

Short Form

OMB No 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax****2004**Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning**and ending**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		JEWS UNITED FOR JUSTICE		52-2346578
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2000 P STREET N.W. 505		E Telephone number 202-331-5835
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		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 Web site: ▶ WWW.JUFJ.ORG

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) (insert no) ☐ 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 received a Form 990 Package in the mail, it should file a return without financial data. **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 ▶ \$ 57,273.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	57,122.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	151.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	57,273.
	Expenses	10 Grants and similar amounts paid	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	8,603.
13 Professional fees and other payments to independent contractors		13	1,300.
14 Occupancy, rent, utilities, and maintenance		14	6,856.
15 Postage, transportation, postage, and shipping		15	1,018.
16 Other expenses (describe ▶)		16	7,872.
17 Total expenses (add lines 10 through 16)		17	26,175.
18 Excess (or deficit) for the year (line 9 less line 17)		18	31,098.
19 Net assets or fund balances at beginning of year (from line 27, column (A))		19	9,016.
20 Net changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	40,114.	

Part II 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 40 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,410.	39,161.
23 Land and buildings		
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)	1,606.	953.
25 Total assets	9,016.	40,114.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,016.	40,114.

423421
01-13-05

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2004)

28

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 5		
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 SEE STATEMENT 4	(Grants \$)	28a 14,649.
29 SEE STATEMENT 6	(Grants \$)	29a 5,975.
30	(Grants \$)	30a
31 Other program services (attach schedule)	(Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)		32 20,624.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
SEE STATEMENT 7				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
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			X
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?			X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)			X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.		
b Did the organization file Form 1120-POL for this year?			X
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?			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b N/A		
39 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9	39a N/A		
b Gross receipts, included on line 9, for public use of club facilities	39b N/A		
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			X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958			0.
d Enter Amount of tax on line 40c, above, reimbursed by the organization			0.
41 List the states with which a copy of this return is filed	NONE		
42 The books are in care of	THE ORGANIZATION Telephone no 202-331-5835		
Located at	2000 P STREET, N.W. SUITE 505, WASHINGTON, D.C. ZIP + 4 20036		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	43 N/A		

Please	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.
	Date 9/7/05
	Signature STEVEY MOSKOWITZ
	Check if self-Preparer's SSN

SCHEDULE A
(Form 990 or 990-EZ)

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 Section 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**

OMB No 1545-0047

2004

Name of the organization

JEWS UNITED FOR JUSTICE

Employer identification number

52 2346578

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
NONE				
Total number of other employees paid over \$50,000	0			

Part II 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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III 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, including 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 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
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.) SEE STATEMENT 9			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART IV, FM 990EZ	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	51,310.	74,200.	25,461.		150,971.
16 Membership fees received					
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	1,540.	440.	80.		2,060.
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	68.	74.	16.		158.
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.	1,500.	4,875.	SEE STATEMENT 10		6,375.
23 Total of lines 15 through 22	54,418.	79,589.	25,557.	0.	159,564.
24 Line 23 minus line 17	52,878.	79,149.	25,477.		157,504.
25 Enter 1% of line 23	544.	796.	256.		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					3,150.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					70,600.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					157,504.
d Add: Amounts from column (e) for lines 18 <u>158.</u> 19 <u>6,375.</u> 22 <u>70,600.</u>					77,133.
e Public support (line 26c minus line 26d total)					80,371.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					51.0279%
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: (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u>					
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 11, 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: (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u>					
c Add: Amounts from column (e) for lines 15 <u>158.</u> 16 <u>6,375.</u> 17 <u>70,600.</u> 20 <u>77,133.</u> 21 <u>80,371.</u>					N/A
d Add: Line 27a total <u>N/A</u> and line 27b total <u>N/A</u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
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)		
<hr/>		
<hr/>		
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)		
<hr/>		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a 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		
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		

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
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	
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	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** 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	Amount
		0.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
-------------	----------------	-----------	---

DESCRIPTION	AMOUNT
BANK CHARGES	5.
INSURANCE	2,321.
MEMBERSHIP DUES	430.
EVENTS	347.
OFFICE MOVE	419.
PAYROLL SERVICE	259.
PAYROLL TAXES	824.
SUPPLIES	565.
TELEPHONE/INTERNET	1,984.
TRAVEL	86.
PUBLIC RELATIONS	500.
BOARD MEETINGS	132.
TOTAL TO FORM 990-EZ, LINE 16	7,872.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	2
-------------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION	653.
OTHER EXPENSES	6,203.
TOTAL TO FORM 990-EZ, LINE 14	6,856.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
-------------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DONATION	HERE LOCAL 27	6925 BLAIR ROAD NW, WASHINGTON, D.C. 20012	NONE	100.
DONATION	WASHINGTON DC JEWISH COMMUNITY CENTER	1529 16TH STREET, NW, WASHINGTON, D.C. 20036	NONE	300.
DONATION	ADVOAH:THE JEWISH SOCIAL SERVICE CORPS	443 PARK AVENUE SOUTH 11T FLOOR, NEW YORK, NY	NONE	72.
DONATION	AMERICAN CANCER SOCIETY	901 E STREET, NW SUITE 500, WASHINGTON, D.C.	NONE	54.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10				526.

