

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

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

Open to Public Inspection


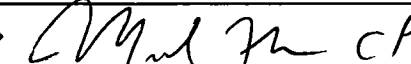
Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type C Name of organization ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC. Doing Business As	D Employer identification number 65-1127438
	See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 9801 DONNA KLEIN BOULEVARD City or town, state or country, and ZIP + 4 BOCA RATON, FL 33428-1788	E Telephone number 561-852-3200
	F Name and address of principal officer MARTIN SCHNEER SAME AS C ABOVE	G Gross receipts \$ 9,405,598. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.LEVISJCC.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 2001 M State of legal domicile: FL	H(c) Group exemption number

Part I Summary		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION WAS ESTABLISHED TO PRESERVE, TRANSMIT, AND STRENGTHEN JEWISH VALUES, IDENTITY,		
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	47
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	47
5	Total number of employees (Part V, line 2a)	5	465
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	5,272,227.	3,306,939.
9	Program service revenue (Part VIII, line 2g)	5,129,759.	5,028,913.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<29,880.>	6,609.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432,407.	616,378.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,804,513.	8,958,839.
13	Grants and similar amounts paid (Part IX, column (B), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,895,103.	4,456,427.
16a	Professional fundraising fees (Part IX, column (A), line 11a)		
16b	Total fundraising expenses (Part IX, column (D), line 25)		62,516.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,869,495.	4,655,014.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,764,598.	9,111,441.
19	Revenue less expenses Subtract line 18 from line 12	39,915.	<152,602.>
20	Total assets (Part X, line 16)	Beginning of Current Year 3,155,256.	End of Year 3,215,651.
21	Total liabilities (Part X, line 26)	1,553,090.	1,675,652.
22	Net assets or fund balances Subtract line 21 from line 20	1,602,166.	1,539,999.

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  LYNN DELANEY, CHIEF FINANCIAL Type or print name and title	
Paid Preparer's Use Only Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ GOLDSTEIN LEWIN 1675 N. MILITARY TRAIL, BOCA RATON, FL 33486	

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE ORGANIZATION WAS ESTABLISHED TO PRESERVE, TRANSMIT, AND STRENGTHEN
JEWISH VALUES, IDENTITY, HERITAGE, TRADITION AND CONTINUITY BY
ENRICHING PERSONAL, CULTURAL, SOCIAL AND PHYSICAL DEVELOPMENT OF
FAMILIES AND INDIVIDUALS OF ALL AGES.

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 \$ 3,112,373. including grants of \$) (Revenue \$)

EARLY CHILDHOOD LEARNING CENTER- A COMPREHENSIVE RANGE OF PROGRAMS
DESIGNED TO MEET THE NEEDS OF YOUNG CHILDREN AND THEIR FAMILIES. THE
FACILITY INCLUDES CLASSROOMS, PLAYGROUNDS AND A LIBRARY RESOURCE
CENTER.

4b (Code) (Expenses \$ 1,710,755. including grants of \$) (Revenue \$)

SPORTS & WELLNESS SERVICES - A COMPREHENSIVE RANGE OF PROGRAMS AND
FACILITIES TO IMPROVE PARTICIPANTS' PHYSICAL AND MENTAL HEALTH.

4c (Code) (Expenses \$ 1,392,674. including grants of \$) (Revenue \$)

CAMP PROGRAMS - SOCIAL, EDUCATIONAL, RECREATIONAL AND CULTURAL
ACTIVITIES FOR YOUNG CHILDREN THROUGH TEENAGERS DESIGNED TO STRENGTHEN
JEWISH VALUES, IDENTITY, HERITAGE, TRADITION AND CONTINUITY.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,120,784. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 8,336,586.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> • 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? <i>If "Yes," complete Schedule D, Part VII</i> • 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? <i>If "Yes," complete Schedule D, Part VIII</i> • 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? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • 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? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
14b			X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
15			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
16			X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
17			X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
18		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
19			X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
20			X

ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC.

