Form **990**

Department of the Treasury

Internal Revenue Service

DLN: 93490111000000

OMB No 1545-0047

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

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

Open to Public Inspection

·· ·			ilelidai yed	C Name of organization	o, or roo, and chair	9 00 30 200		D Emp	loyer i	dentification number
		If applicable Please S change Use IRS Jewish Community Center of SI Inc 13						1.2) T 6
		_	label or	Number and street (or P (D box if mail is not delivered	to street addre	ss) Room/suit		55622 ohone	number
	ame cha		print or type. See	1466 Manor Road	S BOX II MAIN IS NOT CONVERCE	to street duare	33) 1100111, 3411		21175	5-5200
Ir	nitial retu	idar feturii Specific								nethod Cash Accrual
F	ınal retur	n	tions.	Staten Island, NY 10314	,,					pecify) 🕨
✓ A	mended	return						_		
Га	pplication	n pending								
					and 4947(a)(1) nonexemp		II .			section 527 organizations
			trusts m	nust attach a completed S	chedule A (Form 990 or 99	90-EZ).	1			or affiliates? Yes V No
G V	Neb sit	e: 🟲 www	w sıjcc org					all affiliates		
1 6)ranni	tion tun	a / chack anh	ono) b. [7] (6) (2) (◀ (Insert no)	1) or = 527	1 ' '			See instructions)
							H(d) Ist	nis a separa	te retur	n filed by an organization
					rting organization and its gros if the organization chooses to		cov	ered by a g	roup rul	ıng?
			nplete return	• •	•	,	I Gr	oup Exem	ption N	Number ►
	Erocc ro	acounte	Add lines 6	5b, 8b, 9b, and 10b to li	no 12 b 16 914 069		M Che	eck 🕨 🗍 if	the org	ganization is not required to
	art I					. Fund Pal				90, 990-EZ, or 990-PF)
	1			s, grants, and similar ar	es in Net Assets or	Fullu Da	ances (5	ee the l	IISUFU	
	a			onor advised funds		1a				
	Ь			ort (not included on line		1b		907,128		
	c	•		oport (not included on li	•	1c		748,502		
	d			ibutions (grants) (not in		1d		5,536,234		
					•					7,191,864
	e				191,864 noncash \$)	,	1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments							3	6,249,642
	3	Interest on savings and temporary cash investments							2,915,000	
	5		ridends and interest from securities						<u>4</u> 5	91,134
	6a					 6a		• •		
	b	Gross rents								
	c							6c		
业	7			,				.	7	
Revenu	8a			n sales of assets	(A) Securities	T 1	(B) O th	_ ⊇r		
Ω.				ry	(A) Securities	8a	(5) 0 111			
	Ь	Less cos	st or other bas	sis and sales expenses		8b				
	c	Gain or	(loss) (atta	ach schedule)		8c				
	d		` , `	•	ns (A) and (B)				8d	
	9	_		•	edule) If any amount is f			▶ ┌		
	a							,		
		contrib	evenue (no utions repo	rt including \$ rted on line 1b) 🞏 .	of	9a		57,561		
	ь		-	nses other than fundrais		9b		114,196		
	С	Netinc	ome or (los	s) from special events	Subtract line 9b from line	e 9a			9c	-56,635
	10a	Grosss	sales of inv	entory, less returns and	allowances	10a				
	b	Less c	ost of good	ls sold		10b				
	С	Gross pro	ofit or (loss) fi	rom sales of inventory (attac	h schedule) Subtract line 10b	from line 10a			10 c	
	11	Otherr	evenue (fro	m Part VII, line 103)				.	11	309,767
	12	Total re	evenue A dd	lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 11				12	16,700,772
	13	Progran	n services	(from line 44, column (E	3))				13	14,872,622
8	14	Manage	ement and o	general (from line 44, co	olumn (C))				14	4,299,457
Expenses	15								15	239,630
û	16								16	
	17				mn (A)				17	19,411,709
213	18			•	ne 17 from line 12 .			•	18	-2,710,937
Net Asset	19			-	of year (from line 73, col				19	30,402,055
ZEI	20		-		ces (attach explanation	•		•	20	
	21				r Combine lines 18, 19,				21	27,691,118
E			d Danamuss	k Hadustian Ast N-1:	coo the consusts include		NIA 117	uつV		Earm 000 (2007)

