

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1125 COLLEGE AVENUE</b> City or town, state or country, and ZIP + 4 <b>COLUMBUS, OH 43209</b> <b>F Name and address of principal officer: CAROL FOLKERTH</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>31-4379496</b> <b>E Telephone number</b> <b>614-231-2731</b> <b>G Gross receipts \$</b> <b>8,555,979.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ <b>WWW.COLUMBUSJCC.ORG</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1945</b> <b>M State of legal domicile:</b> <b>OH</b>	

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CHILDREN'S EDUCATION, ARTS EDUCATION, PHYSICAL EDUCATION AND RECREATION SERVICES, WHICH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>44</b>
	<b>5</b> Total number of employees (Part V, line 2a) .....	<b>5</b>	<b>575</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>100</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>192,077.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>1,660,953.</b>	<b>1,950,498.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>5,590,188.</b>	<b>6,136,422.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>100,548.</b>	<b>79,209.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>186,770.</b>	<b>216,639.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>7,538,459.</b>	<b>8,382,768.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>190,529.</b>	<b>267,645.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>4,994,088.</b>	<b>5,234,241.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>161,718.</b>	<b>2,668,017.</b>	<b>2,691,826.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>7,852,634.</b>	<b>8,193,712.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>7,852,634.</b>	<b>8,193,712.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-314,175.</b>	<b>189,056.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>12,068,006.</b>	<b>12,214,397.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>2,889,203.</b>	<b>2,706,312.</b>
		<b>9,178,803.</b>	<b>9,508,085.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>CAROL FOLKERTH, EXECUTIVE DIRECTOR</b> Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>RSM MCGLADREY, INC.</b> <b>250 WEST STREET, SUITE 200</b> <b>COLUMBUS, OH 43215</b>	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN</b> ▶ Phone no. ▶ <b>614-224-7722</b>

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

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 Page 2

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION  
LEO YASSENOFF JEWISH CENTER IS A NONPROFIT HUMAN SERVICE AGENCY  
COMMITTED TO ENHANCING THE QUALITY OF FAMILY LIFE AND PROMOTING THE  
PHYSICAL, INTELLECTUAL AND SPIRITUAL WELLNESS OF THE INDIVIDUAL. THE  
CENTER PROVIDES HEALTH-RELATED ACTIVITIES, CULTURAL AND EDUCATIONAL**
- 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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ **3,820,518.** including grants of \$ ) (Revenue \$ **3,207,884.** )  
**EARLY CHILDHOOD SERVICE DIVISION**

**THE EARLY CHILDHOOD SERVICES (ECS) PROGRAM SERVES OVER 450 CHILDREN AGES SIX WEEKS TO PRE-KINDERGARTEN AT THREE SITES. ALL THREE SITES ARE NAEYC ACCREDITED. PLAY-CENTERED EDUCATION IS FULL OF WEEKLY ACTIVITIES, INCLUDING SINGING, DANCING, COOKING, READING, CREATIVE ARTS, AS WELL AS MASTERING TRADITIONAL PRE-KINDERGARTEN SKILLS. THE CHILDREN ALSO LEARN JEWISH VALUES THROUGH "AN ETHICAL START" PROGRAM AND CELEBRATION OF JEWISH TRADITIONS AND HISTORY. THE JCC PRESCHOOLS TYPICALLY GRADUATE MORE THAN 100 STUDENTS EACH YEAR, WHO MOVE ON TO KINDERGARTEN IN THE FALL.**

4b (Code: ) (Expenses \$ **1,170,941.** including grants of \$ ) (Revenue \$ **908,656.** )  
**CHILDREN, CAMPING AND YOUTH DIVISION:**

