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Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047

Open to Public Inspection

Α	For th	ne 2008 ca	alendar	year, or tax year beginning HSEPTEMBER	1, 2008, and	d ending A	AUGUS'	г 31,	, 20 0 9			
В	Check if	applicable	Please	C Name of organization FRIENDS OF MOS	DOT GOO	R		D Employ	yer Identification number			
_		change	use IRS label or	Doing Business As				13-30	065542			
	Name o	-	print or	Number and street (or P O box if mail is not delivered to stre	et address) F	Room/suite		4	one number			
		- 1	type. See	1310 48th. STREET	, I			•	135-8989			
	Initial re		Specific	City or town, state or country, and ZIP + 4				710 -	0000			
_	Termina		Instruc- tions.	BROOKLYN, NY 11219					10 006 670			
_		ed return			EIED TOT T	F70701		<b>G</b> Gross receipts 10, 906, 678				
LJ.	Applicati	on pending		ne and address of principal officer NACHMAN Y			H(a) Is the	s a group return	n for affiliates? Yes No			
				48th. STREET BROOKLYN 1	14 11519	) <del>-</del>	H(b) Are	e all affiliates included?  Yes No				
	Tax-ex	empt status	X 5	01(c) (3 ) ◀ (insert no )	<u>'</u>		If "N	"No," attach a list (see instructions)				
J	Webs	ite: ▶					H(c) Group	exemption nui	mber ►			
K	Type of	organization	Corpo C	ration ☐ Trust ☐ Association ☐ Other ▶	L Year of	formation			f legal domicile NY			
Pa	art l	Summ	ary					·				
Governance		EDUCA' UNITE	TION D ST	the organization's mission or most significa, CHARITABLE CAUSES, PROVATES, ISRAEL, AND OTHER F	IDE FRE ARTS OF	E BUR THE	IAL P WORLD	LOTS,	SH ORTHODOX IN THE			
)				if the organization discontinued its operations or		ore than 25	% of its a	1 - 1	2			
_ ಇರ				g members of the governing body (Part VI,				. 3				
Activities				pendent voting members of the governing b	ody (Part VI,	line 1b)			0			
, ≩				· · · · · · · · · · · · · · · · · · ·				. 5	8			
۲ě								6	3			
)	7a	Total gros	ss unre	lated business revenue from Part VIII, line 1	2, column (C)	) <i>.</i>		. 7a	0			
; —	b	Net unrel	ated bu	isiness taxable income from Form 990-IT, lin	e 34	<u> </u>		. 7b	0			
•	ì			8			Prior Ye		Current Year			
•	8	Contribut	ions ar	d grants (Part VIIII line 4h)			12,11	8,793	10,879,082			
Revenue				revenue (Part VIII, line 2g)			12	6,235	0			
ķ	10	Investme	nt inco	ne (Patt VIIIcatumn (A) lines 3 4 and 7d)				8,322	5,586			
æ	11	Other rev	enue A	me (Part VIII column (A) lines 3, 4 and 7d)		· ·		0,022	22,010			
	12	Total reve	nue (r	Part VII <del>I, collumn (A) times</del> 5,6078c, 9c, 10c dd lines 8 through 11 (must equal Part VIII, col	, and rie) umn (Δ) line	12)	12 25	3,350	10,906,678			
								0,526	14,287,880			
				ar amounts paid (Part IX, column (A), lines	•	· · -	10,50	0, 520	14,207,000			
				or for members (Part IX, column (A), line 4)			20:	2 606	010 000			
Expenses				mpensation, employee benefits (Part IX, colum		10)		2,606	212,862			
ē	16a	Professio	nal fund	draising fees (Part IX, column (A), line 11e) .			14	9,391				
X	b	Total fund	Iraising	expenses (Part IX, column (D), line 25) ▶	309,6	684						
	17	Other exp	enses	(Part IX, column (A), lines 11a-11d, 11f-24f	)			8,637	308,999			
				Add lines 13-17 (must equal Part IX, colum		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16,79	1,160	14,809,741			
	19	Revenue I	ess exp	enses. Subtract line 18 from line 12		′: :	(4,53)	7,810)	(3,903,063			
Assets or							Beginning (		End of Year			
ets	20	Total acc	ate (Da	t X, line 16)				6,330	519,905			
Ass	21			Part X, line 26)		–		0,495	7,877,133			
Net A	22			nd balances Subtract line 21 from line 20.		· ·		4,165)	(7,357,228			
	rt III		ature I		· · · · ·	· · · · · _	(3,43	±, 100 y	(1,331,220			
Γ 6	ЩЧЩ			perjury, I declare that I have examined this return, including					the heat of an investment			
		and belief	, it is true	e, correct, and complete Declaration of preparer (other t	han officer) is ba	scriedules ased on all i	and statem information	ents, and to of which pre	eparer has any knowledge			
0:-		1.		Robert			1	T 12 1 1	0010			
Sig		<u> </u>		The state of the s					, 2010			
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		<b>—</b>	CHMA				_					
		Туре	or print i	name and title								
		Preparer's		•	Date	Check self-	ıf		lentifying number			
Paid	1	signature					yed ▶ 🔲	(see instruct	ions)			
							· · · · · ·					
•	oarer's	Firm's nar		urs L			EIN	<b>•</b>				
Use	Only	if self-emp			<del></del>	<del></del>	<del></del>		<del></del>			
140	v tha	address, a				· · · · · · · · · · · · · · · · · · ·	Phone no	) <b>P</b>	<del></del>			
ivid	א נווכ	ino discu	อร เกเร	return with the preparer shown above? (see	HISTRUCTIONS	)			.   Yes   No			

