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2005

Short Form

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization

NATIONAL Council of Jewish Women

60 TRAGASH 704 EASTWIND CIR.

DRESHER PA 19025-1435

D Employer identification number

13-164-1076

E Telephone number

( )

F Group Exemption Number

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

G Accounting method: Cash Accrual Other (specify)

I Website: N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from COGDEN, UT dated OCT 17 2006.

Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year.

SCANNED OCT 31 2006

Handwritten marks: gno, checkmark, and number 4.

Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c) and (4) organizations and 4947(a)(1) trusts optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) . . . see. Schedule. . .	32 10268

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(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	(E) Expense account and other allowances
JUDITH GINSBERG 315 SUSQUEHANNA RD, AMBLER PA	PRES. 45	-0-	-0-	-0-
PEARL TRAGASH 704 EASTWIND CIRCLE, DREXHER	TREAS. 25 HRS	-0-	-0-	-0-
WENDY RADER 1632 TUCKERTOWN RD, DREXHER	V. PRES 15 HRS	-0-	-0-	-0-
DIANE PLOTNICK 381 LINDEN DR, ELKINS PARK	V. PRES 15 HRS	-0-	-0-	-0-

Other information (Note the attachment requirement in General Instruction V, page 14.)		Yes
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a
b	Did the organization file Form 1120-POL for this year?	37b
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b 0
39	501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9	39a 0
b	Gross receipts, included on line 9, for public use of club facilities	39b 0
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0
d	Enter amount of tax on line 40c reimbursed by the organization	0

Other information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. NONE
- 42a The books are in care of PEARL TRAGASH Telephone no. (215) 542-054  
 Located at 704 EAST WIND CIRCLE DRESHER, PA ZIP + 4 19025-1435
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? N/A  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year 0 | 43 |

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

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

**Please Sign Here**

Signature of officer: Pearl Tragash Date: 10/13/06

Type or print name and title: PEARL TRAGASH

**Paid Preparer's Use Only**

Preparer's signature: N/A Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**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

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

*Part A SECTION*  
*NATIONAL COUNCIL OF JEWISH WOMEN*

Employer identification number

*13-1641076*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

Total number of other employees paid over \$50,000 . ▶

*0*

**Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>None</i>		

Total number of others receiving over \$50,000 for professional services . ▶

*0*

**Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>None</i>		

Total number of other contractors receiving over \$50,000 for other services . ▶

*0*

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

- 1 During the year, has the organization attempted to influence national, state, or local legislation...
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts...
a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation...
e Transfer of any part of its income or assets?
3a Do you make grants for scholarships...
b Do you have a section 403(b) annuity plan...
c During the year, did the organization receive a contribution...
4a Did you maintain any separate account...
b Do you provide credit counseling...

Table with 2 columns: Yes, No. Rows correspond to questions 1, 2a-2e, 3a-3c, 4a-4b. Checkmarks are present in the 'No' column for questions 1, 2a, 2b, 2c, 2d, 2e, 3a, 3b, 3c, 4a, and 4b.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university...
11a An organization that normally receives a substantial part of its support from a governmental unit...
11b A community trust.
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions...
13 An organization that is not controlled by any disqualified persons...

Table for supported organizations. Columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes handwritten 'N/A' in the first row.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	72,721.58	61,572.27	7,552	577.00	14,729.37
16 Membership fees received	4525.00	4,065.00	3523.00	4218.00	16,341.00
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,710.00	13,605.50	14,335.50	15,052.38	56,687.47
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	601.78	307.55	641.00	1,095.81	2,642.94
19 Net income from unrelated business activities not included in line 18	-	-	-	-	-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its 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 facilities generally furnished to the public without charge	-	-	-	-	-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-	-	-	-	-
23 Total of lines 15 through 22	26,119.36	24,159.12	19,215.11	25,927.49	90,400.78
24 Line 23 minus line 17	12,409.36	10,533.62	4,879.52	5,870.81	33,713.31
25 Enter 1% of line 23	261.19	241.37	192.15	259.27	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a -
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b -
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c -
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d -
22 _____ 26b _____					26e -
e Public support (line 26c minus line 26d total)					26e -
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f - %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 <u>14,729.37</u> 16 <u>16,341.00</u>					27c <u>87,757.84</u>
17 <u>56,687.47</u> 20 _____ 21 _____					27d <u>-</u>
d Add: Line 27a total _____ and line 27b total _____					27e <u>87,757.84</u>
e Public support (line 27c total minus line 27d total)					27e <u>87,757.84</u>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f <u>271,904.00.78</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g <u>0.970 %</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h <u>0.029 %</u>
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part IV Private School Questionnaire** (See page 7 of the instructions.)  
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

*N/A*

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .
- 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? . . . . .
- 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? . . . . .  
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

	Yes	No
29		
30		
31		

- 32 Does the organization maintain the following:
  - a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .
  - d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .
 If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

32a		
32b		
32c		
32d		

- 33 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges? . . . . .
  - b Admissions policies? . . . . .
  - c Employment of faculty or administrative staff? . . . . .
  - d Scholarships or other financial assistance? . . . . .
  - e Educational policies? . . . . .
  - f Use of facilities? . . . . .
  - g Athletic programs? . . . . .
  - h Other extracurricular activities? . . . . .

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

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? . . . . .
- b Has the organization's right to such aid ever been revoked or suspended? . . . . .  
If you answered "Yes" to either 34a or b, please explain using an attached statement.

34a		
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		
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Part VI 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.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 2 main columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for 2005, 2004, 2003, 2002, and Total. Rows 45-50 detailing nontaxable amounts and lobbying expenditures.

Part VI B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with 3 columns: Yes, No, Amount. Rows detailing lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings, e Publications, f Grants, g Direct contact, h Rallies, i Total lobbying expenditures.



**Part III Statement of Program Service Accomplishments**

**For National Council of Jewish Women – Montco Philadelphia Section: ID: 13-1641076  
Group Exemption Number: 1046**

**What is the organization's primary exempt purpose?**

NCJW exists to improve the quality of life for women, children and families and to ensure individual rights and freedom through research and education.

<b>Program Service</b>	<b>Benefit</b>	<b>Number Persons Benefited</b>	<b>Grant</b>	<b>Expenses</b>
Chanukah Holiday Donations to Jewish Family and Children Services	Children received toys for the holiday	40	\$575	\$575
Thanksgiving Donations to Jewish Family and Children Services	Families received food	25	\$575	575
Needy family Support	Paid Summer Camp	1	\$400	\$400
Passover Holiday Donation to Jewish Family and Children Services	Foods provided to needy	20	\$300	\$300
	Food to abused women	12	\$3600	\$3600
Community Services including: sponsorship of essay writing contest in local school; remembrance wreath on local veterans grave	Education	100	\$1496	\$1496
Leadership Convention fees for delegates attendance	Education	25	\$998	\$998
Contribution to NCJW parent organization to support educational programs	Education	241	\$2064	\$2064
Public affairs representative grant	Education	241	\$260	\$260
<b>Total</b>			<b>\$10268</b>	<b>\$10268</b>