**THE CHILDREN YOUTH AND CAMPING (CYC) PROGRAM SERVES CHILDREN FROM KINDERGARTEN THROUGH EIGHTH GRADE. PROGRAMS INCLUDE AN ACA ACCREDITED SUMMER DAY CAMP FOR OVER 600 PRESCHOOL THROUGH EIGHTH GRADE CHILDREN AT FOUR SITES; STATE LICENSED LATCHKEY PROGRAMS REGULARLY SERVING ABOUT 45 CHILDREN PER WEEK; AND SCHOOLS OUT AND VACATION DAYS PROGRAMS SERVING 25-50 CHILDREN PER DAY. SUMMER CAMP ALSO INCLUDES A PROGRAM FOR CHILDREN AND ADOLESCENTS WITH SPECIAL NEEDS, AS WELL AS SPECIAL INTEREST CAMPS, SUCH AS SPORTS AND THE ARTS.**

**TEENS ARE SERVED BY YOUTH-LED B'NAI B'RITH YOUTH ORGANIZATION (BBYO)**

4c (Code: ) (Expenses \$ **1,861,575.** including grants of \$ ) (Revenue \$ **404,437.** )  
**RECREATION AND WELLNESS DIVISION:**

**DEDICATED TO HEALTH AND FITNESS FOR ALL AGES, THE DIAMOND FAMILY FITNESS CENTER OFFERS A FULL-SERVICE FITNESS CENTER, CARDIO AND WEIGHT EQUIPMENT, ADULT AND YOUTH EXERCISE CLASSES, INDOOR AND OUTDOOR AQUATICS CENTER, PERSONALIZED HEALTH ASSESSMENTS, PERSONAL TRAINING, MASSAGE THERAPY AND YEAR-ROUND ADULT AND YOUTH SPORTS RECREATION LEAGUES.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **667,536.** including grants of \$ ) (Revenue \$ **107,261.** )

4e Total program service expenses **\$ 7,520,570.**

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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> .....	N/A	
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"> <li>• 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></li> <li>• 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></li> <li>• 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></li> <li>• 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></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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></li> </ul>		
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
			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
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
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
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
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	
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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35</b> 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
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

Form 990 (2009)

LEO YASSENOFF JEWISH COMMUNITY  
 CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	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	80	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
<b>2a</b>	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	575	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	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
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>N/A</b>		
	8		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? <b>N/A</b>		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>N/A</b>	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

**LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS**

Form 990 (2009)

31-4379496 Page 6

**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
<b>1a</b> Enter the number of voting members of the governing body .....	1a	44	
<b>b</b> Enter the number of voting members that are independent .....	1b	44	
<b>2</b> 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? .....	2	X	
<b>3</b> 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? .....	3		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	4		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....	5		X
<b>6</b> Does the organization have members or stockholders? .....	6		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	8b	X	
<b>9</b> 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 .....	9		X

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? .....	10a		X
<b>b</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? .....	10b		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	11	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	12c	X	
<b>13</b> Does the organization have a written whistleblower policy? .....	13	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	14	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X	
<b>b</b> Other officers or key employees of the organization .....	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a		X
<b>b</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? .....	16b		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► OH
- 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: ►  
LOUISE YOUNG - 614-231-2731  
1125 COLLEGE AVE, COLUMBUS, OH 43209

Form 990 (2009)

**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			
KAREN BOKOR TRUSTEE	2.00	X					0.	0.	0.	
BOB KEIDAN TRUSTEE	2.00	X					0.	0.	0.	
FREDERICK LUPER TRUSTEE	2.00	X					0.	0.	0.	
LAURA WEISER TRUSTEE	2.00	X					0.	0.	0.	
RICK BARNETT TRUSTEE	2.00	X					0.	0.	0.	
CHERYL BENDIS TRUSTEE	2.00	X					0.	0.	0.	
GARY CHESER TRUSTEE	2.00	X					0.	0.	0.	
MARILYN COLE TRUSTEE	2.00	X					0.	0.	0.	
CATHY CORY TRUSTEE	2.00	X					0.	0.	0.	
MARC DUNN TRUSTEE	2.00	X					0.	0.	0.	
DAVID FISHMAN TRUSTEE	2.00	X					0.	0.	0.	
JULIE FRIEDLANDER TRUSTEE	2.00	X					0.	0.	0.	
JUNE FRANKEL TRUSTEE	2.00	X					0.	0.	0.	
DENISE GLIMCHER TRUSTEE	2.00	X					0.	0.	0.	
DAVID GOLDSTEIN TRUSTEE	2.00	X					0.	0.	0.	
PAM GURWIN TRUSTEE	2.00	X					0.	0.	0.	
NEAL HOFFMAN TRUSTEE	2.00	X					0.	0.	0.	