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

Form **990** (2008)

1 Priofly describe the organization's musican	uctions)
1 Briefly describe the organization's mission: TO SUPPORT JEWISH ORTHODOX EDUCATION, CHAI BURIAL PLOTS, IN THE UNITED STATES, ISRAE WORLD	RITABLE CAUSES, PROVIDE FREE
WORLD.	
2 Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?	
3 Did the organization cease conducting, or make significant changes in h services?	ow it conducts, any program □ Yes ☒ No
<ul> <li>If "Yes," describe these changes on Schedule O.</li> <li>Describe the exempt purpose achievements for each of the organization Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts</li> </ul>	's three largest program services by expenses s are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each p	
<b>4a</b> (Code:) (Expenses \$4,391,473 including grants of \$14	, 287, 880) (Revenue \$10, 906, 678)
TO SUPPORT JEWISH ORTHODOX EDUCATION, CHAIR BURIAL PLOTS, IN THE UNITED STATES, ISRAEL WORLD.	L, AND OTHER PARTS OF THE
	·
	•
4b (Code) (Expenses \$ including grants of \$	
	·
•	
4c (Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4d Other program services (Describe in Schedule O )	<del></del>

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_	_X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		$\frac{X}{X}$
18 40	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		$\frac{X}{X}$
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a v III ves, complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	04-	ļ	v
	24b–24d and complete Schedule K. If "No," go to question 25	24a 24b		$\frac{X}{X}$
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	7-4N		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Χ
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	1		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
þ	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Form **990** (2008)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	26	Х	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	=N	/A=
4a	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)?	4a	1	Х
b	If "Yes," enter the name of the foreign country ► === N/A ===			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, , , , ,	<u>5b</u>		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	=N	/A=
6a	Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	=N	/A=
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	=1/1	/A=
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X /7
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	=1/1	/A=
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	=N	/A=
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	=N	/A=
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	=N	/A=
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	=N	/A=
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b = N/A=			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	=N	/A=
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. $ 12b  = N/A =$			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a		<b>-</b>		
	of the governing body?	7a		Χ
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Does the organization have local chapters, branches, or affiliates?	9a		Χ
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь	_=N	/A=
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	!	X
SEL	tion b. Policies			
40-		40-	Yes	No.
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.	.,	
	rise to conflicts?	12b	_X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a	=N	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)	İ	- 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	=N	A=
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	nly)	
	available for public inspection. Indicate how you make these available Check all that apply			
	☐ Own website ☐ Another's website ☒ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	policy, and financial statements available to the public			
20	policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► NACHMAN WIDISLAWSKY 1310 48TH STREET BROOKLYN NY 1			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Theck this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (		•	that ap	(vla	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
NACHMAN Y. WIDISLAWSKY ADMINISTRATOR	40			Х		Х		59,124	0	0
YEDIDYA GREENSTEIN SECTY	30			Х				16,800	0.	0
ISAAC GOTTESMAN PRESIDENT	8			Х				0	0	0
MOSHE STEINBERG VP-TREAS	10			Х				0	0	0
	·									
								_		

Pa	Section A. Officers, Directors, 170	istees, Key	Emp	loy	ees	, an	a Hig	nest		Employees (c	ontinued)		
	(A) Name and title	(B)	(C) Position (check all that a						(D)	(E)	(F) Estimated		
	Name and the	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount other compensa	of tion ie tion ted	
0													
				_							<del> </del>		
					-								
		<del></del>			-								
		1								-			
										·····			
		,										_	
			_										
1b	Total								75,924	0	<u> </u>	С	
2	Total number of individuals (including those organization ► 0	e in 1a) wh	o rec	eive	ed n	nore	than	\$10			sation from		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se	r, director	or tru	iste	e, k	ey (	emplo	yee	, or highest co	ompensated	Yes 3	No X	
4	For any individual listed on line 1a, is the s the organization and related organizations (individual.	um of repo	rtable	e cc	mp	ens	ation	and con	other comper	nsation from le J for such	4	X	
5	Did any person listed on line 1a receive of services rendered to the organization? If ")	or accrue ( es," comp	comp lete S	ens Sch	atio edu	n fi le J	rom a	any uch	_	anization for	5	Х	
Se	ction B. Independent Contractors												
1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	eper	nde	nt c	ontra	ctor	s that received	more than \$1	00,000 of		
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	)	
===	=== NONE =====												
			-					_					
2	Total number of independent contractors (	including th	nose	in 1	) w	ho r	eceiv	ed r	nore than \$10	0,000 in			

Pari	t VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions).  All other contributions, gifts, grants,		1010.100		012, 010, 010
Contrib and oth		and similar amounts not included above 1f 10,879,082  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	0,879,082			
	<del> </del> -	Business Code	5/0/5/002			
Program Service Revenue	_					
š	2a				· · · · · · · · · · · · · · · · · · ·	
2	b					
<u>5</u>	c					
و	Ч					
8						
<u> </u>	e	All other program service revenue .				<del> </del>
õ	١ :		- 0	<del></del>		<u> </u>
	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	5,586			
	5	Royalties				
	İ	(i) Real (ii) Personal				
	_ ا	O Posts	1			
		Gross Rents	-			
		Less: rental expenses				
		Rental income or (loss) 0 0				İ
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less: cost or other basis and sales expenses .				
		Gain or (loss)   .     Loss   .     Net gain or (loss)   .     .	0	-	·	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
ᅙ	h	Less direct expenses b				
퓽		Net income or (loss) from fundraising events	† ol			
	ļ					<del> </del>
		Gross income from gaming activities See Part IV, line 19 a Less: direct expenses b				
		Net income or (loss) from gaming activities ▶	0			
ĺ	1	Gross sales of inventory, less				
i		returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory ▶	0		-	
	<b>⊢</b> ~	Miscellaneous Revenue Business Code	<del>                                     </del>		<del></del>	<del> </del>
	<del> </del> -					
	11a	ADVERTISING 541800	22,010			
	b					_
	C					
İ	دّ	All other revenue				
			22,010	· <del></del>		
	,	<b>Total.</b> Add lines 11a–11d ▶	22,010			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶1	0,906,678			