Form 990 (2009)

65-1127438 Page 4

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Form 990 (2009)

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		0
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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		465
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 <i>e-file</i> this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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		
1b	Enter the number of voting members that are independent		
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	
7b	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		
8a	a The governing body?	X	
8b	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
10b	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?		
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	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	X	
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
16b	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 **FL**
- 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 **MARTIN SCHNEER, EXECUTIVE DIRECTOR - 561-852-3200**
9801 DONNA KLEIN BOULEVARD, BOCA RATON, FL 33428-1788

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			
FOR DIRECTORS SEE ATTACHED STATEMENT		X						0.	0.	0.
LYNN DELANEY CFO	40.00				X			110,000.	0.	0.
CINDY BERGMAN FRD DIRECTOR	40.00				X			105,000.	0.	0.
PENNY KLOMBERS EC DIRECTOR	40.00				X			100,776.	0.	0.
MARTIN SCHNEER EXECUTIVE DIRECTOR	40.00				X	X		200,248.	0.	0.

**ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC.**

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			
1b Total							516,024.	0.	0.	

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 **4**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		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? <i>If "Yes," complete Schedule J for such individual</i>	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

**ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC.**

Form 990 (2009)

65-1127438 Page **9**

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	345,578.				
	c Fundraising events	1c	146,064.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	32,925.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	278,237.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			330,693.			
Program Service Revenue	2 a PROGRAMS & ACTIVITIES	Business Code	624100	5028913.	5028913.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			502,891.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			207.		207.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		28,928.					
		b Less rental expenses					
		c Rental income or (loss)	28,928.				
	d Net rental income or (loss)			28,928.		28,928.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,942.	1,800.				
		b Less cost or other basis and sales expenses		1,340.			
		c Gain or (loss)	5,942.	460.			
	d Net gain or (loss)			6,402.		6,402.	
	8 a Gross income from fundraising events (not including \$ 146,064. of contributions reported on line 1c) See Part IV, line 18	a					
		997,402.					
b Less direct expenses		b	445,419.				
c Net income or (loss) from fundraising events			551,983.		551,983.		
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						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		624100	15,667.	15,667.			
b GUEST FEES		624100	11,193.	11,193.			
c SCHOLARSHIP INCOME		624100	8,607.	8,607.			
d All other revenue							
e Total. Add lines 11a-11d			35,467.				
12 Total revenue. See instructions.			895,883.	506,438.	0.	587,520.	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	516,024.	463,960.	50,062.	2,002.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,940,403.	3,860,732.	79,671.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	186,848.	98,290.	80,911.	7,647.
13 Office expenses	85,594.	49,116.	28,922.	7,556.
14 Information technology				
15 Royalties				
16 Occupancy	28,859.	26,304.	2,555.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,845.	10,051.	18,951.	843.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,448.	75,302.	14,361.	785.
23 Insurance	35,337.	7,104.	27,135.	1,098.
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 FACILITY & ADMINISTRATI	1,993,670.	1,968,194.	25,476.	
b SERVICES AND PROGRAM EX	1,990,117.	1,689,547.	270,871.	29,699.
c BANK AND CREDIT CARD CH	121,161.	101,456.	10,928.	8,777.
d BUILDING & EQUIPMENT EX	69,847.	57,045.	8,904.	3,898.
e LESS: AMOUNTS ALLOCATED	<71,209.>	<71,209.>		
f All other expenses	94,497.	694.	93,592.	211.
25 Total functional expenses Add lines 1 through 24f	9,111,441.	8,336,586.	712,339.	62,516.
26 Joint costs. Check here <input 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				

ADOLPH AND ROSE LEVIS
 JEWISH COMMUNITY CENTER, INC.