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
	·	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$) If this amount includes foreign grants, check here ▶ ┌	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	569,824	319,405	227,919	22,500
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	50,000			50,000
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,716,518	6,791,484	814,892	110,142
27	Pension plan contributions not included on lines 25a, b and c	27	239,330	202,677	31,190	5,463
28	Employee benefits not included on lines 25a - 27	28	649,211	549,786	84,607	14,818
9	Payroll taxes	29	673,029	569,957	87,710	15,362
0	Professional fundraising fees	30				
1	Accounting fees	31				
32	Legal fees	32				
3	Supplies	33	372,084	371,806		278
4	Telephone	34	149,907	65,961	83,946	
5	Postage and shipping	35				
6	Occupancy	36	104,718	104,718		
37	Equipment rental and maintenance	37				
8	Printing and publications	38				
9	Travel	39				
10	Conferences, conventions, and meetings	40				
1	Interest	41	888,623		888,623	
2	Depreciation, depletion, etc (attach schedule)	42	1,590,246	1,218,128	353,989	18,129
13	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
e		43e				
f		43f				
g		43g				
4	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	19,411,709	14,872,622	4,299,457	239,630

_, **(ii)** the amount allocated to Program services \$___

, and (iv) the amount allocated to Fundraising \$

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

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

Wh	at is the organization's primary exempt purpose		To promote Jewish life and culture and to maintain a community center to serve the people of Staten Island through camping, recreational, athletic, and educational programs	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1)				
pub	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, ublications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt haritable trusts must also enter the amount of grants and allocations to others.)							
а	See Additional Data Table							
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵					
b								
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵					
С								
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵					
d								
	(Grants and allocations \$	1	If this amount includes foreign grants, check here 🕨 🦵					
e	Other program services (attach schedule) (Grants and allocations \$		If this amount includes foreign grants, check here					
f	<u>'</u>		ne 44, column (B), Program services)	14,872,622				

Pa	rt IV	Balance Sheets (See the instru	ctions	:.)			
Not	e:	Where required, attached schedules and amo- column should be for end-of-year amounts or		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			2,113,438	45	1,894,199
	46	Savings and temporary cash investments		[46	
			1	1			
	47a	Accounts receivable	47a	329,529			
	Ь	Less allowance for doubtful accounts	47b		511,751	47c	329,529
	40-	Pledges receivable	48a	1,515,467			
	48a b	Less allowance for doubtful accounts	48b	26.683	3,039,035	48c	1,488,784
	49	Grants receivable			1,792,895	49	1,292,306
	50a	Receivables from current and former office	rs, direc	ctors, trustees, and			
		key employees (attach schedule)		F		50a	
	b	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
2	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
_	53	Prepaid expenses and deferred charges .			512,781	53	547,773
	54a	Investments—publicly-traded securities		54a			
	Ь	Investments—other securities (attach sch		54b			
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .			172,295	56	165,381
	57a	Land, buildings, and equipment basis	57a	47,115,698			
	ь	Less accumulated depreciation (attach schedule)	57b	4,167,132	43,730,526	57c	42,948,566
	58	Other assets, including program-related in	vestme	ents			
		(describe F -)		58	
					54 0 7 0 7 04		40.000.500
	59	Total assets (must equal line 74) Add line			51,872,721		48,666,538
	60	Accounts payable and accrued expenses		-	2,711,130	60 61	2,048,283
	61	Grants payable			947,013		1,318,716
	63	Loans from officers, directors, trustees, an		-	047,010	- 02	1,010,710
Ÿ.		schedule)				63	
ķ;	64a	Tax-exempt bond liabilities (attach schedi		-		64a	
-	Ь	Mortgages and other notes payable (attack	•		2,547,799	64b	2,494,350
	65	Other liablilities (describe 🕨)	15,264,724	65	15,114,071
				_			
	66	Total liabilities Add lines 60 through 65			21,470,666	66	20,975,420
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	►	nd complete lines			
S)	67	Unrestricted			28,675,639	67	27,563,487
Balances	68	Temporarily restricted			1,726,416	68	26,920
뛢	69	Permanently restricted		[69	100,711
Fund	Orga	anizations that do not follow SFAS 117, chec					
Ē		complete lines 70 through 74					
ò	70	Capital stock, trust principal, or current fu		70			
sets	71	Paid-in or capital surplus, or land, building		71			
Ass	72	Retained earnings, endowment, accumulate		_ ´		72	
ĕ	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19					
_		line 21)		(= ,== = = ,	30,402,055	73	27,691,118
	74	Total liabilities and net assets / fund balance	51,872,721	74	48,666,538		