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

**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			
CARI KASS TRUSTEE	2.00	X						0.	0.	0.
HEIDI LEVEY TRUSTEE	2.00	X						0.	0.	0.
SHANA LEVIN TRUSTEE	2.00	X						0.	0.	0.
JEFF LEVY TRUSTEE	2.00	X						0.	0.	0.
RACHEL LICHTEN TRUSTEE	2.00	X						0.	0.	0.
MICHAEL LITTMAN TRUSTEE	2.00	X						0.	0.	0.
CARRIE MADISON TRUSTEE	2.00	X						0.	0.	0.
RICK MEIZLISH TRUSTEE	2.00	X						0.	0.	0.
SID MILLER TRUSTEE	2.00	X						0.	0.	0.
DAN ROSEN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Total</b>								<b>308,833.</b>	<b>0.</b>	<b>36,484.</b>

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 **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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**

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

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 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	878,131.				
	b	Membership dues	1b					
	c	Fundraising events	1c	209,033.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	283,527.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	579,807.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		1950498.				
Program Service Revenue	2 a	<u>EARLY CHILDHOOD SERVIC</u>	Business Code 624410	3207884.	3207884.			
	b	<u>MEMBERSHIP DUES</u>	900099	1433092.	1433092.			
	c	<u>CHILDREN, CAMPING, AND</u>	900099	908,656.	908,656.			
	d	<u>RECREATION AND WELLNES</u>	713940	404,437.	404,437.			
	e	<u>ADULT, ARTS AND EDUCAT</u>	900099	107,261.	107,261.			
	f	All other program service revenue	900099	75,092.	75,092.			
	g	<b>Total.</b> Add lines 2a-2f		6136422.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		94,188.			94,188.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	82,116.				
		b	Less: rental expenses	75,480.				
		c	Rental income or (loss)	6,636.				
		d	Net rental income or (loss)		6,636.		6,636.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses	14,979.				
		c	Gain or (loss)	-14979.				
		d	Net gain or (loss)		-14,979.			-14,979.
	8 a	Gross income from fundraising events (not including \$ 209,033. of contributions reported on line 1c). See Part IV, line 18	a	50,187.				
		b	Less: direct expenses	b	68,247.			
		c	Net income or (loss) from fundraising events		-18,060.			-18,060.
	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	14,950.					
	b	Less: cost of goods sold	b	14,505.				
	c	Net income or (loss) from sales of inventory		445.		445.		
Miscellaneous Revenue			Business Code					
11 a	<u>CATERING</u>	722320	145,692.		145,692.			
	<u>MASSAGE THERAPIST</u>	812900	20,141.		20,141.			
	<u>PROGRAM AD SALES</u>	711110	19,163.		19,163.			
	d	All other revenue	900099	42,622.	42,622.			
e	<b>Total.</b> Add lines 11a-11d		227,618.					
12	<b>Total revenue.</b> See instructions.		8382768.	6179044.	192,077.	61,149.		

