUE NEW YORK, NY 10018	VICE CHAIRS 2.00	0.	0.	0.
PAULA SIDMAN 521 8TH AVENUE NEW YORK, NY 10019	VICE CHAIRS 2.00	0.	0.	0.
SHIRLEY SOLOMON 520 8TH AVENUE NEW YORK, NY 10018	SECRETARY 2.00	0.	0.	0.
MICHAEL SEGAL 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE SECRETARIES 2.00	0.	0.	0.
ENID ROSENBERG 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE SECRETARIES 2.00	0.	0.	0.
MICHAEL WOLFE 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE SECRETARIES 2.00	0.	0.	0.
EDWIN GOLDBERG 520 8TH AVENUE NEW YORK, NY 10018	TREASURER 2.00	0.	0.	0.
STEPHEN DORSKY 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE TREASURERS 2.00	0.	0.	0.
ANDREW SHAEVEL 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE TREASURERS 2.00	0.	0.	0.
DORON STEGER 520 8TH AVENUE NEW YORK, NY 10018	ASSOCIATE TREASURERS 2.00	0.	0.	0.



## JEWISH COMMUNITY CENTERS ASSOCIATION OF

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EDWARD H. KAPLAN 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
ANN KAUFMAN 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
JEROME B. MAKOWSKY 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
MORTON L. MANDEL 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
LESTER POLLACK 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
DANIEL ROSE 520 8TH AVENUE NEW YORK, NY 10018	HONORARY CHAIRS 2.00	0.	0.	0.
JAMES BADZIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ARLEN D. BARRON 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
STEPHEN BAYER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
STEPHEN A BODZIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ARNOLD BEILES 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RON BELZ 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ALVIN K. BERKUN 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.

JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

HARRIET BLANK 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DOUGLAS BLOOM 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
WARREN S. BLUMENTHAL 522 8TH AVENUE NEW YORK, NY 10020	MEMBERS 4.00	0.	0.	0.
GARY BOMZER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
NANCY I. BROWN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MARCELLA E. COHEN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
EDWARD B. COHEN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DANA EGERT 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JULIUS EISEN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ANDREW L. EISENBERG 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DONALD EPSTEIN 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
ARLENE FICKLER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DALE FILHABER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

HOWARD F. FINE 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RUTH FLETCHER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ROBIN FREDERICK 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MAXINE FREILICH 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MARVIN GELFAND 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JANE GELLMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
SANDRA GOLD 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JOYCE GOLDSTEIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
NOREEN GORDON SABLITSKY 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
LAWRENCE GOTFRIED 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ROSLYN HAIKIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
EMILY G. HOLDSTEIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DAVID JACOBS 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

BARRY KANTROWITZ 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
AMY KAPLAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RON KASNER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MORTON KATZ 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RON KATZ 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
STEPHEN KAUFMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
PETER S. KNOBEL 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
BRIAN KRIFTCHER 522 8TH AVENUE NEW YORK, NY 10020	MEMBERS 4.00	0.	0.	0.
IRA I. KRONENBERG 523 8TH AVENUE NEW YORK, NY 10021	MEMBERS 5.00	0.	0.	0.
SHERRY KULMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RONALD L. LEIBOW 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
TODD LEONARD 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
LAURIE LIEBERMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

GARY LIPMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
LAWRENCE MAGID 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
BETTY S. MELAVER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
SCOTT MENAKER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
SIDNEY MILLER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MARVIN J. PERTZIK 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
GERI POLLACK 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
RONALD PREHOGAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
HARAN C. RASHES 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
PAUL RESNICK 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
LEN ROBINSON 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ROSE ROBINSON 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
LARRY ROSENBERG 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

HOWARD ROSENBLOOM 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
LOIS ROSENTHAL 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DANIEL RUBIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JANE TZINBER RUBIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
STEVEN RUBIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
LINDA RUSSIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
VIC SAMUELS 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ALAN SATALOFF 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MARTIN J. SATINSKY 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JEFFREY SAVIT 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
PHILIP SCHATTEN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
BRIAN SCHREIBER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
GERALD K. SCHWARTZ 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

## JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

JACK G. SHAFFER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
CHERYL SHERMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
IAN SHERMAN 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
PHILIP M. SHIEKMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
PHIL SILVERSTEIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
LINDA SIMON 521 8TH AVENUE NEW YORK, NY 10019	MEMBERS 3.00	0.	0.	0.
CAROL BRENNGLASS SPINNER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JEROME SPITZER 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
JEANNE TOBIN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
HOWARD WASSERMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
DAVID WAX 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
ALLAN WEISSGLASS 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.
MARY RITA WEISSMAN 520 8TH AVENUE NEW YORK, NY 10018	MEMBERS 2.00	0.	0.	0.