Par	t IV-A	Reconciliation of Revenu	e per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u> </u>	Total	revenue, gains, and other support	per audited financial sta	tements			а	16,814,968
b		ints included on line a but not on F	·					<u> </u>
1		nrealized gains on investments		b1				
2		ted services and use of facilities		b2				
3		veries of prior year grants		b3				
4		AST						
				b4		114,196		
		nes b1 through b4					ь	114,196
c		act line b from line a					С	16,700,772
d	A mou	ints included on Part I, line 12, bu	it not on line a	1	i			
1		tment expenses not included on F	Part I, line	d1				
2		(specify)						
_		(specify)		_ d2				
	Addl	nes d1 and d2					d	114,196
e	Total	revenue (Part I, line 12) Add line	es c and					16,700,772
Do.		December of Francis				Mills Francis	e	D-1
		Reconciliation of Expens expenses and losses per audited				with Expe		
a b		expenses and losses per audited ints included on line a but not on F					a	19,525,905
1		ted services and use of facilities		b1				
2		year adjustments reported on Par		DI				
_		· · · ·	c 1, mic	b2				
3		es reported on Part I, line						
4		(specify) 2		Ь3				
4	Other	(specify)		b4		114,196		
	A dd I	nes b1 through b4					ь	114,196
с		act line b from line a					c	19,411,709
d		ints included on Part I, line 17, bu						
1		tment expenses not included on F						
			,	d1				
2	Other	(specify)						
		14 12		_ d2				
_		nes d1 and d2 expenses (Part I, line 17) Add lir					d	19,411,709
e		expenses (Part 1, line 17) Add in					e	19,411,709
Par	t V-A	Current Officers, Director	s, Trustees, and Ke					
		director, trustee, or key empinstructions.)	ployee at any time dur	ing the y	ear even if	they were r	ot comp	ensated.) (See the
		moer doctorior,				(D) Contribu		(E) Expense
	(A)	Name and address	(B) Title and average hours per week devoted to position		mpensation id, enter -0)	employee bene deferred com		account and other
						plans	;	allowances
See A	dditiona	l Data Table						
				 				<u> </u>
				-				

01111 9 9 0 (2007)						Page	
Part V-A Current Officers, Director		•			Yes	No	
75a Enter the total number of officers, director	rs, and trustees permitted	l to vote on organizatio	n business at board				
meetings		<u>►</u> 42					
b Are any officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V-A, or hi	ghest compensated				
employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other inc	lependent				
contractors listed in Schedule A, Part II-	business						
relationships? If "Yes," attach a statemer	relationship(s) 💯 .	75b	Yes				
	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated						
employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other inc	lependent				
contractors listed in Schedule A , Part II-	A or II-B, receive compe	nsation from any other	organizations, whether				
tax exempt or taxable, that are related to				75c		l No	
organization"							
If "Yes," attach a statement that includes	the information described	d in the instructions					
d Does the organization have a written conf	lict of interest policy? .			75d	Yes		
Part V-B Former Officers, Director Benefits (If any former officers) during the benefits in the appropriate c	cer, director, trustee, e e year, list that person	or key employee red below and enter the	ceived compensation amount of compens	or otl	ner be	nefits	
(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense aco ner allowa	count and ances	
ewis Stolzenberg							
1466 Manor Road Staten Island, NY 10314	0	50,000	2,904				
zaten istana, NT 10314							
Part VI Other Information (See the	instructions.)				Yes	No	
Did the organization make a change in its activities		vities? If "Yes." attach a				110	
detailed statement of each change	_	,		76		l No	
		hut not reported to the					
, , ,	3 3	but not reported to the	IK5'	77		No	
If "Yes," attach a conformed copy of the c						l	
'8a Did the organization have unrelated business gross	, ,	,		78a		No	
b If "Yes," has it filed a tax return on Form	•			78b		No	
79 Was there a liquidation, dissolution, termination, or	r substantial contraction during t	ne year it "Yes," attach					
a statement				79		No	
Is the organization related (other than by association		, ,	• •				
governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	nization?		80a		Νo	
b If "Yes," enter the name of the organization	on 🟲						
,		ıs Fexempt or Fno	onexempt				
Enter direct or indirect political expenditu		· 1	· · · · · · · · · · · · · · · · · · ·				
b Did the organization file Form 1120-POI for		,		81b		No.	

