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Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0087

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

Open to Public Inspection for 501(c)(3) Organizations Only

- A**  Check box if address changed
- B** Exempt under section  
 501(C)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**NATIONAL COUNCIL OF JEWISH WOMEN, INC.**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
**475 RIVERSIDE DRIVE, NO. 1901**

City or town, state, and ZIP code  
**NEW YORK, NY 10115**

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9)  
**13-1641076**

**E** Unrelated business activity codes (See instructions for Block E on page 9)  
**453220 900000**

**C** Book value of all assets at end of year  
**14,795,239.**

**F** Group exemption number (See instructions for Block F.) **1046**

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **SALE OF MISCELLANEOUS ITEMS**

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **BERNICE BADGER** Telephone number **212-645-4048**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>11,016.</b>			
b	Less returns and allowances <b>c Balance</b>			
1c		<b>11,016.</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>6,789.</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>4,227.</b>		<b>4,227.</b>
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<b>-29,234.</b>	<b>STMT 1</b>	<b>-29,234.</b>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	<b>-25,007.</b>		<b>-25,007.</b>

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules.)		20
21	Depreciation (attach Form 4562)		21
22	Less depreciation claimed on Schedule A and elsewhere on return		22a
22b			22b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule B)		26
27	Excess real estate costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	<b>Total deductions.</b> Add lines 14 through 28		29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30
31	Net operating loss deduction (limited to the amount on line 30)		31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32
33	Specific deduction (Generally \$1,000, but see instructions for exceptions)		33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34

**COPIES OF THIS RETURN ARE BEING KEPT FOR THE IRS**

SEE STATEMENT 2

ENVELOPE POSTMARK DATE JAN 28 2010 SCANNED FEB 08 2010

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

National Council of Jewish Women, Inc.  
EIN 13-1641076  
For the year ended 06/30/2009

Net Operating Loss Deduction:

Form 990-T, Page 1, Line 31

From 6/30/2006	33,156
From 6/30/2007	15,710
From 6/30/2008	12,121
	<u>60,987</u>

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>NATIONAL COUNCIL OF JEWISH WOMEN, INC.</b>	Employer identification number <b>13-1641076</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>475 RIVERSIDE DRIVE, NO. 520</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NEW YORK, NY 10115</b>	

Check type of return to be filed (file a separate application for each return)

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)     | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

**BERNICE BADGER**

- The books are in the care of ▶ **475 RIVERSIDE DRIVE - NEW YORK, NY 10115**  
Telephone No ▶ **212-645-4048** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 17, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	456.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

National Council of Jewish Women, Inc.  
EIN 13-1641076  
For the year ended 06/30/2009

Net Operating Loss Election:

PURSUANT TO CODE SEC.172(b)(3), THE TAXPAYER HEREBY ELECTS TO  
RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE  
NET OPERATING LOSS INCURRED IN ITS TAX YEAR ENDED JUNE 30, 2009.

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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
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DESCRIPTION	AMOUNT
INCOME FROM PUBLICLY TRADED PARTNERSHIPS	-29,234.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-29,234.

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Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals Total dividends-received deductions included in column 8 0. Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) 0.



**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 **35c** 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36** \_\_\_\_\_  
**37 Proxy tax.** See instructions **37** \_\_\_\_\_  
**38 Alternative minimum tax** **38** \_\_\_\_\_  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** \_\_\_\_\_  
**b** Other credits (see instructions) **40b** \_\_\_\_\_  
**c** General business credit. Attach Form 3800 **40c** \_\_\_\_\_  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** \_\_\_\_\_  
**e** Total credits. Add lines 40a through 40d **40e** \_\_\_\_\_  
**41** Subtract line 40e from line 39 **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42** \_\_\_\_\_  
**43** Total tax. Add lines 41 and 42 **43** 0.  
**44 a** Payments: A 2007 overpayment credited to 2008 **44a** 456.  
**b** 2008 estimated tax payments **44b** \_\_\_\_\_  
**c** Tax deposited with Form 8868 **44c** \_\_\_\_\_  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d** \_\_\_\_\_  
**e** Backup withholding (see instructions) **44e** \_\_\_\_\_  
**f** Other credits and payments:  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **44f** \_\_\_\_\_  
**45** Total payments. Add lines 44a through 44f **45** 456.  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46** \_\_\_\_\_  
**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** \_\_\_\_\_  
**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 456.  
**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax 456. Refunded **49** 0.

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **ISRAEL** **Yes**  **No**   
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file **Yes**  **No**   
**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$** \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

1	Inventory at beginning of year	1	25,373.	6	Inventory at end of year	6	28,386.
2	Purchases	2	4,755.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	6,789.
3	Cost of labor	3	5,047.	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs	4a					<input checked="" type="checkbox"/>
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	35,175.				

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Hailswan Ball* Date: 11/21/10 Title: **TREASURER**  
 Preparer's signature: *Mary Ann Freid CPA* Date: 11/15/10 Check if self-employed  Preparer's SSN or PTIN: **P00029738**  
 Firm's name (or yours if self-employed), address, and ZIP code: **RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602**  
 EIN: **41-1944416** Phone no.: **212-372-1000**