

Form **990**

OMB No 1545-0047

**1999**

This Form is Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

**A** For the 1999 calendar year, OR tax year period beginning 7/01/99 and ending 6/30/00

<b>B</b> Check if: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization JEWISH HOMEMAKER, INC.		<b>D</b> Employer ID number 52-2110884
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
		City or town, state or country, and ZIP+4 BROOKLYN NY 11213		<b>F</b> Check <input type="checkbox"/> if exemption applic is pending

**G** Type of organization -  Exempt under section 501(c) ( 3 ) < (insert number) OR  section 4947(a)(1) nonexempt charitable trust  
**Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**H(a)** Is this a group return filed for affiliates?  Yes  No

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

**(b)** If "Yes," enter the number of affiliates for which this return is filed:

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**J** Accounting method:  Cash  Accrual  
 Other (specify)

**K** Check here  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 it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**Note:** Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 15.)

<b>1</b> Contributions, gifts, grants, and similar amounts received: <b>a</b> Direct public support <b>b</b> Indirect public support <b>c</b> Government contributions (grants) <b>d</b> Total (add lines 1a through 1c) (att. sch. of contributors) (cash \$ <u>441,400</u> noncash \$ <u>SEE SCHEDULE OF CONTRIBUTORS</u> )	1a	441,400	1d	441,400	
	2		2	71,183	
	3		3		
	4		4	800	
	5		5		
	6a		6a		
	6b		6b		
	6c		6c		
	7		7		
	8a	(A) Securities	(B) Other	8a	
	8b			8b	
	8c			8c	
8d			8d		
9			9		
9a			9a		
9b			9b		
9c			9c		
10a			10a		
10b			10b		
10c			10c		
11			11		
12			12	513,383	
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13		13	361,195	
	14		14	127,695	
	15		15		
	16		16		
	17		17	488,890	
<b>A</b> <b>s</b> <b>e</b> <b>t</b> <b>s</b>	18		18	24,493	
	19		19		
	20		20		
	21		21	24,493	

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**Part II Statement of Functional Expenses**

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 Specific Instructions on page 19.)

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
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 22,000		22,000	
26 Other salaries and wages	26 140,681	53,076	87,605	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 12,161		12,161	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35 32,655	32,655		
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 125,029	125,029		
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (att. sch.)	42			
43 Other expenses (itemize): a	43a			
b SEE STATEMENT 1	43b 156,364	150,435	5,929	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 488,890	361,195	127,695	0

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_ (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
<p>▶ TO EDUCATE THE KOSHER CONSUMER REGARDING KASHRUTH ISSUES.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a TO EDUCATE THE KOSHER CONSUMER REGARDING KASHRUTH ISSUES.</p> <p>(Grants and allocations \$ _____)</p>	361,195
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B) Program services)</p>	361,195

**Part IV Balance Sheets** (See Specific Instructions on page 22)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
<b>45</b>	Cash-non-interest-bearing		<b>45</b>		24,493
<b>46</b>	Savings and temporary cash investments		<b>46</b>		
<b>47a</b>	Accounts receivable	<b>47a</b>			
<b>b</b>	Less: allowance for doubtful accounts	<b>47b</b>		<b>47c</b>	
<b>48a</b>	Pledges receivable	<b>48a</b>			
<b>b</b>	Less: allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
<b>49</b>	Grants receivable		<b>49</b>		
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>		
<b>51a</b>	Other notes and loans receivable (attach schedule)	<b>51a</b>			
<b>b</b>	Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
<b>52</b>	Inventories for sale or use		<b>52</b>		
<b>53</b>	Prepaid expenses and deferred charges		<b>53</b>		
<b>54</b>	Investments-securities (attach schedule)		<b>54</b>		
<b>55a</b>	Investments-land, buildings, and equipment: basis	<b>55a</b>			
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b>	Investments-other (attach schedule)		<b>56</b>		
<b>57a</b>	Land, buildings, and equipment: basis	<b>57a</b>			
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>57b</b>		<b>57c</b>	
<b>58</b>	Other assets (describe _____)		<b>58</b>		
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>59</b>	0	24,493
<b>60</b>	Accounts payable and accrued expenses		<b>60</b>		
<b>61</b>	Grants payable		<b>61</b>		
<b>62</b>	Deferred revenue		<b>62</b>		
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>		
<b>b</b>	Mortgages and other notes payable (attach schedule)		<b>64b</b>		
<b>65</b>	Other liabilities (describe _____)		<b>65</b>		
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)		<b>66</b>	0	0
<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.					
<b>67</b>	Unrestricted		<b>67</b>		
<b>68</b>	Temporarily restricted		<b>68</b>		
<b>69</b>	Permanently restricted		<b>69</b>		
<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and</b> complete lines 70 through 74					
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>		
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		24,493
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		<b>73</b>	0	24,493
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>74</b>	0	24,493

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.  
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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>N/A</p> <p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify):</p> <p style="padding-left: 20px;">\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line a minus line b ▶</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b. Form 990 \$</p> <p>(2) Other (specify):</p> <p style="padding-left: 20px;">\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶</p>	<p>N/A</p> <p><b>a</b> Total expenses and losses per audited financial statements ▶</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20. Form 990 \$</p> <p>(3) Losses reported on line 20. Form 990 \$</p> <p>(4) Other (specify):</p> <p style="padding-left: 20px;">\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line a minus line b ▶</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b. Form 990 \$</p> <p>(2) Other (specify):</p> <p style="padding-left: 20px;">\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DON YOEL LEVY 1347 CARROLL ST. BKLYN N.Y. 11213	PRESIDENT 100	0	0	0
MENACHEM LEVY 468 CROWN ST. BKLYN N.Y. 11225	TREASURER 700	22,000	0	0
THELMA LEVY 1372 CARROLL ST. BKLYN N.Y. 11213	SECRETARY 100	0	0	0

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If "Yes," attach schedule-see Specific Instructions on page 25

Part VI Other Information (See Specific Instructions on page 25.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	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 for reporting in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
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	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 section 4912 <input type="checkbox"/> 0 section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NY		
b	Number of employees employed in the pay period that includes March 12, 1999 (See instr.)	90b	
91	The books are in care of <input type="checkbox"/> ROTH & CO. LLP Telephone no <input type="checkbox"/> Located at <input type="checkbox"/> 5612 18TH AVENUE BROOKLYN, N.Y. 11204 ZIP + 4 <input type="checkbox"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					71,183
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	800	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		800	71,183
105 Total (add line 104, columns (B), (D), and (E))					71,983

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

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).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

MAY 15 Manhattan Levy/Tres

**Schedule of Contributors**

Not Open for  
Public Inspection

1999

For calendar year 1999, or tax year beginning 7/01/99 and ending 6/30/00

Name  JEWISH HOMEMAKER, INC.	Employer Identification Number  52-2110884
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Name and Address:

Amount, Date, and Description:

\$ 441,400  
CASH

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**Federal Statements****Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
INSURANCE	3,947		3,947	
PAYROLL SERVICE	1,419		1,419	
BANK CHARGES	63		63	
WRITERS & ARTISTS	14,252	14,252		
ARTWORK & LAYOUT	45,664	45,664		
IMAGING	21,205	21,205		
MAILING HOUSE	11,503	11,503		
SUBSCRIPTION FULFILLMENT CENT	57,811	57,811		
FILING FEES	500		500	
TOTAL	<u>\$ 156,364</u>	<u>\$ 150,435</u>	<u>\$ 5,929</u>	<u>\$ 0</u>