	TVI Other Information (continued)				raye.
	t VI Other Information (continued)		_	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or at substantially less than fair rental value?	facilities at no charge or	82a		No
ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue				
	In Part I or as an expense in Part II (See instructions in Part III)	82b			i
83a	Did the organization comply with the public inspection requirements for returns and		83a	Yes	i
	Did the organization comply with the disclosure requirements relating to guid pro qu		83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		No
	If "Yes," did the organization include with every solicitation an express statement the				'''
_	gifts were not tax deductible?	nat sach contributions of	84b		l No
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by me	ambore?	85a		No
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		No
U	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h belo received a waiver for proxy tax owed the prior year		650		NO
_	Dues assessments, and similar amounts from members	85c			
	Section 162(e) lobbying and political expenditures	85d	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		-		
		85e	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85		85g		No
h	If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to address onable estimate of dues allocable to nondeductible lobbying and political expenses year?		3		
	year		85h		Νo
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b)		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a (
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a partnership, or an entity disregarded as separate from the organization under Regula and 301 7701-3? If "Yes," complete Part IX	•	88a		N o
b	At any time during the year, did the organization directly or indirectly own a controll of section 512(b)(13)? If yes complete Part XI	ed entity within the meaning	88b		No
90-	501(c)(3) organizations Enter Amount of tax imposed on the organization during the	veerunder	332		
оэа		•			
			-		
Ь	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction	f "Yes," attach a statement	89b		No
С	Enter Amount of tax imposed on the organization managers or disqualified persons				
	during the year under sections 4912, 4955, and 4958	<u> </u>	-		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	-	_		
e	All organizations. At any time during the tax year was the organization a party to a pr				
	transaction?		89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applic	able insurance contract?			
•	711 organizations, Bita the organization design and an edit of mandet interest in any applie	able modified contract			
			89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised fu	· · · · · ·			
	organization, or a fund maintained by a sponsoring organization, have excess busine during the year?	ess noidings at any time			
			00-		NI -
			89g		No
	List the states with which a copy of this return is filed NY	T . T			
b	Number of employees employed in the pay period that includes March 12, 2007 (Se instructions)	e 90b			33:
91a	•			200	
31 4	The books are in care of 🛌 Swarupa Yalamanchi	Telephone no 🕨 (/18) 4/5-5	200	
	1466 Manor Road				
	Located at 🛌 Staten Island, NY	ZIP + 4 🛌 10314			
b	At any time during the calendar year, did the organization have an interest in or a si	gnature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account)?	•	041	162	
			91b		No
	If "Yes," enter the name of the foreign country ▶				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts	eport of Foreign Bank and			

Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country ▶ 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 Part VII Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise indicated. Related or (A) (C) (B) (D) exempt function Business Exclusion Amount Amount income code code Program service revenue Program Income - other 3,313,058 Preschool Income 1,676,533 1,260,051 Camp Income **f** Medicare/Medicaid payments Fees and contracts from government agencies 2,915,000 94 Membership dues and assessments . . 91,134 Interest on savings and temporary cash investments 95 96 Dividends and interest from securities . 97 Net rental income or (loss) from real estate a debt-financed property . **b** non debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income Gain or (loss) from sales of assets other than inventory 100 -56,635 Net income or (loss) from special events 101 102 Gross profit or (loss) from sales of inventory 150,787 103 Other revenue a Transportation Income **b** Service Income 158,980 c d 250.114 9.258.794 104 Subtotal (add columns (B), (D), and (E)) . **105 Total** (add line 104, columns (B), (D), and (E)) 9,508,908 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) 101 Special event income from different social and cultural activities that are not part of the ongoing programs Transportation income is to provide transportation for children to camp and other recreational programs provided in the normal 103C course of JCC activities Membership fees allow participants to use the JCC facilities for learning and recreation. All members are also sent newsletters 94 keeping them informed about developments and special events in the Jewish community Camp, Pre-school, and other program fees provide all participants with eduction and exposure to Jewish life and culture. These programs include summer recreational learning and sports camps, nursery schools and after school programs for children of all 93A-C ades Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (C) (D) Name, address, and EIN of corporation, Percentage of End-of-year Total income Nature of activities partnership, or disregarded entity ownership interest % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ┌ Yes ┌ No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