fundraising solicitation

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (C) Management and (D) Fundraising (B) Do not include amounts reported on lines 6b. Total expenses Program service 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 1,265,880 1,265,880 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . Grants and other assistance to governments, organizations, and individuals outside the 13,022,000 13,022,000 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, 77,324 25,775 25,775 25,774 trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 120,346 40,115 40,116 40,115 Other salaries and wages . . . . . 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . Other employee benefits . . . . . 15,192 5,064 5,064 5,064 10 Payroll taxes . . . . . . . . . . Fees for services (non-employees): a Management . . . . . . . 3,200 6,400 3,200 c Accounting . . . . . . **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . g Other . . . . . . . . . . . . Advertising and promotion . . . 12 13 Office expenses . . . . . 14 Information technology . . . 15 Royalties 13,944 4,648 4,648 4,648 16 Occupancy . . 21,221 21,221 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization. 4,990 4,990 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) FUNDRAISING (NON PROFESS) 188,071 188,071 POSTAGE & SHIPPING 32,724 10,908 10,908 10,908 b OFFICE & ADMINISTRATION 41,649 13,883 13,883 13,883 C d All other expenses ...... 14,809,741 14,391,473 Total functional expenses. Add lines 1 through 24f 108,584 309,684 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

∢)

Рa	rt X	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	68,913	1	268,898
	2	Savings and temporary cash investments	585,417	2	29,007
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties Complete Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net	_	7	
Assets	8	Inventories for sale or use	_	8	
Ą	9	Prenaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a 221,000			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D	221,000	10c	221,000
	11	Investments—publicly traded securities	1,000	11	1,000
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15			15	
	16	Other assets See Part IV, line 11	876,330	16	519,905
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
ĺ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow account liability Complete Part IV of Schedule D		21	<del></del>
litie	22	Payables to current and former officers, directors, trustees, key			
Liabilities	22	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	4,330,495		7,877,133
	26	Total liabilities. Add lines 17 through 25	4,330,495	26	7,877,133
seou		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ī	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	/2 454 165	31	/7 257 000
t A	32	Retained earnings, endowment, accumulated income, or other funds	(3,454,165		(7,357,228
Se	33	Total net assets or fund balances	(3,454,165		(7,357,228
_	34	Total liabilities and net assets/fund balances	876 <b>,</b> 330	34	519,905
Рa	rt XI	Financial Statements and Reporting			
		<b>-</b> -	_		Yes No
1	Acco	ounting method used to prepare the Form 990: 🗵 Cash 🛛 Accrual			
2a		e the organization's financial statements compiled or reviewed by an inde	•	?	2a X
b		e the organization's financial statements audited by an independent acco			2b X
C		es" to lines 2a or 2b, does the organization have a committee that assumes	-	•	1 31/3
		audit, review, or compilation of its financial statements and selection of an inc	·		2c =N/A=
3a		result of a federal award, was the organization required to undergo an a			1.57
		Single Audit Act and OMB Circular A-133?			3a X
b	It "Y	es," did the organization undergo the required audit or audits?	<u> </u>		3b =N/A=

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

**(**)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FR.	[E]	IDS OF M	OSDOT GOO	<u>R</u>					13-30	)65542	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons must	comple	te this p	art.) (se	e instruc	tions)
The	orga	anization is no	ot a private found	dation because it is: (F	Please ch	eck only	one orga	nization.	)	•	
1				ches, or association c						(i).	
2				n 170(b)(1)(A)(ii). (At					( · // // /		
3	$\overline{\Box}$			ospital service organiz			section	170(b)(1	γΔγiii) i	(Attach Sc	chedule H )
4		A medical re		ation operated in conj							
5		An organiza		the benefit of a colle	ge or uni	versity ov	vned or o	perated	by a gov	ernmenta	l unit described in
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7				y receives a substantı ( <b>1)(A)(vi).</b> (Complete i		its suppo	ort from a	governn	nental un	t or from	the general public
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II)				
9		receipts from	n activities relate n gross investme	y receives: (1) more the document income and unreafter June 30, 1975	tions—su lated bus	bject to c siness tax	ertain ex able inc	ceptions	, and (2) s section	no more	than 331/3% of its
10 11 e	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a  Type I										
f g		If the organiorganization	ization received , check this box st 17, 2006, has	a written determinati						or Type	III supporting
				indirectly controls, e				persons	describe	ed in (ii)	Yes No
		(ii) A family (iii) A 35% c	member of a pe ontrolled entity o	rson described in (i) a	above? in (i) or (	 (ii) above'	 ?				11g(ii) 11g(iii)
_ <u>h</u>				ation about the organi					1	- 45-	(vii) A of
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	is the non in column the S?	(vii) Amount of support
				. <u>.</u> .	Yes	No	Yes	No	Yes	No	
							<del>-</del>				<del> </del>
		<u> </u>			<u> </u>		ļ				
T - 4 -											