Form 990 (2009)

65-1127438 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	763,321.	1	667,715.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	231,986.	4	271,680.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	174,804.	9	254,309.
	10a	Land, buildings, and equipment - cost or other basis Complete Part VI of Schedule D	10a 1,237,890.		
	b	Less accumulated depreciation	10b 896,886.	10c 310,010.	341,004.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,675,135.	12	1,680,943.
	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)	3,155,256.	16	3,215,651.	
Liabilities	17	Accounts payable and accrued expenses	377,215.	17	393,299.
	18	Grants payable		18	
	19	Deferred revenue	1,082,610.	19	1,135,919.
	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	75,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	93,265.	25	71,434.
	26	Total liabilities. Add lines 17 through 25	1,553,090.	26	1,675,652.
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	<308,113.>	27	<105,905.>
	28	Temporarily restricted net assets	1,091,138.	28	825,364.
	29	Permanently restricted net assets	819,141.	29	820,540.
	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	1,602,166.	33	1,539,999.	
34	Total liabilities and net assets/fund balances	3,155,256.	34	3,215,651.	

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	X	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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		
3b			

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

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

Name of the organization **ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.** Employer identification number **65-1127438**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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")	5,159,490.	4,907,876.	5,737,885.	5,272,227.	3,306,939.	24,384,417.
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	5,159,490.	4,907,876.	5,737,885.	5,272,227.	3,306,939.	24,384,417.
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						24,384,417.

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	5,159,490.	4,907,876.	5,737,885.	5,272,227.	3,306,939.	24,384,417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	126,468.	84,006.	21,584.	52,715.	29,135.	313,908.
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)	79,077.	78,444.	79,195.	314,783.	549,981.	1,101,480.
11 Total support. Add lines 7 through 10						25,799,805.
12 Gross receipts from related activities, etc (see instructions)					12	18,135,132.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.51 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.85 %

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

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

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

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

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

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

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 **ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.** Employer identification number **65-1127438**

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)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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

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

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		646,943.	519,306.	127,637.
e Other		590,947.	377,580.	213,367.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 341,004.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end of year market value
Financial derivatives		
Closely held equity interests		
Other		
BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	1,680,943.	COST
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	1,680,943.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
OBLIGATIONS UNDER CAPITAL LEASE	71,434.
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	71,434.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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)	8,958,839.
2	Total expenses (Form 990, Part IX, column (A), line 25)	9,111,441.
3	Excess or (deficit) for the year Subtract line 2 from line 1	<152,602.>
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	90,435.
9	Total adjustments (net) Add lines 4 through 8	90,435.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<62,167.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	9,494,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a 90,435.
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d 445,419.
e	Add lines 2a through 2d	2e 535,854.
3	Subtract line 2e from line 1	3 8,958,839.
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
c	Add lines 4a and 4b	4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 8,958,839.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	9,556,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a 0.
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d 445,419.
e	Add lines 2a through 2d	2e 445,419.
3	Subtract line 2e from line 1	3 9,111,441.
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
c	Add lines 4a and 4b	4c 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 9,111,441.

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 XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAINS (LOSSES) - UNRESTRICTED: 9718.

UNREALIZED GAINS (LOSSES) - TEMPORARILY RESTRICTED: 80717.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES: 71209.

SPECIAL EVENTS EXPENSES: 374210.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES: 71209.

SPECIAL EVENTS EXPENSES: 374210.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2009

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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.

Name of the organization **ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC.** Employer identification number
65-1127438

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			
Total						

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

ADOLPH AND ROSE LEVIS

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))
		GALA (event type)	THRIFT SHOP (event type)	NONE (total number)	
Revenue	1	Gross receipts	543,024.	600,442.	1,143,466.
	2	Less Charitable contributions	50,670.	95,394.	146,064.
	3	Gross income (line 1 minus line 2)	492,354.	505,048.	997,402.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	71,209.	374,210.	445,419.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(445,419)
	11	Net income summary Combine line 3, column (d), and line 10			551,983.