932009  
02-04-10

Form 990 (2009)

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

**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 .....	267,645.	267,645.		
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 .....	308,834.	228,722.	45,793.	34,319.
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 .....	4,302,173.	4,206,654.	85,498.	10,021.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	224,606.	190,915.	33,691.	
10 Payroll taxes .....	398,628.	382,682.	12,127.	3,819.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,397.		1,397.	
c Accounting .....	24,200.		24,200.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	369,783.	321,762.	13,268.	34,753.
12 Advertising and promotion .....	29,000.	25,427.		3,573.
13 Office expenses .....	276,551.	244,824.	11,906.	19,821.
14 Information technology .....	24,285.	23,844.	441.	
15 Royalties .....				
16 Occupancy .....	660,267.	579,788.	80,479.	
17 Travel .....	97,563.	82,657.	14,906.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	28,594.	25,006.	2,304.	1,284.
20 Interest .....	12,115.		2,104.	10,011.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	372,279.	283,116.	89,163.	
23 Insurance .....	64,424.	62,388.	1,140.	896.
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 <b>FOOD SERVICES</b> .....	378,926.	359,383.	10,363.	9,180.
b <b>DUES / LICENSES / PERMITS</b> .....	107,900.	102,657.	5,013.	230.
c <b>EQUIPMENT</b> .....	65,077.	49,105.	13,128.	2,844.
d <b>MISCELLANEOUS</b> .....	60,274.	22,689.	9,909.	27,676.
e <b>JCCA DUES</b> .....	51,480.		51,480.	
f All other expenses .....	67,711.	61,306.	3,114.	3,291.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>8,193,712.</b>	<b>7,520,570.</b>	<b>511,424.</b>	<b>161,718.</b>
26 <b>Joint costs.</b> 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 ...				

LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	595,294.	1	572,225.
	2	Savings and temporary cash investments .....	34,171.	2	71,242.
	3	Pledges and grants receivable, net .....	600,960.	3	1,099,975.
	4	Accounts receivable, net .....	1,521,616.	4	384,730.
	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 .....	23,178.	8	33,962.
	9	Prepaid expenses and deferred charges .....	89,476.	9	108,247.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 11,095,872.		
	b	Less: accumulated depreciation .....	10b 4,359,065.		
			6,246,826.	10c	6,736,807.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....	2,899,198.	12	3,207,209.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	57,287.	15	0.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,068,006.	16	12,214,397.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	1,296,109.	17	860,241.
	18	Grants payable .....		18	
	19	Deferred revenue .....	1,164,350.	19	993,547.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	428,744.	23	286,149.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	0.	25	566,375.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	2,889,203.	26	2,706,312.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	4,680,596.	27	4,991,629.
	28	Temporarily restricted net assets .....	1,568,696.	28	1,503,353.
	29	Permanently restricted net assets .....	2,929,511.	29	3,013,103.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b> .....	9,178,803.	33	9,508,085.
	34	<b>Total liabilities and net assets/fund balances</b> .....	12,068,006.	34	12,214,397.

Form 990 (2009)

LEO YASSENOFF JEWISH COMMUNITY  
 CENTER OF GREATER COLUMBUS

Form 990 (2009)

31-4379496 Page 12

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	<b>X</b>	
<b>c</b>	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? .....	<b>X</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	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		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		<b>X</b>
<b>b</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. ....		

Form 990 (2009)



LEO YASSENOFF JEWISH COMMUNITY

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,471,447.	3,882,510.	3,911,567.	2,986,108.	3,383,590.	18,635,222.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,471,447.	3,882,510.	3,911,567.	2,986,108.	3,383,590.	18,635,222.
<b>5</b> 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)						1,154,115.
<b>6 Public support.</b> Subtract line 5 from line 4.						17,481,107.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	4,471,447.	3,882,510.	3,911,567.	2,986,108.	3,383,590.	18,635,222.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	192,180.	199,763.	216,993.	195,492.	176,304.	980,732.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	131,209.	202,718.	332,094.	263,529.	227,315.	1,156,865.
<b>11 Total support.</b> Add lines 7 through 10						20,772,819.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.15 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	84.84 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

<b>Name of the organization</b> LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	<b>Employer identification number</b> 31-4379496
---	---

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

<b>Name of organization</b> LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	<b>Employer identification number</b> 31-4379496
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 831,688.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 46,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LEO YASSENOFF JEWISH COMMUNITY                  CENTER OF GREATER COLUMBUS</b>	Employer identification number <b>31-4379496</b>
---	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	

<b>Name of organization</b> LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	<b>Employer identification number</b> 31-4379496
---	---

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

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

**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 **LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS** Employer identification number  
**31-4379496**

**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? .....

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)? .....