	Support Schedule for Org (Complete only if you check	anizations [ ked the box o	Described in on line 5, 7, o	Sections 17 r 8 of Part I)	0(b)(1)(A)(iv	) and 170(b)(	1)(A)(vi)
	tion A. Public Support	4 3 2004	410005				<del></del>
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	======	======	= N/A ===	======	=======	0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0					
4	<b>Total.</b> Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						0
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	i, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶ □
14	Public support percentage for 2008 (line 6			column (f)		14	0.00 %
	,, , , , , , , , , , , , , , , , , , , ,	• • • •	-	Column (1))		15	%
15 16a	Public support percentage from 2007 Sch 33%% support test—2008. If the organizand stop here. The organization qualifies	ation did not c	heck the box o	•		6 or more, chec	
b	33%% support test—2007. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums" organization meets the "facts-and-circums"	acts-and-circum	stances" test, c	heck this box a	nd <b>stop here</b> . I	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstan Private foundation. If the organization did	acts-and-circums ices" test. The o	stances" test, ch rganization qualif	eck this box an les as a publicly	nd <b>stop here</b> . E supported orga	Explain in Part l' nization	V how the

Schedule A (Form 990 or 990-EZ) 2008								
Part III Support Schedule for Organ (Complete only if you checked				1)(2)				
Section A. Public Support				<del>-</del> -				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(1		

000	don At 1 april Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	======	======	= N/A ==	======	======	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<del></del>		<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						0
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						0
14	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop</b>	here		d, third, fourth	-		► □
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (line	15	0.00 %				
16_	Public support percentage from 2007 S			'g <u>.</u>	<u> </u>	16	<u></u> %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage		<u>-</u>		
17	Investment income percentage for 200	8 (line 10c, co	lumn (f) dıvide	d by line 13, co	olumn (f)) .	17	0.00 %
18	Investment income percentage from 20	007 Schedule	A, Part IV-A, Iır	ne 27h		18	%
19a	331/3% support tests—2008. If the organic 17 is not more than 331/3%, check this both						
b	331/3% support tests—2007. If the organ line 18 is not more than 331/3%, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%, and
20	Private foundation. If the organization	-	-	-			

Schedule A (Fo	orm 990 or 990-EZ) 20	800				Page 4
Part IV	Supplemental Part II, line 17a	Information. Com a or 17b; or Part III,	plete this part to line 12. Provide	provide the explare any other additions	nation required by Part II, li al information. (see instruction	ne 10; ons)
	·		··			
	·				·	
						· <b></b>
			•••••		·	· <b></b>
		·				
					•••••	
						· <b>-</b>
					·	
						- <b></b> -
		•••••		<del>-</del>		·
		·····				
			····			
		·				<b></b>

Schedule A (Form 990 or 990-EZ) 2008

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

20**08** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer Identification number 13-3065542 FRIENDS OF MOSDOT GOOR Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of certified historic structure ☐ Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements . . . . . . . . . . . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2d . Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 

Par	t III Organizations Maintaining	Collections of	of Art, Hi	storica	l Treasure	es, or	Other Similar A	ssets (c	ontin	ued)
3	Using the organization's accession and items (check all that apply):	other records	, check a	ny of the	e following	that ar	e a significant us	e of its	collect	tion
а	Public exhibition		d		oan or excl					
b	Scholarly research		е		ther				- <b></b> -	
C	☐ Preservation for future generations									
4	Provide a description of the organization Part XIV	n's collections	and expla	in how	they furthe	r the o	ganization's exer	npt purp	ose ir	1
5	During the year, did the organization solic assets to be sold to raise funds rather that	it or receive do in to be maintai	nations of ined as pa	art, histo	orical treasu organizatio	ires, or n's colle	other similar ection?	<b>□ Y</b>	es 🗌	] No
Par	Trust, Escrow and Custodia Part IV, line 9, or reported ar					ion ans	swered "Yes" to	Form 99	<del>)</del> 0,	
	Is the organization an agent, trustee, coincluded on Form 990, Part X?					ions or	other assets not		es 🗀	No
b	If "Yes," explain the arrangement in Pai	t XIV and con	nplete the	followin	g table:					
								mount		
	Beginning balance							<del></del>		
d	Additions during the year					· —	<u> </u>			
е	Distributions during the year					. —	9			
f	Ending balance									<del></del>
b	Did the organization include an amount If "Yes," explain the arrangement in Pa	rt XIV.							es L	│ No
Par	t V Endowment Funds. Comp		ation an	swered						
	(3	a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance			<u> </u>						
2	Provide the estimated percentage of the	e vear end bal	ance held	as:		•				
а	Board designated or quasi-endowment	•								
b	Permanent endowment ▶									
	Term endowment ▶									
	Are there endowment funds not in the po	ssession of the	e organiza	tion that	are held a	nd adm	inistered for the			
	organization by:		<b>3</b>						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz							3b		
4	Describe in Part XIV the intended uses									
Par	t VI Investments—Land, Build	ings, and Eq	uipment	See F	orm 990, I	Part X,	line 10.			
	Description of investment	(a) Cost or oth (investme			t or other (other)	(c)	Depreciation	(d) Boo	k value	!
1a	Land									
b	Buildings	221	L,000	22	21,000		0	4	42,	000
	Leasehold improvements									
	Equipment									
e	Other									
otal	I. Add lines 1a-1e (Column (d) should equa	al Form 990, Pa	irt X, colun	nn (B), lir	ne 10(c)).		<u> ▶                             </u>	4	42,	000