(A) Name and address of each	ule below for each controlled entit	у			
					No
controlled entity	(B) Employer Identification Number	(C) Description o transfer		(D) of transf	fer
Totals					
Did the reporting organization receive as	ny transfers from a controlled ent	ity as defined in sectio	n 512(h)(13) of	Yes	No
					No
(A) Name and address of each controlled entity	(B) Employer Identification Number	<u> </u>	AT I	(D) of transf	fer
·					
Totals					
				Yes	No
		7, 2006 covering the ii	nterests, rents,		No
Under penalties of perjury, I declare that I h	ave examined this return, including according	mpanying schedules and sta	tements, and to the best	t of my kno	wledge
	Decialation of preparer (other than office	1		ally knowled	uge
Signature of officer		Date	1 21		
Type or print name and title					
Preparer's signature Fred M LaMarca CPA	Date	Check if self-empolyed	Preparer's SSN or PTIN	(See Gen I	inst W)
*		Cimponyed F	l		
Firm's name (or yours of self-employed), address, and ZIP + 4	Company LLP	Ciripolycu F	EIN 🕨		
	Did the reporting organization receive are the Code? if "Yes," complete the schedul. (A) Name and address of each controlled entity Totals Did the organization have a binding writt royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete I signature of officer David Sorkin Executive Directory Type or print name and title	Did the reporting organization receive any transfers from a controlled entit the Code? if "Yes," complete the schedule below for each controlled entit (A) (B) Name and address of each controlled entity Totals Did the organization have a binding written contract in effect on August 1 royalties and annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accordant belief, it is true, correct, and complete Declaration of preparer (other than office) ******* Signature of officer David Sorkin Executive Direc Type or print name and title	Did the reporting organization receive any transfers from a controlled entity as defined in section the Code? if "Yes," complete the schedule below for each controlled entity (A) Name and address of each controlled entity Employer Identification Number Totals Did the organization have a binding written contract in effect on August 17, 2006 covering the increase and annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information and belief, it is true, correct, and complete Declaration of preparer (other than officer) based on all information and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information and belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information belief. It is true, correct, and complete Declaration of preparer (other than officer) based on all information belief.	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity (A) Name and address of each controlled entity Totals Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer David Sorkin Executive Direc Type or print name and title	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity (A) Name and address of each controlled entity (B) Employer Identification Number Totals Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled the structure of officer David Sorkin Executive Direc Type or print name and title

Staten Island, NY 10309

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490111000000

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

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

2007

Part I Compensation of the Five	Highest Paid Employees	Other Than Offic	13-5562256 cers Directors a	and Trustees
(See page 1 of the instruction				ina Trastees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Lee Guttenplan	Dir of Admin	72,064	12,417	C
Staten Island, NY 10301	40 00		·	
Mark Sefcik 4 1466 Manor Road Staten Island, NY 10301	Facilities Dir 40 00	89,434	23,218	c
Glenn Wechsler 1466 Manor Road Staten Island, NY 10301	Program Dır 40 00	69,950	12,498	C
A nita Bruckmeir 20 1466 Manor Road	Dir of Developm 40 00	69,500	5,768	C
Staten Island, NY 10301 Beth Howard 1466 Manor Road	Program Dir 40 00	72,064	15,302	C
Staten Island, NY 10301 Total number of other employees paid over				
\$50,000	13			
	Five Highest Paid Indepe uctions. List each one (wheth			
(a) Name and address of each independent	contractor paid more than \$50,0	00 (b) Тур	e of service	(c) Compensation
None				
		_		
Total number of others receiving over \$50,00 professional services	00 for			
<u> </u>	 Five Highest Paid Indepe	ndent Contracto	rs for Other Serv	ices
	o performed services other t enter "None". See page 2 fo		ervices, whether in	dıvıdual or
(a) Name and address of each independent of			e of service	(c) Compensation
Levine Buildrs Group				
42-09 235 St Douglaston, NY 11363		Construction		222,194
Hemtech Solutions				
103 Margaretta Ct Staten Island, NY 10314		Computer		66,000
Sodexho Inc				505 227
PO Box 81049 Woburn, MA 018131049		Cleaning & Main	t	505,227
wts 2		F.Assass C.	1 14	
12501 Prosperity Dr Silver Springs, MD 20904		Fitness Center H	iealī	694,457
Total number of other contractors receiving of	over			