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2152708.	2782521.			
b Contributions	8,335.	8,843.			
c Net investment earnings, gains, and losses	168,483.	-488,433.			
d Grants or scholarships					
e Other expenditures for facilities and programs	6,667.	150,223.			
f Administrative expenses					
g End of year balance	2322859.	2152708.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b  |     |    |
- 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		137,000.	96,003.	40,997.
c Leasehold improvements		8,041,766.	2,390,612.	5,651,154.
d Equipment		2,350,731.	1,872,450.	478,281.
e Other		566,375.		566,375.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,736,807.

LEO YASSENOFF JEWISH COMMUNITY

**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		
<b>ISRAEL BONDS</b>	<b>32,745.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>BENEFICIAL INTEREST IN ASSETS HELD BY COLUMBUS JEWISH FOUNDATION</b>	<b>818,554.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>INVESTMENTS HELD WITH COLUMBUS JEWISH FOUNDATION</b>	<b>2,355,910.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>3,207,209.</b>	

**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
<b>Total.</b> (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
<b>Total.</b> (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	
<b>ADVANCE FROM THE STATE OF OHIO</b>	<b>566,375.</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>566,375.</b>

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.

LEO YASSENOFF JEWISH COMMUNITY

Schedule D (Form 990) 2009

CENTER OF GREATER COLUMBUS

31-4379496 Page 4

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,382,768.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,193,712.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	189,056.
4	Net unrealized gains (losses) on investments	89,122.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	51,104.
9	Total adjustments (net). Add lines 4 through 8	140,226.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	329,282.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	8,522,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	89,122.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	51,104.
e	Add lines 2a through 2d	140,226.
3	Subtract line 2e from line 1	8,382,768.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	8,382,768.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	8,193,712.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	8,193,712.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	8,193,712.

**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 X: THE FINANCIAL STATEMENTS CONTAIN NO LIABILITY FOR**

**UNCERTAIN TAX POSITIONS UNDER FIN 48.**

**PART V, LINE 4: THE ORGANIZATION USES ITS ENDOWMENT FUNDS FOR TUITION SCHOLARSHIPS, COMMUNITY AND STAFF AWARDS, EQUIPMENT PURCHASES, MAINTENANCE AND IMPROVEMENTS TO GROUNDS AND FACILITIES, MULTIPLE ARTS PROGRAMS SUPPORT AND STAFF CONTINUING EDUCATION.**

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART X11, LINE 2D -

EXPENSES NETTED AGAINST REVENUE ON STATEMENT OF REVENUE:

RENTAL EXPENSES	\$ 75,177
FUNDRAISING EXPENSES	68,247
COST OF GOODS SOLD	14,505
CONTRIBUTIONS FROM FUNDRAISING	(209,033)
	<u>                    </u>
	\$( 51,104)
	<u>                    </u>



LEO YASSENOFF JEWISH COMMUNITY

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPORTS SPECTACULAR (event type)	GALA (event type)	2 (total number)		
1	Gross receipts	126,564.	124,009.	8,647.	259,220.	
2	Less: Charitable contributions	109,129.	99,904.		209,033.	
3	Gross income (line 1 minus line 2)	17,435.	24,105.	8,647.	50,187.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	29,469.	32,808.	5,970.	68,247.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 68,247 )
11	Net income summary. Combine line 3, column (d), and line 10				-18,060.	