Part VII	Investments—Other Securit	ies. See Form 990, Part X,	line 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial de	rivatives and other financial products .			
	d equity interests			
<u> </u>				
	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Rela	ted. See Form 990, Part X,	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	ation
			Cost or end-of-year ma	rket value
		<del>-  </del> -		
Total (Column	(h) should a wal Farm 2000 Bod V and (D) to a 42 h			
Part IX	(b) should equal Form 990, Part X, col (B) line 13) ■ Other Assets. See Form 990,			
Partin	Other Assets. See Form 990,	(a) Description	- ·· -· ·	(h) Poek value
		(a) Description		(b) Book value
		<del></del>		
Total. (Colu	mn (b) should equal Form 990, Part X,	col (B) line 15)		
Part X	Other Liabilities. See Form 99			
	(a) Description of liability	(b) Amount		
Federal inc		969	1	
	ERM INTEREST FREE LOA	NS 7,875,000	7	
	LANEOUS	1,164	-	
			1	
			1	
			1	
			]	
			1	
			1	
			1	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25 )▶	7,877,133	]	

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Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,906,678
	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,809,741
	Excess or (deficit) for the year Subtract line 2 from line 1	3	(3,903,063
	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	0
0 _	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(3,903,063
Par	Reconciliation of Revenue per Audited Financial Statements With Revenu	e per	
1	Total revenue, gains, and other support per audited financial statements	1	== N/A ==
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ļ	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expen	ses pe	
1	Total expenses and losses per audited financial statements	1	== N/A ==
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	0
		5	0
	XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		art IV, lines 1b
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Part XIV	Supplemental Information (continued)	
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# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Employer Identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 14b

	Tes to Folin 990,	raitiv, line i	4D.			
1	For grantmakers. Does to assistance, the grantees' ethe grants or assistance?	eligibility for the	grants or ass	sistance, and the selec	tion criteria used to awa	
2	For grantmakers. Describ United States.	e in Part IV th	e organization	's procedures for monit	oring the use of grant fu	unds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
IS	RAEL	0	0	== N/A ==		12,922,000
EU	ROPE	0	0	== N/A ==		100,000
-						
		<del>                                     </del>				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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13,022,000.00 Schedule F (Form 990) 2008 Page 2

Schedule F (i	Schedule F (Form 990) 2008
Part II	d Other Assistance to Organizatio
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000▶□
	Use Schedule F-1 (Form 990) if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)		!					-			
(h) Description of non-cash assistance		:					:			
(g) Amount of non-cash assistance									sel has · ▼	<b>A</b>
(f) Manner of cash disbursement									ntee or coun	
(e) Amount of cash grant				:					for which the gra	
(d) Purpose of grant									gn country or	
(c) Region									as charities by the foreign country or for which the grantee or counsel has	
(b) IRS code section and EIN (if applicable)	SCHEDULE								hat are recognized	ons or entities
1 (a) Name of organization	PLEASE REFER TO ATTACHED									3 Enter total number of other organizations or entitles

Schedule F (Form 990) 2008

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Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2008

Schedule F (Foi	m 990) 2008	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.	
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FRIENDS OF MOSDOT GOOR