\$50,000 for other services

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

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)	
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	x)		
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)			
6	\vdash	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)					
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)			
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)			
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,	
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit		
11a	▽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
11b	Γ	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
12	Γ	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , functior ome and unrelated busi	ns—subject to certa ness taxable incon	ain exceptions, a ne (less section 5	nd (2) no more 511 tax) from b	than 331/3% of ousinesses	
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•		•	se meets the	
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other			
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)		
(a) Name(s) of supported organization(s)			(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization lis supporting org governing do	sted in the anization's	(e) A mount of support?	
				IRC section)	Yes	No		
-								
Tota						Þ		

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	12,696,124	15,602,414	13,875,443		5,119,747	47,293,728
16	Membership fees received	1,651,570	301,271	294,236		301,218	2,548,295
17	Gross receipts from admissions, merchandise	2,002,010	301,111	25 1,200		001,210	2,010,250
	sold or services performed, or furnishing of	5,364,584	4,679,711	4,791,982		4,687,674	19,523,951
	facilities in any activity that is related to the organization's charitable, etc., purpose	-,,	,,,,,,,,,	.,,		, ,	
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	291,238	379,947	192,520		149,645	1,013,350
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without						
	charge Do not include the value of services or						0
	facilities generally furnished to the public without						
	charge Other income Attach a schedule Do not include						
22	gain or (loss) from sale of capital assets	94,845	96,616	89,018		77,901	358,380
23	Total of lines 15 through 22	20,098,361	21,059,959	19,243,199	1	0,336,185	70,737,704
24	Line 23 minus line 17	14,733,777	16,380,248	14,451,217		5,648,511	51,213,753
25	Enter 1% of line 23	200,984	210,600	192,432		103,362	!
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	ın column (e), lın	e 24 🕨	26a		1,024,275
ь	, Prepare a list for your records to show the name of	and amount contr	ributed by each pe	erson (other			
	than a governmental unit or publicly supported org	anızatıon) whose t	otal gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts			▶	26b		936,450
c	Total support for section 509(a)(1) test Enter line			▶	26c		51,213,753
d	Add Amounts from column (e) for lines 18 _	1,013,350	19	0	ļ		
	22 _		26b	936,450	26d		2,308,180
_	Public support (line 26c minus line 26d total)			•	26e		48,905,573
f	Public support percentage (line 26e (numerator) d			<u> </u>	26f		9549 00 %
27	Organizations described on line 12: a For amou						
	prepare a list for your records to show the name of	,		h year from, each	"dısqua	lified per	son "
	Do not file this list with your return. Enter the sun						
_	(2006) (2005)		(2004)		(2003)		+ fa =
b	For any amount included in line 17 that was receiv						
	records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations de						•
	return. After computing the difference between the		- ,		-		-
	these differences (the excess amounts) for each y		and the larger an	iodiit described iii	(1)	2) , ente	the sum of
	(2006) (2005)		(2004)	((2003)		
	(====,				` /-		
c	Add Amounts from column (e) for lines 15		16				
	17 20				►	27c	0
d	Add Line 27a total	and line 27b tota	 al		>	27d	
e	Public support (line 27c total minus line 27d total))			>	27e	
f	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f			
ď	Public support percentage (line 27e (numerator) d			•	27g	i '	
h	Investment income percentage (line 18, column (e			denominator)) 🟲	27h		
28	Unusual Grants: For an organization described in li					02 throu	gh 2005,
	prepare a list for your records to show, for each ye			=	-		-

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32Ь		ĺ
,	: Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
`	with student admissions, programs, and scholarships?	32c		İ
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Gooples of all material used by the organization of on its bollan to solicit contributions		<u> </u>	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b	l	<u> </u>
ď	Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	Use of facilities?	33f		ı
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
_	Has the organization's right to such aid over been reveled as even and d2	3/L		
ŀ	has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	ı	i

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Part IV-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check 🟲 a 🛭 if the organization belongs to an affiliated group Check 🕨 **b** if you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 0 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions) Lobbying Expenditures During 4-Year Averaging Period

			bby mg Expendice		. Avelaging I em	-
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) 🟲	2007	2006	2005	2004	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(Fo	r reporting only	by organization	ins that did no	it complete Da	art VI-A) (See	page 11 of the in	structions
(10	i i Cool dila olliv	D V OI Gaillead	iis alat ala ne	it combiete i c	111 11 71 71 700	Dade II of the III	ou actions.