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
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? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
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	





LEO YASSENOFF JEWISH COMMUNITY  
 CENTER OF GREATER COLUMBUS

31-4379496 Page 2

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEMBERSHIPS, CAMP, CAMP ARYE, ECS AND TITLE XX FEES.	254	267,645.	0.	N/A	

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES ASSISTANCE TO ITS MEMBERS COVERING PART OF MEMBERSHIP AND OTHER PROGRAM COSTS PROVIDED BY THE ORGANIZATION. THE ORGANIZATION MAINTAINS CONTROL OF THE USE OF SCHOLARSHIP AWARDS BY SPECIFICALLY ALLOCATING THE AWARD AMOUNT TO BE DEDUCTED FROM THE RECIPIENT FAMILY'S ANNUAL OR MONTHLY BILLING. MOST AWARD RECIPIENTS PAY MONTHLY SO THE AMOUNT IS SET UP AT THE BEGINNING OF THE YEAR AND THE SYSTEM DEDUCTS IT EACH MONTH DURING THE BILLING PROCESS. IF A MEMBER LEAVES, THE BILLING IS TURNED OFF, AND THE SCHOLARSHIP AWARD IS TURNED OFF IN THAT PROCESS. DURING THE BILLING PROCESS. AWARDS ARE FOR UP TO ONE

**Part IV** Supplemental Information

YEAR ONLY. IF A RECIPIENT NEEDS ASSISTANCE THE FOLLOWING YEAR, HE/SHE MUST REAPPLY AND GO THROUGH THE SELECTION PROCESS AGAIN.

Lined area for supplemental information.

**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 **LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS** Employer identification number **31-4379496**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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 checked="" 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)                 </p>		
<p><b>b</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</p>	<b>1b</b>	<b>X</b>
<p><b>2</b> 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?</p>	<b>2</b>	<b>X</b>
<p><b>3</b> 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.</p> <p> <input checked="" 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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	<b>X</b>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization?</p>	<b>5a</b>	<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization?</p>	<b>6a</b>	<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>
<p><b>7</b> 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</p>	<b>7</b>	<b>X</b>
<p><b>8</b> 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</p>	<b>8</b>	<b>X</b>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

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

Schedule J (Form 990) 2009



LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: ALL EMPLOYEES WHO WORK 20 HOURS OR MORE A  
WEEK RECEIVE A FREE MEMBERSHIP TO THE JCC (LEO YASSENOFF JEWISH CENTER),  
AND THIS MEMBERSHIP INCLUDES A MEMBERSHIP TO THE HEALTH CLUB OPERATED BY  
JCC.

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS** Employer identification number **31-4379496**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE SAAR TRUSTEE	2.00	X						0.	0.	0.
MIKE SCHLONSKY TRUSTEE	2.00	X						0.	0.	0.
CHUCK SHENK TRUSTEE	2.00	X						0.	0.	0.
ANDREW SMITH TRUSTEE	2.00	X						0.	0.	0.
SUSAN STEINMAN TRUSTEE	2.00	X						0.	0.	0.
CONNIE TUCKERMAN TRUSTEE	2.00	X						0.	0.	0.
RICHARD WILLIAMS TRUSTEE	2.00	X						0.	0.	0.
JIM WINNEGRAD TRUSTEE	2.00	X						0.	0.	0.
LAURIE WORLY TRUSTEE	2.00	X						0.	0.	0.
JONATHAN YOUNG TRUSTEE	2.00	X						0.	0.	0.
GRETA ZIDEL TRUSTEE	2.00	X						0.	0.	0.
RABBI NAPHTALI WEISZ TRUSTEE	2.00	X						0.	0.	0.
STEVE TUCKERMAN TRUSTEE	2.00	X						0.	0.	0.
CAROL FOLKERTH EXECUTIVE DIRECTOR	60.00			X				137,274.	0.	22,167.
LOUISE YOUNG CFO	50.00			X				80,456.	0.	4,210.
TIM KAUFFMAN ASSOC EXECUTIVE DIRECTOR	50.00			X				91,103.	0.	10,107.
MARC FISHEL PRESIDENT	2.00			X				0.	0.	0.
JENNIFER CAMMEYER VICE PRESIDENT	2.00			X				0.	0.	0.
JEFF MEYER VICE PRESIDENT	2.00			X				0.	0.	0.
LISA NEWMARK VICE PRESIDENT	2.00			X				0.	0.	0.