EIN. 13-3065542

PERIOD ENDING: AUGUST 31, 2009

## FORM 990, SCHEDULE "F", PART II,

NAME OF ORGANIZATION	REGION	,	AMOUNT	MANNER
ACH TOV	ISRAEL	\$	200,000	CHECK OR WIRE
AFIKIM CHADASHIM	ISRAEL	\$	1,000	CHECK OR WIRE
AGUDATH BET KNESSET-GUR	ISRAEL	\$	72,000	CHECK OR WIRE
AHAVAS CHESED	ISRAEL	\$	100,000	CHECK OR WIRE
ALEH SIACH	ISRAEL	\$	2,160	CHECK OR WIRE
AMEILAI TORAH	ISRAEL	\$	6,500	CHECK OR WIRE
AMUD HAGALIL	ISRAEL	\$	8,930	CHECK OR WIRE
ARI SHEBACHVURA	ISRAEL	\$	2,714,884	CHECK OR WIRE
B.H. CHASIDEI GUR	EUROPE	\$	100,000	CHECK OR WIRE
BAIS HAMEDRASH ABARBANEL	ISRAEL	\$	41,079	CHECK OR WIRE
BAIS MEDRASH - GUR	ISRAEL	\$	3,000	CHECK OR WIRE
BAIS MEDRASH D'CHAS GUR	ISRAEL	\$	430	CHECK OR WIRE
BAIS MEDRASH V'KOLLEL LEHORAAH	ISRAEL	\$	7,201	CHECK OR WIRE
BAIS VAAD L'CHACHAMIM	ISRAEL	\$	24,924	CHECK OR WIRE
BAIT HAKNESSET NER AVROHOM-JERUSALEM	ISRAEL	\$	20,000	CHECK OR WIRE
BAIT VARDA	ISRAEL	\$	6,000	CHECK OR WIRE
BEIS CHASIDIM GUR-BAR ILAN	ISRAEL	\$	500	CHECK OR WIRE
BEIS MEDRASH GUR- HAIFA	ISRAEL	\$	180	CHECK OR WIRE
BEIS MEDRASH L'HORAAH-B.B.	ISRAEL	\$	4,408	CHECK OR WIRE
BEIS TALMUD LEHORAH	ISRAEL	\$	28,029	CHECK OR WIRE
BEIS TALMUD YERUSHALMI	ISRAEL	\$	2,250	CHECK OR WIRE
BEIT HAMEDRASH ABARBANEL	ISRAEL	\$	13,074	CHECK OR WIRE
BEIT MEDRASH GOVOHA	ISRAEL	\$	15,530	CHECK OR WIRE
BETH TALMUD LE'HORA	ISRAEL	\$	11,683	CHECK OR WIRE
BNEI BANIM	ISRAEL	\$	20,000	CHECK OR WIRE
BNOS MALKA BELZ	ISRAEL	\$	2,000	CHECK OR WIRE
BRAUN & GOLDBERG TRUST	ISRAEL	\$	385,000	CHECK OR WIRE
CHASDEI YAKOV-KEREN TZODOKA VCHESED	ISRAEL	\$	100,000	CHECK OR WIRE
CHASDEI YEHUDA	ISRAEL	\$	660	CHECK OR WIRE
CHOVOS HATALMIDIM	ISRAEL	\$	200	CHECK OR WIRE
CONGREGATION KEHILAT YAKKOV	ISRAEL	\$	29,662	CHECK OR WIRE
CONGREGATION SHAAR MENACHEM	ISRAEL	\$	10,000	CHECK OR WIRE
DARKEI ISH	ISRAEL	\$	1,000	CHECK OR WIRE
DARKEI SIMCHA	ISRAEL	\$	6,685	CHECK OR WIRE
DORSHEI EMET	ISRAEL	\$	18,000	CHECK OR WIRE
EILA EZKARA	ISRAEL	\$	7,000	CHECK OR WIRE
EMUNO MERKAZ CHINUCH	ISRAEL	\$	2,003,000	CHECK OR WIRE
ETZION FOUNDATION	ISRAEL	\$	40,000	CHECK OR WIRE
EZER MIZION	ISRAEL	\$	3,250	CHECK OR WIRE
GEMACH AVREICHIM-ARAD	ISRAEL	\$	2,200	CHECK OR WIRE
GEMACH CHASDEI MENASHE	ISRAEL	\$	1,800	CHECK OR WIRE
GEMACH CHASDEI TOVIM MEOROT	ISRAEL	\$	75,000	CHECK OR WIRE
GIDEON SEGAL TRUST	ISRAEL	\$	228,410	CHECK OR WIRE
GMACH CHASDEI TOVIM MEOROT	ISRAEL	\$	780,000	CHECK OR WIRE
GUR TALMUDICAL COLLEGE	ISRAEL	\$	2,000	CHECK OR WIRE

### FRIENDS OF MOSDOT GOOR

EIN. 13-3065542

PERIOD ENDING: AUGUST 31, 2009

FORM 990, SCHEDULE "F", PART II,

NAME OF ORGANIZATION	REGION	A	MOUNT	MANNER
HAMERKAZ HAKHILATI TORANI	ISRAEL	\$	500	CHECK OR WIRE
HAVAAD LE HAKAMAT MEONOT YOM	ISRAEL	\$	1,800	CHECK OR WIRE
HEICHELI ONEG	ISRAEL	\$	500	CHECK OR WIRE
ICHUD MOSDOS GUR	ISRAEL	\$	480,000	CHECK OR WIRE
IMREI EMET	ISRAEL	\$	250	CHECK OR WIRE
KEREN HASHABBOS V'CHOMAS HADAS	ISRAEL	\$	4,000	CHECK OR WIRE
KEREN HA'SHVIIS	ISRAEL	\$	180	CHECK OR WIRE
KEREN HATZULAS DOROS	ISRAEL	\$	67,776	CHECK OR WIRE
KEREN YOM TOV	ISRAEL	\$	1,800	CHECK OR WIRE
KOLEL AVREICHIN METZIYUNIM YERSHALAYIM	ISRAEL	\$	1,800	CHECK OR WIRE
KOLEL D'CHASIDEI GUR	ISRAEL	\$	2,500	CHECK OR WIRE
KOLLEL AVREICHIM D'GER	ISRAEL	\$	1,250	CHECK OR WIRE
KOLLEL AVREICHIM RABBI YEHOSHUA	ISRAEL	\$	6,000	CHECK OR WIRE
KOLLEL DRENGER	ISRAEL	\$	500	CHECK OR WIRE
KOLLEL YAD RAMAH	ISRAEL	\$	6,180	CHECK OR WIRE
KOLLELUS FUND OF GUR	ISRAEL	\$	3,600	CHECK OR WIRE
KUPAT EZER NISUYIN	ISRAEL	\$	17,918	CHECK OR WIRE
KUPATH RAMBAN KOLLEL POLIN	ISRAEL	\$	2,230	CHECK OR WIRE
LEV SIMCHA	ISRAEL	\$	770	CHECK OR WIRE
LISHMOR CHIKASOV	ISRAEL	\$	690	CHECK OR WIRE
MALEH	ISRAEL	\$	3,000	CHECK OR WIRE
MECHON GALED	ISRAEL	\$	220,775	CHECK OR WIRE
MECHON SHIRAT DAVID	ISRAEL	\$	8,678	CHECK OR WIRE
MEOR HAGOLA	ISRAEL	\$	2,000	CHECK OR WIRE
MEOR HAUMAH	ISRAEL	\$	22,724	CHECK OR WIRE
MERKAZ HATORAH V'HACHINUCH	ISRAEL	\$	16,530	CHECK OR WIRE
MESORAT IMAHOT	ISRAEL	\$	8,890	CHECK OR WIRE
MESORAT RABOSEINU	ISRAEL	\$	8,355	CHECK OR WIRE
MIFAL CHESED	ISRAEL	\$	10,680	CHECK OR WIRE
MIFAL CHESED PNEI EZER	ISRAEL	\$	100	CHECK OR WIRE
MIFAL GVURA SHEBICHESED	ISRAEL	\$	5,180	CHECK OR WIRE
MIFAL HALACHA LIMASSA	ISRAEL	\$	180	CHECK OR WIRE
MIFAL MATAN BSESER	ISRAEL	\$	20,750	CHECK OR WIRE
MORESHET BAIS PILTZ	ISRAEL	\$	14,000	CHECK OR WIRE
MOSDOT CHINUCH L'NOAR	ISRAEL	\$	9,050	CHECK OR WIRE
MOSDOT CHINUCH V'CHESED	ISRAEL	\$	11,000	CHECK OR WIRE
MOSDOT HACHINUCH V'HACHESED BKIRYAT GAT	ISRAEL	\$	24,950	CHECK OR WIRE
MOSDOT HATORAH V'HACHINUCH-ARAD	ISRAEL	\$	1,000	CHECK OR WIRE
NER AVROHOM-PETACH TIKVA	ISRAEL	\$	20,000	CHECK OR WIRE
NIKMAS KEDOSHIM	ISRAEL	\$	380	CHECK OR WIRE
OHEL CHAYA	ISRAEL	\$	7,150	CHECK OR WIRE
OHEL FRAYDA LEAH	ISRAEL	\$	49,100	CHECK OR WIRE
OHEL YITZCHAK SHRAGA	ISRAEL	\$	22,050	CHECK OR WIRE
OHR BET SHEMESH	ISRAEL	\$	1,550	CHECK OR WIRE
OHR HACHAIM VIZNITZ	ISRAEL	\$	8,100	CHECK OR WIRE
PASSOVER EMERGENCY FUND	ISRAEL	\$	85,995	CHECK OR WIRE