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	
Direct Expenses	2	Cash prizes			
	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			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

ADOLPH AND ROSE LEVIS

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 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 **ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.** Employer identification number **65-1127438**

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 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?
b Any related organization?
 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?
b Any related organization?
 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

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

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

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part II 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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
MARTIN SCHNEER	(i)	200,248.	0.	0.	0.	0.	200,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization **ADOLPH AND ROSE LEVIS
JEWISH COMMUNITY CENTER, INC.** Employer identification number
65-1127438

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JEWISH FEDERATION	X		75,000.	75,000.		X	X		X	
Total				▶ \$	75,000.					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information
▶ Attach to Form 990.

Name of the organization	ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.	Employer identification number	65-1127438
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 HERITAGE, TRADITION AND CONTINUITY BY ENRICHING PERSONAL, CULTURAL,
 SOCIAL AND PHYSICAL DEVELOPMENT OF FAMILIES AND INDIVIDUALS OF ALL
 AGES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 ADULT SERVICES - A VARIETY OF PROGRAMS SPECIFICALLY CREATED FOR ADULTS,
 INCLUDING CLASSES, WORKSHOPS, LECTURES AND TRIPS, DESIGNED TO IMPROVE
 MIND AND BODY AND ADDRESS THE SPECIAL NEEDS RELATED TO AGING.
 EXPENSES \$ 811049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VARIOUS OTHER PROGRAMS & SERVICES:
 EXPENSES \$ 1309735. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO
 MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER AND
 EXECUTIVE DIRECTOR REVIEWED THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION QUESTIONS NEW
 OFFICERS AND DIRECTORS REGARDING ANY POTENTIAL CONFLICT OF INTEREST AND
 MONITORS COMPLIANCE ON A REGULAR BASIS.

Supplemental Information to Form 990

2009

Open to Public
Inspection

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization	ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.	Employer identification number	65-1127438
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FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE
DIRECTOR AND TOP MANAGEMENT OFFICIALS IS SET BY THE EXECUTIVE COMMITTEE
AFTER REVIEW OF COMPARABLE DATA FOR COMPARABLE POSITIONS LOCALLY AND
NATIONALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR ITS
SELECTION PROCESS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY

(A) PURPOSE OF LOAN: WORKING CAPITAL

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 75000. (D) BALANCE DUE \$ 75000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER
9801 DONNA KLEIN BOULEVARD
BOCA RATON, FLORIDA 33428
(561) 852-3200
FAX # 852-6019

2009-2010 BOARD OF DIRECTORS

OFFICERS/EXECUTIVE COMMITTEE

Revision: 7/29/09

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>TERM</u>	<u>HOME ADDRESS</u>
Stephanie Owitz President		2009-2010	7038 NW 63 rd Way Parkland, FL 33067 Home 954-575-5705 Cell 954 234-6930 Email stephanieowitz@bellsouth.net
Thomas R. Kaplan Immediate Past President (Pamela)	Kaplan, Krauss & Levine, LLC Family Wealth Advisors 6111 Broken Sound Parkway NW Suite 340 Boca Raton, FL 33487 (561) 981-5400 (561) 620-8801 Fax tkaplan@kklfwa.com	2009-2011	7783 Talavera Place Delray Beach, FL 33446
Barbara Feingold Vice President of Board Development		2009-2010	Home: 498-1105 Cell: 665-0595
Fred Galland Vice President of Programs (AnnDee Gruber)		2009-2010	6685 Woodbridge Drive E Boca Raton, FL 33434 Home 483-7335 Cell. 561/289-9901 Fax. 487-3424 Email: fred@gallandfamily.com
Emily Grabelsky Secretary (Dr Stephen)		2009-2011	4448 Woodfield Blvd Boca Raton, FL 33434 Home: 988-0755 Cell: 926-0191 Fax: 988-9370 Email: egrabel@aol.com
Eric Gutmann Assistant Treasurer (Lori)	Marix Group 20283 State Road 7 suite 400 Boca Raton, FL 33498 237-2892	2009-2011	21327 Falls Ridge Way Boca Raton, FL 33428 Home: 477-0280 Cell: 789-9500 Fax: 477-9423 Email:eric@marixgroup.com