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

Schedule J-2 (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization	LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	Employer identification number	31-4379496
--------------------------	--	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ARE LARGELY JEWISH IN NATURE FOR FAMILIES IN THE GREATER COLUMBUS AREA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PROGRAMS THAT REFLECT THE JEWISH HERITAGE, AS WELL AS MANY SERVICES TO  
THE COMMUNITY AT LARGE, INCLUDING POPULATIONS AT RISK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
CHAPTERS, JEWISH EXPERIENCE FOR TEENS FOR PREVIOUSLY UNAFFILIATED  
JEWISH YOUTH, THE JCC MACCABI ARTS FEST, AND THE JCC MACCABI GAMES FOR  
SPORTS PARTICIPATION IN WEEK-LONG JEWISH TEEN NATIONAL OLYMPIC-STYLE  
COMPETITIONS. THE JCC SERVED 266 TEENS WITH THESE PROGRAMS IN  
2009/2010.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
ADULT, ARTS AND EDUCATION DIVISION:

THE JCC ANNUAL BOOKFAIR IS A PRIMARY LITERARY EVENT IN CENTRAL OHIO,  
HELD IN NOVEMBER, WITH PROGRAMS CONTINUING IN THE WINTER AND SPRING.  
THE BOOKFAIR FEATURES INTERNATIONALLY KNOWN AUTHORS AS SPEAKERS,  
INTERACTIVE PROGRAMS, CONCERTS AND A BOOK SHOP WITH JEWISH AUTHORS AND  
THEMES.

GALLERY PLAYERS IS THE OLDEST CONTINUALLY PERFORMING COMMUNITY THEATERS  
IN THE MIDWEST. PERFORMANCES TAKE PLACE IN THE JCC ROTH/RESLER THEATRE  
AND FEATURE JEWISH PLAYWRIGHTS AND/OR THEMES. A TYPICAL SEASON

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	Employer identification number 31-4379496
--------------------------	--	--

INCLUDES A DRAMA, MUSICAL AND A CHILDREN'S PRODUCTION.

THE JEWISH FILM FESTIVAL CELEBRATED ITS SIXTH YEAR, BUT ON A SMALL SCALE IN ANTICIPATION OF CHANGING ITS ANNUAL DATE FROM WINTER TO FALL. THE EVENT FEATURED FILM SCREENINGS, DISCUSSION FORUMS AND EDUCATIONAL PROGRAMS DESIGNED AROUND FILMS WITH JEWISH THEMES, ACTORS, OR DIRECTORS. THE VARIOUS FORMS ENABLE PARTICIPANTS TO EXPLORE THE DIVERSITY OF JEWISH IDENTITY, HISTORY, CULTURE AND EXPERIENCE IN DIVERSE LOCAL SETTINGS.

THROUGHOUT THE YEAR, THE JCC GOLDBERG GALLERY HOSTS EXHIBITS FEATURING WORK BY JEWISH ARTISTS, RANGING FROM PHOTOGRAPHY TO PAINTINGS TO SCULPTURE. THE GALLERY IS RUN COMPLETELY BY VOLUNTEERS.

- THE FLORENCE MELTON ADULT MINI-SCHOOL PROVIDES A TWO-YEAR STUDY OF JEWISH HISTORY, TRADITION AND BELIEF FOR ADULTS. IN 2009/2010, 144 ADULTS ATTENDED CLASSES AND 24 GRADUATED FROM THE TWO YEAR COURSE.

- THE SENIOR ADULT DEPARTMENT SERVED 576 ACTIVE SENIORS, AGE 60+, ALL YEAR. THROUGH ITS ASSOCIATION WITH LIFECARE ALLIANCE, THE JCC PROVIDED 11,445 HOT, KOSHER MEALS TO SENIORS IN 2009/2010. ONGOING PROGRAMS PROVIDE SOCIAL ENTERTAINMENT AND LEARNING THROUGHOUT THE YEAR. SILVER SNEAKERS, A FITNESS PROGRAM FOR MEDICARE-ELIGIBLE ADULTS, SERVED OVER 570 SENIORS IN 2009/2010.