During the year, did the organization attempt to influence national, state or local legislation, including any

ttemı	pt to	ınfluence	public	opinion	on a	legislative	matter	or referen	dum,	through	the u	ıse	of
_													

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

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

Yes	No	A mount
		(

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

			ncharitable exempt organization	7 , relating to political organizatio of	Ye	s No
	Cash				51a(i)	No
(ii)	O ther assets				a(ii)	No
b Other	transactions					
(i)	Sales or exchanges o	fassets with a nonch	arıtable exempt organization		b(i)	Νο
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)	Νο
(iii)	Rental of facilities, ed	quipment, or other as:	sets		b(iii)	Νο
(iv)	Reimbursement arran	igements			b(iv)	Νο
(v)	Loans or loan guarant	tees			b(v)	Νο
(vi)	Performance of service	ces or membership oi	fundraising solicitations		b(vi)	Νο
c Sharır	ng of facilities, equipm	ent, mailing lists, oth	er assets, or paid employees		С	Νo
goods	, other assets, or serv	rices given by the rep	orting organization If the organi	nn (b) should always show the fa zation received less than fair ma her assets, or services received		
(a)	(b)	N	(c)	(d) Description of transfers, trans	sactions, an	d sharı
_ine no	A mount involved	Name of noncha	ritable exempt organization	arrangeme		
descr	ibed in section 501(c) s," complete the follow	of the Code (other th	with, or related to, one or more an section 501(c)(3)) or in sect	ion 527?	┌ Yes	্ত
	(a) Name of organiza	ition	(b) Type of organization	(c) Description of rela	tionship	
			, , , , , , , , , , , , , , , , , , , ,			

Additional Data

Software ID: 07000211

Software Version: 2007v2.10

EIN: 13-5562256

Name: Jewish Community Center of SI Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Utilities	43a	579,443	214,529	364,914	
b Transportation expense	43b	465,462	464,549	71	842
c Special events	43c	92,912	92,912		
d Repairs & Maintenance	43d	783,439	20,584	762,855	
e Preschool expenses	43e	156,268	156,268		
f Outside Services	43f	1,594,214	1,594,214		
g Office supplies & postage	43g	106,225	19,825	85,638	762
h Mıscellaneous	43h	279,689	32,115	247,574	
i Insurance	43i	349,111	215,173	133,938	
j Food	43j	298,818	270,719	27,559	540
k Equipment	43k	206,266	193,443	12,823	
I Camp expenses	431	895,985	895,985		
m Bad Debts	43m	215,144	210,000	5,144	
n Advertising	43n	219,745	219,516		229
o Admissions	43o	57,964	57,964		
p Administrative and ancillary	43p	107,534	20,904	86,065	565

rm 990, Part III - Program Service Accomplishments:

All organizations must describe number of clients served, publi (c)(3) and (4) organizations and allocations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)		
Special needs			
		If this amount includes foreign grants, check here 🕨 🦵	69,852
(Grants and allocations \$			
Membership services and	other program expens	es	2,078,605
(Grants and allocations \$)	If this amount includes foreign grants, check here 🟲 🦵	2,0,000
Transportation Services			
(Grants and allocations \$,	If this amount includes foreign grants, check here 🕨 🦵	453,083
Learning institute	,	Ti tills alliount includes loreign grants, check here P	
Learning institute			164,715
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Community outreach			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	611,135
A dult education		1. tills allicant includes folergil grants, elleck here r	
			859,337
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Beacon schools			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,465,034
Music institute			
			152,535
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Jewish life and learning			145,383
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Fitness and spa services			
(Country and allocations of	,	Tithus amount includes favoran avanta abasis have by	1,104,604
(Grants and allocations \$ Sports and recreation		If this amount includes foreign grants, check here 🕨 🦵	
Sports and recreation			814,364
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Senior Adult activities			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,433,273
Arts and cultural program			
			120,381
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Youth Services			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	1,018,554
Camp Expenses			
			1,299,711
(Grants and allocations \$		If this amount includes foreign grants, check here 🕨 🦵	
Early Childhood programs			3,082,056
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David Sorkin 1466 Manor Road Staten Island, NY 10301	Executive Direc 0 00	225,000	28,954	
Allan Weissglass 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Naomi Weiner 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Beatrice Victor 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Joseph Strasburg 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Linda K Steinman 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Donna Spatz 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Dr Mark Sherman 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Cheryl Sherman 1466 Manor Road Manor Road, NY 10314	Director 0 00	0		
Susan Sappin 1466 Manor Road Staten Island, NY 10314	Vice President 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jon Salmon 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Manny Saks 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Swarupa Yalamanchi 1466 Manor Road Staten Island, NY 10314	Controller 0 00	0		
Wayne Rosenfeld 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Jackie Reiter 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Melissa Rabinovich 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Vıckı Roitman 1466 Manor Road Staten Island, NY 10314	Associate Dir 0 00	125,000	18,861	
Alan Poritz 1466 Manor Road Staten Island, NY 10314	Vice President 0 00	0		
Susan Perel 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Sonja Nadritch 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dana Levinson 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Meirav Lev-Ari 1466 Manor Road Staten Island, NY 10314	Sr Vice Pres 0 00	O		
Robin Lefkowitz 1466 Manor Road Staten Island, NY 10314	President 0 00	O		
R Randy Lee 1466 Manor Road Staten Island, NY 10314	Vice President 0 00	O		
Daniel Kuhn 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Marcıa Klein 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Monroe Klein 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Ira Kamıl 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Samantha Goodman 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Sheila Lipton 1466 Manor Road Staten Island, NY 10314	Associate Dir 0 00	132,300	17,537	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