NAME	BUSINESS ADDRESS	TERM	HOME ADDRESS
April Leavy Vice President of FRD (Roger)	954/698-0000 (work) 954/698-0000 (fax)	2009-2011	22409 Ensenada Way Boca Raton, FL 33433 Home 451-0011 Cell. 212-2211 Fax. 451-0012 Aprilboca@aol.com
Bonnie Schweiger Treasurer (Stanley)	2200 NW Corporate Blvd. Suite #318 Boca Raton, FL 33431 994-8990 (work) 994-8995 (fax)	2009-2011	20287 Monte Verdi Cir Boca Raton, FL 33498 Home 479-4116 Cell. 703-3010 Fax. 479-0676 Email.bscheigercpa@bellsouth.net

EXECUTIVE STAFF

Martin Schneer
Executive Director
561 852-3250

Cindy Bergman
Financial Resource Development Director
561 852-3253

Lynn Delaney
Chief Financial Officer
561 852-3216

EXECUTIVE COMMITTEE

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>TERM</u>	<u>HOME ADDRESS</u>
Sara Adler* (Howard)		2009-2011	9749 Parkview Ave Boca Raton, FL 33428 Home 218-1472 Cell 866-4939 Email hnsadler@comcast.net
Edward B Cohen, Esq* (Ellen)	Schwartz, Gold, Cohen, Zakarin & Kotler, P.A 54 SW Boca Raton Blvd. Boca Raton, FL 33432 361-9600 Fax 361-9770 Car: 445-1067 Email:ecohen@sgczklaw.com	2009-2011	22662 Lemon Tree Ln. Boca Raton, FL 33428 Home. 852-2360 Email EBFC52@bellsouth.net
Dale Filhaber (Ed)	Dataman Group Direct Marketing P.O. Box 970123 Boca Raton, FL 33497 451-9302 Fax:451-1355 Car:289-2493	2009-2010	22594 Lemon Tree Lane Boca Raton, FL 33428 Home: 451-1488 Cell: 289-1761 Email:dale@datamangroup.com *Use Home number to call Dale
Ron Gallatin* (Meryl)		2009-2011	17061 Brookwood Drive Boca Raton, FL 33496 Home: 477-8756 Cell: 445-9669 Fax 477-9034 Rongallatin@aol.com
Maurice D Plough, Jr. (Margie)	21301 Powerline Rd., #303 Boca Raton, FL 33433 477-3700 Fax. 477-3533 Email: mauricedploughjr@yahoo.com Cell: 954/401-8989	2009-2010	4799 NW 26 th Ave. Boca Raton, FL 33434 Home: 997-0502 Fax: 997-2416
Rose Robinson	(w) 561-998-6075	2009-2010	2071 NW 53 rd Street Boca Raton, FL 33496 Home 912-0247 Cell: 561/756-6643 Fax 561-997-5393 Email: roseboca@aol.com
Robin Rubin* (Gary)		2009-2010	17205 Courtland Lane Boca Raton, FL 33496 Home: 218-3883 Cell: 706-2000 Fax: 218-2195 Email: robinrubin@aol.com

Shirley Solomon (Allan)	2009-2010	7858 Afton Villa Court Boca Raton, FL 33433 Home 488-4811 Cell 213-3011 Fax 488-4499 Email ssolomon5@comcast net
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BOARD OF DIRECTORS