- NEARLY 300 STUDENTS ARE SERVED BY THE ESOL (ENGLISH AS A SECOND OR OTHER LANGUAGE) PROGRAM EACH YEAR, FUNDED BY AN OHIO BOARD OF REGENTS ADULT BASIC AND LITERACY EDUCATION GRANT, AS WELL AS A GRANT WITH

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **LEO YASSENOFF JEWISH COMMUNITY  
CENTER OF GREATER COLUMBUS** Employer identification number  
**31-4379496**

**GODMAN GUILD ASSOCIATION. THE ESOL PROGRAM AND ACCULTURATION PROGRAM  
SERVED 500 STUDENTS. 80% OF THOSE STUDENTS IMPROVED THEIR ENGLISH  
LANGUAGE SKILLS, BASED ON TEST SCORES.**

**- THE JCC'S OUTREACH PROGRAMS REACH ALL AGES IN THE COMMUNITY, THROUGH  
ITS PROGRAMS HELD MAINLY IN NORTHWEST COLUMBUS. APPROXIMATELY 1200  
PEOPLE ATTENDED ATHLETIC EVENTS, BOOKFAIR/AUTHOR EVENTS, STORY TIMES,  
JEWISH HOLIDAY PROGRAMS AND SEASONAL SCHOOL AGE PROGRAMS.**

**EXPENSES \$ 667536. INCLUDING GRANTS OF \$ 0. REVENUE \$ 107261.**

**FORM 990, PART VI, SECTION A, LINE 2: TRUSTEE KAREN SHORE-MEYER IS A  
SISTER IN LAW TO JEFF MEYER, VICE PRESIDENT.**

**TRUSTEE AND TREASURER BENJAMIN ZACKS IS A PARTNER IN A BUSINESS WITH  
TRUSTEE MARC DUNN. BOTH ARE > 10% OWNERS.**

**TRUSTEES CARRIE MADISON AND CONNIE TUCKERMAN ARE SISTERS.**

**FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE WILL REVIEW  
THE 990 AND 990-T AND REPORT TO THE BOARD. EACH BOARD MEMBER IS PROVIDED A  
COPY OF THESE RETURNS BEFORE THEY ARE FILED WITH THE IRS. AFTER IT IS  
FILED, THE FORMS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.**

**FORM 990, PART VI, SECTION B, LINE 12C: EVERY DIRECTOR IS REQUIRED TO  
RECEIVE A COPY OF THE CODE OF ETHICS AND SIGN A RECEIPT ACKNOWLEDGING THAT  
HE/SHE HAS READ THE CODE. DIRECTORS MUST ADVISE THEIR ASSOCIATION BOARD  
CHAIR OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	LEO YASSENOFF JEWISH COMMUNITY CENTER OF GREATER COLUMBUS	Employer identification number	31-4379496
--------------------------	--	--------------------------------	------------

REVIEWS THE BOARD DISCLOSURE FORMS WHEN THEY ARE RETURNED FROM THE BOARD MEMBERS. SINCE EACH MEMBER IS KNOWN PERSONALLY IN A SMALL COMMUNITY, THE ORGANIZATION IS GENERALLY INFORMED WHEN POTENTIAL CONFLICTS ARISE.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE PREPARES A PERFORMANCE REVIEW AND DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR ANNUALLY. COMPENSATION IS GENERALLY COMPARED TO OTHER EXECS THROUGH THE JCC ASSOCIATION.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION POSTS ITS FORM 990 ON ITS OWN WEBSITE AND PROVIDES COPIES UPON REQUEST OR INSPECTION AT THE MAIN OFFICE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT ONSITE AND MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C  
THERE WAS NO CHANGE IN THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESS FROM THE PRIOR YEAR.