Torin 330, rure V A Current	, 11. catara, 2. catara, 11	astess, and Rey Lin	p.0,000.	
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Elliot Fox 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Marie Ellner 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Swarupa Yalamanchi 1466 Manor Road Staten Island, NY 10314	CFO 0 00	87,524	15,339	
Ira Einhorn 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Tracı Frey 1466 Manor Road Staten Island, NY 10314	Treasurer 0 00	0		
Matthew Interrante 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Alan Buxbaum 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Steve Blumert 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Dr Dennis Bloomfield 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Elaine Bloomfield 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Murray Berman 1466 Manor Road Staten Island, NY 10314	Vice President 0 00	0		
Dr Jack Bender 1466 Manor Road Staten Island, NY 10314	Director 0 00	O		
Arnold Beiles 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Kimberly Avis 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Dr Ronald Avis 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Nancy Avis 1466 Manor Road Staten Island, NY 10314	Director 0 00	0		
Roger Auerbach 1466 Manor Road Staten Island, NY 10314	Secretary 0 00	0		

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TY 2007 Investments - Securities Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Description	Book Value	Cost/FMV
Partnership Interest		С

TY 2007 Land etc. Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,150,669		1,150,669
Buildings	42,147,515	4,167,132	37,980,383
Machinery and Equipment	3,817,514		3,817,514

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TY 2007 Other Expenses Included Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Description	A	mount
Special event expense		114,196

TY 2007 Other Liabilities Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Description	Beginning	g of Year Amount	End of Y	ear Amount
NYC IDA Bond Payable		15,000,000		14,880,271
Loan Payable - Vehicle		36,153		24,704
Salary and fringe benefits payable	2	228,571		209,096

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TY 2007 Other Revenues Included Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Description	A	mount
Special event expense		114,196

TY 2007 Relationship Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Person Name /	Title	Person Name 2 /	Title	Relationship
Business	or	Business Name	or	
Name	Role	2	Role 2	
				Dr Ronald AvisNancy Avisrelated by marriageKimberly Avisdaughter of Dr Ronald Avis & Nancy AvisDr Dennis BloomfieldElaine Bloomfieldrelated by marriageMonroe KleinMarcia Kleinrelated by marriageDr Mark ShermanCheryl Shermanrelated by marriage

TY 2007 Special Events Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Other Misc Programs	1,501		1,501	13,590	-12,089
Israel Rocks	34,210		34,210	38,292	-4,082
Weissglass Gala	144,343	122,493	21,850	62,314	-40,464

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TY 2007 Contractor Compensation Explanation

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Contractor	Explanation
WTS	
Sodexho Inc	
Levine Buildrs Group	
Hemtech Solutions	

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TY 2007 Employee Compensation Explanation

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Employee	Explanation
Lee Guttenplan	
Mark Sefcik	
Glenn Wechsler	
Anıta Bruckmeır	
Beth Howard	

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TY 2007 Other Income Schedule

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Description	2006	2005	2004	2003	Total
Service and Support Income	94,845	96,616	89,018	77,901	358,380

TY 2007 Scholarship Award Statement

Name: Jewish Community Center of SI Inc

EIN: 13-5562256

Software ID: 07000211

Software Version: 2007v2.10

Statement: Children attending summer camp and pre-school programs receive

scholarships based on need.