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>TERM</u>	<u>HOME ADDRESS</u>
Jerome Altheimer (Audrey)		2009-2010	7383 Orangewood Ln., #501 Boca Raton, FL 33433 Home 218-0202 Fax 218-0201 Email Jaltheimer@aol com
Matt Baker (Tara)	Fleet Feet Sports 19635 N. State Road 7 (Rte. 441), Unit # 37 Boca Raton, FL 33498 470-3433 - store 470-6965 – fax	2009-2010	6099 Via Venetia South Delray Beach, Fl 33484 Home: 865-4936 Cell: 441-4453 Email: matt@fleetfeetboca.com
Robert Bell (Sandy Kofsky)		2009-2011	7154 Ayshire Lane Boca Raton, FL 33496 Home. 245-5200 Cell 706-2331 Email: bbb39@bellsouth.net
Rabbi Jessica Brockman (Scott)	Temple Beth El of Boca Raton 333 S.W. Fourth Ave. Boca Raton, FL 33432 391-8900 (Temple) 395-8913 (fax)	2009-2011	5651 Wind Drift Lane Boca Raton, FL 33433 Home: 392-6471 Cell: 414-1005 Email: jbrockman@TBEBoca.org
Geoffrey M. Cahen (Candice)	Greenberg Traurig 5100 Town Center Circle Suite 400 Boca Raton, FL 33486 955-7613 (work) 367-6313 (fax)	2009-2010	8612 Via Giardino Boca Raton, FL 33433 Home 674-0813 Cell 809-3237 Email. gcachen@aol com
Janet S. Elinoff	Vice-President Comerica Private Banking 1675 N Military Trail Sixth Floor Boca Raton, FL 33486 561-961-6246 (w) 561-961-6250 (fax) Cell: 251-5888	2009-2011	2164 NW 8 th St. Boca Raton, FL 33486 Home: 362-9344 Email: JSElinoff@comerica.com

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>TERM</u>	<u>HOME ADDRESS</u>
George W. Feld		2009-2011	11873 Fountainside Circle Boynton Beach, FL 33437 Home 735-7406 Cell: 704-1736 Email: G11873WF@aol.com
Beverly Feuring		2009-2011	6485 Enclave Way Boca Raton, FL 33496 Home: 994-2688 Cell. 702-3553 Fax: 994-2688 Email: bsf1125@aol.com
Marvin A. Finkelstein (Susan Ruth)	Kripke Enterprises, Inc. 8177 Glades Rd ,#109 Boca Raton, FL 33434 470-5678 470-5674 (fax)	2009-2011	10434 178 th Court South Boca Raton, FL 33498 Home 561/477-8060 Fax: 561/477-3282 Email:marvin@kripke.com
Barry Friedberg (Florence)		2009-2010	8394 Cypress Lane Boca Raton, FL 33433 Home: 482-8584 Email:barflotwo@aol.com
Summer:	234 Linnet Ct. Manhasset, NY 11030 (516) 621-4748 445-5443 (cell)		
Joy Goldman (Jason)		2009-2011	12914 Hyland Circle Boca Raton, FL 33428 Home: 218-1329 Cell: (305) 984-4431 joygoldman@comcast.net

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>TERM</u>	<u>HOME ADDRESS</u>
Hava Holzhauer (Adam)		2009-2011	17748 Charnwood Drive Boca Raton, FL 33498 Cell. 503-0322 Email. hava8@comcast net
Howard S. Kaye (Pamela)	Howard Kaye Ins Agency 17791 Saxony Court Boca Raton, FL 33496 999-8829 (work) 852-5720 (fax)	2009-2011	5224 Princeton Way Boca Raton, FL 33496 Home: 999-8832 Cell: 866-6385 Email. hkaye@barrykaye.com
Mel Kofsky (Elaine) Summer.	P O. Box: 278 Roslyn, NY 11576 516/746-2704	2009-2010	21714 Arriba Real Boca Raton, FL 33433 Home: 482-5617 Fax 482-5705 Email.mkofsky999@aol.com
Dr. Ruth Legow (Gerald)		2009-2010	17839 Litten Drive Delray Beach, FL33498 Home: 477-5877 Email: ruthlegow@msn.com
Winter Address:	3 Goodhart Drive Livington, NJ 07039 973/992-1181 Fax: 973/992-1674		
Marlene Levin (Herb)		2009-2011	2576 NW 63 rd St. Boca Raton, FL 33496 Home: 998-2411 Cell: 706-5898 Fax: 998-3396 Email:MEBSlevin@aol.com
Judy Levis Markhoff (Paul)		2009-2010	7611 Isla Verde Way Delray Beach, FL 33446 Home: 638-9295 Cell: 302-5719 Email: pmarkhoff@adelphia.net
Natalie Pelavin		2009-2010	21211C Clubside Drive Boca Raton, FL 33434 Home: 479-0502 Fax: 482-1302 Email: npelavin@yahoo.com