JEWISH COMMUNITY CENTERS ASSOCIATION OF

13-5599486

ROBERT WERTHEIMER	MEMBERS			
521 8TH AVENUE	3.00	0.	0.	0.
NEW YORK, NY 10019				
MICHAEL S. WIEN	MEMBERS			
520 8TH AVENUE	2.00	0.	0.	0.
NEW YORK, NY 10018				
ANITA WINESTOCK	MEMBERS			
520 8TH AVENUE	2.00	0.	0.	0.
NEW YORK, NY 10018				
ERIC M. ZACHS	MEMBERS			
520 8TH AVENUE	2.00	0.	0.	0.
NEW YORK, NY 10019				
TOTALS INCLUDED ON FORM 990, PART V-A		457,314.	36,581.	0.



FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 15

INDIVIDUAL'S NAMETITLE OR ROLE

GERI POLLACK

BOARD MEMBER

INDIVIDUAL'S NAMETITLE OR ROLE

LESTER POLLACK

HONORARY CHAIR

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

INDIVIDUAL'S NAMETITLE OR ROLE

CHERYL FISHBEIN

VICE CHAIR OF THE BOARD

INDIVIDUAL'S NAMETITLE OR ROLE

PHILIP SCHATTEN

MEMBER OF THE BOARD

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

INDIVIDUAL'S NAMETITLE OR ROLE

ANN KAUFMAN

HONORARY CHAIR OF THE BOARD

INDIVIDUAL'S NAMETITLE OR ROLE

STEPHEN KAUFMAN

MEMBER OF THE BOARD

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

INDIVIDUAL'S NAMETITLE OR ROLE

TOBY RUBIN

VICE CHAIR OF THE BOARD

INDIVIDUAL'S NAMETITLE OR ROLE

DANIEL RUBIN

MEMBER OF THE BOARD

EXPLANATION OF RELATIONSHIP

BROTHERS IN LAW

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 16

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A	PROJECT AND SERVICES FEES ARE USED TO ENHANCE INNOVATIVE PROGRAMS AND SEMINARS THAT PROVIDE JCCS AND CAMPS WITH ONGOING TRAINING IN AREAS SUCH AS LAY LEADERSHIP DEVELOPMENT, STAFF DEVELOPMENT, PROGRAMMING AND FINANCE.
94	DUES PAID BY MEMBER JCCS IN EXCHANGE FOR A WIDE RANGE OF SERVICES AND RESOURCES PROVIDED BY JCC ASSOCIATION NECESSARY TO SUPPORT EDUCATIONAL CULTURAL, SOCIAL, JEWISH IDENTITY-BUILDING, AND RECREATIONAL PROGRAMS

FOR PEOPLE OF ALL AGES AND BACKGROUNDS.

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      17  
PART III, LINE 3A

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THE CRITERIA FOR A JCC ASSOCIATION SCHOLARSHIP ARE THE ACADEMIC AND PERSONAL QUALIFICATIONS THAT MEASURE THE POTENTIAL OF A CANDIDATE TO BE AN OUTSTANDING JCC CAREER PROFESSIONAL. THE ACADEMIC REQUIREMENTS ARE:

- A BACHELOR'S DEGREE FROM AN ACCREDITED SCHOOL
- A MINIMUM GRADE POINT AVERAGE OF 3.0
- EXCELLENT SKILLS IN WRITING, SPEAKING AND CONCEPTUALIZING

THE PERSONAL REQUIREMENTS ARE:

- A COMMITMENT TO A CAREER IN THE JCC FIELD
- DEMONSTRATED LEADERSHIP POTENTIAL
- A GOOD JEWISH BACKGROUND

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SCHEDULE A	OTHER INCOME				STATEMENT      18
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
RENT ABATEMENT	150,129.	0.	0.	0.	
SALE OF TORAH	3,500.	0.	0.	0.	
MISCELLANEOUS	15,771.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	169,400.	0.	0.	0.	

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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 ☒ X
- 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](http://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>JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA</b>	Employer identification number <b>13-5599486</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>520 EIGHT AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

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 ► **JCC ASSOCIATION**

Telephone No. ► **212 532 4949**FAX No. ► **212 481 4174**

- 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 **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2007** or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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.

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

Form 8868 (Rev. 4-2008)