FORM 990-EZ	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
-------------	--	-----------	---

STATEMENT

COMMUNITY OUTREACH - JUFJ WORKS WITH OVER 20 COMMUNITY
BASED ORGANIZATIONS TO PROMOTE SOCIAL AND ECONOMIC JUSTICE
AS JEWS LIVING IN THE WASHINGTON D.C. AREA

	GRANTS	EXPENSES
TO FORM 990-EZ, LINE 28		14,649.

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
-------------	--	-----------	---

EXPLANATION

SEEKS TO ORGANIZE A VISIBLE JEWISH PRESENCE AND TAKE ACTION FOR SOCIAL AND
ECONOMIC JUSTICE IN THE GREATER WASHINGTON DC AREA

FORM 990-EZ	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
-------------	--	-----------	---

STATEMENT

EDUCATION JUFJ PROVIDES RESOURCES AND TRAINING TO HELP JEWS
IN THE WASHINGTON DC AREA GAIN AN AWARENESS OF SOCIAL
ISSUES, INCLUDING CIVIL RIGHTS AND LABOR RELATED MATTERS.

	GRANTS	EXPENSES
TO FORM 990-EZ, LINE 29		5,975.

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SHELLEY MOSKOWITZ 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	PRESIDENT 15	0.	0.	0.
SUSANNA SHAPIRO 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
ELI STAUB 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
RABBI ALANA SUSKIN 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
JIM AUERBACH 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
MAUDE BAUSCHARD 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
RABBI JOSHUA GINSBERG 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
ROBERTA HANTGAN 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
CAROLIVIA HERRON 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
RABBI MARC ISRAEL 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
LAUREEN LAZAROVICI 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.

DAVID MACKOFF 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	TREASURER 2	0.	0.	0.
CARRIE PORT 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
ED REHFELD 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
LENNY SAPOZHNIKOV 2000 P STREET, N.W. SUITE 505 - WASHINGTON, D.C. 20036	DIRECTOR 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 9
------------	---	-------------

THE BOARD PRESIDENT PAID FOR THE ORGANIZATIONS INTERNET SERVICES FOR THE YEAR FROM A THIRD PARTY PROVIDER. THE COST OF THE INTERNET SERVICES FOR THE YEAR WAS \$443.

SCHEDULE A	OTHER INCOME	STATEMENT 10
------------	--------------	--------------

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
SUBLET INCOME	1,500.	4,875.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1,500.	4,875.	0.	0.

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ 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)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	JEWS UNITED FOR JUSTICE	52-2346578
	Number, street, and room or suite no. If a P O box, see instructions. 2000 P STREET N.W., NO. 505	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input 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 |

- The books are in the care of ▶ **THE ORGANIZATION**
Telephone No. ▶ **202-331-5835** 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 **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2004** or
▶ ☐ tax year beginning _____, and ending _____.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a 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 \$ _____
- 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 \$ _____
- c **Balance Due.** 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 \$ **N/A**

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

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

OMB No. 1545-1709

▶ 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 ☒ **X**
- ▶ 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)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization	Employer identification number
	JEWS UNITED FOR JUSTICE	52-2346578
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 P STREET N.W., NO. 505	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input 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 |

The books are in the care of ▶ **THE ORGANIZATION**Telephone No. ▶ **202-483-1495**

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 **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2004** or
▶ ☐ tax year beginning _____, and ending _____.
- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a** 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 \$ _____
- 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 \$ _____
- c Balance Due.** 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 \$ **N/A**

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 instructionsLHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	JEWS UNITED FOR JUSTICE	52-2346578
	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 P STREET N.W., NO. 505	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**

Telephone No. **202-331-5835**

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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.

5 For calendar year **2004**, or other tax year beginning and ending .

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

7 State in detail why you need the extension

SEE STATEMENT 11

8a 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 \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date **8/10/05**

Notice to Applicant - To Be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
☐ Other

Director

By

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print 423832 01-10-05	Name RIBIS, JONES & MARESCA, P.A.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 10500 LITTLE PATUXENT PARKWAY, SUITE 770
	City or town, province or state, and country (including postal or ZIP code) COLUMBIA, MD 21044