NAME	BUSINESS ADDRESS	TERM	HOME ADDRESS
Dawn Pollay (David)		2009-2010	7 Beachway North Ocean Ridge, FL 33435 Home: 561/374-9125 Cell 703-6823 Fax: 736-6345 dlpollay@yahoo.com
Ryan Ratner (Ann)	Butzel Long 2424 N Federal Hwy Suite 410 Boca Raton, FL 33431 Office 368-2151 Fax. 368-4668 Email: ratner@butzel.com	2009-2010	4718 NW 122 nd Drive Coral Springs, FL 33076 Home. (954) 575-3645 Cell. 954 260-8395
Dr. Andrew Reiss (Laura)	Pediatric Associates Boca Greens Plaza 19615-32 State Rd 7 Boca Raton, FL 33498 Office 477-7700 Fax. 477-7700	2009-2010	11865 Preservation Lane Boca Raton, FL 33498 Home: 451-3960 Cell: (954) 662-7251 Email. awreiss@mindspring.com
Arleen Roberts (Allan)		2009-2010	1800 S. Ocean Blvd., #3-A Boca Raton, FL 33432 Home: 392-5031 Cell: 413/330-7440 Email: arlollypops@aol.com
Amy Ross (David)		2009-2011	6860 Lions Head Lane Boca Raton, FL 33496 Cell: 561 289-3979 Email: teknorep007@aol.com
Janie Simon		2009-2010	17831 Lake Estates Drive Boca Raton, FL 33496 Home. 852-4745 Cell: 414-7877
Kimberly Slater (Clifford)	Bionetics Life Science Services BIO-3 Kennedy Space Center, FL 32899	2009-2010	19585 Estuary Drive Boca Raton, FL 33498 Home: 852-1920 Cell: 617 713-0900 Fax: 321 226-5900 Email: slater_kim@yahoo.com

NAME	BUSINESS ADDRESS	TERM	HOME ADDRESS
Pamela J Weinroth (Robert)		2009-2010	4118 Briarcliff Circle Boca Raton, FL 33496 Home: 241-9011 Cell: 699-8500 Email pam@freedomed.com
Matthew Zucker (Joy)	FMS Bonds 301 Yamato Rd. Ste 1100 Boca Raton, FL 33431 561- 893-6066	2009-2010	5910 NE 21 st Lane Ft Lauderdale, FL 33308 Email mzucker@fmsbonds.com Home 954/351-7015 Cell. 954/336-1068 Email: hybridz@yahoo.com

* Appointment to Executive Committee

Honorary Board Members

HONORARY BOARD MEMBERS

Commissioner Burt Aaronson

301 N. Olive - 12th Fl
W Palm Beach, FL 33401
561/355-2525

Elaine* and Bernard* Beifield

Florence* and Irving* Blickstein

Marianne Bobick
(Ed)

3001 Deer Creek Country Club Blvd ,#704
Deerfield Beach, FL 33442
Home. 954-571-2326
Email bobickpa@aol.com

Eleanor Epstein
(Edward)

10598 Stonebridge Blvd
Boca Raton, FL 33498
Home 852-8518
Email: ellyep@aol.com

Summer Address:

1500 Palisade Ave
Apt. 30D
Fort Lee, NJ 07024
Car. 551/404-2800
201-461-0072
Fax# 201 461-0074

Phyllis & Gerry Golden

Gerry Golden
912-1267

4539 Bocaire Blvd.
Boca Raton, FL 33487
Home: 994-1008
Cell: 866-9957
Fax. 241-6170
Email:Phyllis215@aol.com

Congressman Ron Klein

313 Cannon House Off. Building
Washington D.C. 20515-0922
Phone: 202/225-3026
Fax. 202/225-8398

4620 NW 24th Ave.
Boca Raton, FL 33431

Honorary

Local:
561/651-7594
561/651-7954 (fax)

Mildred & Abner Levine

16858 River Birch Circle
Delray Beach, FL 33445
Home: 498-1500
Fax: 498-1559
Email:alevine618@comcast.net

Adolph* & Rose* Levis

Honorary Board Members

Dorothy Lipson
(MORRIS) *

3899 Live Oak Blvd
Delray Beach, FL 33445
Home: 495-1281
Fax: 495-5189
Email lipson0509@adelphia.net

Macky & Jerry Milgram

Summer 1 W. Superior St , #3502
Chicago, IL 60610
312/587-9394 (as of June 1st)

350 S Ocean Blvd #12C
Boca Raton, FL 33432
Home 338-3667
Fax 368-6889
Cell 212-7810
Email jcmilgram@aol.com

Madelme & Eugene Pargh
(Madelme)

Summer 95 White Bridge Road, #300
Nashville, Tennessee 37205-1485
615/383-3155 (home)

7383 Oranewood Lane #504
Boca Raton, FL 33433
Home 883-0535
Fax 883-0536
Email: baltr@aol.com

Sylvia Rosen

Summer 200 Crosby Blvd.
Eggertsville, NY 14226
(716) 834-2555

7340 Mahogany Bend Ct.
Boca Raton, FL 33434
Home. 483-8488

Phyllis and Harvey Sandler

Summer 95 Lake Rd.
Manhasset, New York 11030

17591 Lake Estate Dr.
Boca Raton, FL 33496
Home 477-3489
Fax 477-5634
Email psandler78@aol.com

Carole & Richard Siemens

500 SE 5th Ave., #202
Boca Raton, FL 33432
Home. 391-0014
Fax: 368-9392

Betty C & Norman I. Stone

2000 S. Ocean Blvd., #16G
Boca Raton, FL 33432
Home: 393-0026
394-5319 (office fax)

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	Name of Exempt Organization ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.	Employer identification number 65-1127438
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 9901 DONNA KLEIN BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOCA RATON, FL 33428-1788	

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 |

MARTIN SCHNEER, EXECUTIVE DIRECTOR

• The books are in the care of ▶ ~~9801 DONNA KLEIN BLVD BOCA RATON FL 33428~~

Telephone No. ▶ 561-852-3200 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 APRIL 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 SEP 1, 2009, and ending AUG 31, 2010.

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

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.

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization	Employer identification number
	Adolph and Rose Levis Jewish Community Center, Inc	65-1127438
	Number, street, and room or suite no If a P O box, see instructions	
	9901 Donna Klein Blvd	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Boca Raton, FL 33428-1788	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

The books are in the care of **Martin Schmeer, Exec Dir**, 9801 Donna Klein Blvd, Boca Raton, FL 33428
 Telephone No **561-852-3200** 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 is for

4 I request an additional 3-month extension of time until July 15, 20 2011

5 For calendar year _____, or other tax year beginning Sep 1, 20 09, and ending Aug 31, 20 10

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension All information necessary to complete an accurate return is not available

8a	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	8a	\$	0 00
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0 00
c	Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0 00

Signature and Verification

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

Signature  Title **CPA** Date **4-15-2011**