FRIENDS OF MOSDOT GOOR

EIN. 13-3065542

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PERIOD ENDING: AUGUST 31, 2009

PART II, FORM 990, SCHEDULE "F",

NAME OF ORGANIZATION	REGION	AMOUNT	MANNER
PELEH YOETZ	ISRAEL	\$ 4,200	CHECK OR WIRE
PERI GEDULIM	ISRAEL	\$ 21,000	CHECK OR WIRE
REFUA V'YESHUA	ISRAEL	\$ 400,000	CHECK OR WIRE
RESHET SHIUREI TORAH	ISRAEL	\$ 396,930	<b>CHECK OR WIRE</b>
RETURN-SHUVU	ISRAEL	\$ 35,000	<b>CHECK OR WIRE</b>
SEMINAR GUR YERUSHALAYIM	ISRAEL	\$ 1,600	<b>CHECK OR WIRE</b>
SHAAR MENACHEM	ISRAEL	\$ 6,602	<b>CHECK OR WIRE</b>
SHALOM MAZAL UBRACHA	ISRAEL	\$ 250,000	CHECK OR WIRE
SHTALBERG & BABTZIK TRUST	ISRAEL	\$ 513,074	CHECK OR WIRE
SHTIBLE LETZEIRIM KIRYAT HARIM LEVIN	ISRAEL	\$ 250	CHECK OR WIRE
SHTIBLE RABAINU TAM	ISRAEL	\$ 1,500	CHECK OR WIRE
SHTIBLE YOSEF BEN MATISYAHU	ISRAEL	\$ 500	CHECK OR WIRE
SIACH HAHIDUR	ISRAEL	\$ 1,800	CHECK OR WIRE
SIACH YITZCHOK	ISRAEL	\$ 1,800	CHECK OR WIRE
SIMCHAS YISROEL	ISRAEL	\$ 1,800	<b>CHECK OR WIRE</b>
TALMUD TORAH GUR YERUSHLAYIM	ISRAEL	\$ 83,500	<b>CHECK OR WIRE</b>
TALMUD TORAH KLAL CHASSIDI	ISRAEL	\$ 150	<b>CHECK OR WIRE</b>
TALMUD TORAH KOL MENACHEM	ISRAEL	\$ 300	<b>CHECK OR WIRE</b>
TALMUD TORAH PNEI MENACHEM	ISRAEL	\$ 24,550	CHECK OR WIRE
TIFERET ELIEZER	ISRAEL	\$ -	<b>CHECK OR WIRE</b>
TIFERETH MOSHE BEZALEL	ISRAEL	\$ 6,500	CHECK OR WIRE
TIHARAT YISROEL MIKVAH CHATZOR	ISRAEL	\$ 6,000	CHECK OR WIRE
TORAH V'YAHADUT LAAM	ISRAEL	\$ 150,000	CHECK OR WIRE
TZEDAKA VECHESED	ISRAEL	\$ 100	CHECK OR WIRE
TZIDKAS EFRAIM	ISRAEL	\$ 6,000	CHECK OR WIRE
TZIDKAT LEVI YITZCHAK	ISRAEL	\$ 2,740,000	<b>CHECK OR WIRE</b>
VAAD BEIT HAKNESSET	ISRAEL	\$ 11,500	CHECK OR WIRE
VAAD HARABANIM L'INYONEI TZODOKAH	ISRAEL	\$ 180	CHECK OR WIRE
VAAD RABANIM L'INYANEI TZIDOKO	ISRAEL	\$ 400	CHECK OR WIRE
YAD REMA	ISRAEL	\$ 250	CHECK OR WIRE
YESHIVA BAIS YISROEL-ASHDOD	ISRAEL	\$ 2,985	CHECK OR WIRE
YESHIVA NER YISROEL	ISRAEL	\$ 3,031	CHECK OR WIRE
YESHIVA NEZER YISROEL	ISRAEL	\$ 26,436	CHECK OR WIRE
YESHIVA SIFSEI TZADIK	ISRAEL	\$ 4,790	CHECK OR WIRE
YESHIVAS CHIDUSHEI HARIM	ISRAEL	\$ 6,705	CHECK OR WIRE
YESHIVAS PNEI MENACHEM	ISRAEL	\$ 4,326	CHECK OR WIRE
YESHIVAS SFAS EMES	ISRAEL	\$ 6,200	CHECK OR WIRE
ZECHER AVROHOM	ISRAEL	\$ 10,000	CHECK OR WIRE
ZICHRON SHMUEL	ISRAEL	\$ 10,000	CHECK OR WIRE
		\$ 13,022,000	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance

FRIENDS OF MOSDOT GOOR

Name of the organization

Grants and Other Assistance to Organizations,

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2008

Employer identification number 13-3065542 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s or assistance? ures for monitoring th	e use of grant funds	n the United States			⊠ Yes □ No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	Sovernments and ecipient that received if additional spacers.	and Organizations in the United States. Complete if the organization answered "Yes" on sceived more than \$5,000. Check this box if no one recipient received more than \$5,000 space is needed.	he United States. C	complete if the orgar f no one recipient re	inization answered sceived more than	'Yes" on \$5,000. Use
1 (a) Name and address of organization (b) EIN or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASE REFER TO ATTACHED STATEMENT	FEMENT					
						,
	ent organizations					
3 Enter total number of other organizations					•	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.			й	Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance N/A ===== N/A Part IV Part III

1,265,880

FRIENDS OF MOSDOT GOOR EIN. 13-3065542 PERIOD ENDING: AUGUST 31, 2009

PART II, FORM 990, SCHEDULE "I",

NAME OF ORGANIZATION	EIN	ADDRESS	CITY, STATE	Š	CASH GRANT
AMERICAN FRIENDS CONG LETZEIRM	11-3187424	4420 18TH AVENUE	BROOKLYN, NY. 11204	₩	551,275
AMERICAN FRIENDS OF TIFERES TORAH		1114 55TH STREET	BROOKLYN, NY. 11219	₩	200
BAIS YAKOV OF BENSONHURST		4421 15TH AVENUE	BROOKLYN. NY 11219	₩	4,200
BAIS YAKOV-GUR	11-2592466	1975 51ST. STREET	BROOKLYN NY. 11204	69	5,780
CAMP GER	11-2417325	336 WHITTAKER ROAD	STH FALLSBURG, NY 12779	69	2,500
CHESED YISROEL		1909 50TH STREET	BROOKLYN, NY. 11204	↔	200
CONG CHASIDEI GUR		1318 49TH STREET	BROOKLYN, NY. 11219	↔	200
CONGREGATION PNEI MENACHEM	11-3427313	4533 18TH AVENUE	BROOKLYN, NY 11204	ь	100,000
FRIENDS OF BAIS YISROEL	20-1561937	4802 19TH AVENUE	BROOKLYN, NY 11204	↔	12,390
FRIENDS OF BINYAN HAOLAM		4205 17TH AVENUE	BROOKLYN, NY. 11204	€9	50
FRIENDS OF SIFSEI TZADIK	11-3485351	1846 49TH STREET	BROOKLYN, NY 11204	ક્ક	200
FRIENDS OF TIFERES MOSHE BETZALEL	11-3185544	1368 44TH STREET	BROOKLYN, NY 11219	₩	2,160
JEWISH HERITAGE FOUNDATION	52-2334845	1310 48TH STREET	BROOKLYN, NY. 11219	↔	50,000
KHAL ADAS YEREIM	11-3273936	1358 50TH STREET	BROOKLYN, NY 11219	↔	300
KOLLEL AVRICHEI CHASIDEI GUR	23-7359008	1573 51ST STREET	BROOKLYN, NY 11219	↔	2,000
MACHZIKEI HADATH	23-7441325	5407 16TH AVENUE	BROOKLYN, NY 11204	↔	3,600
MESIVTA BAIS YISROEL		5407 16TH AVENUE	BROOKLYN, NY. 11204	↔	10,460
MONROE BENEVOLENT SOCIETY		KIRYAS YOEL	MONROE, NY.	↔	2,000
TOMAR DEVORAH		5801 16TH AVENUE	BROOKLYN, NY 11204	↔	3,000
TOURO COLLEGE	13-2676570	4421 13TH AVENUE	BROOKLYN, NY 11219	ઝ	4,700
YESHIVA GEVOHA D'CHASIDEI GUR	11-3460293	5118 18TH AVENUE	BROOKLYN, NY 11204	↔	1,500
YESHIVA KETANA OF BENSONHURST	11-3333475	953 CONEY ISLAND AVENUE	BROOKLYN, NY. 11230	ઝ	5,800
YESHIVA UNIVERSITY	13-1624225	500 WEST 185TH STREET	<b>NEW YORK, NY. 10033</b>	₩	500,000
YESHIVA YAGDIL TORAH	11-2160842	5118 18TH AVENUE	BROOKLYN, NY. 11204	ઝ	2,465

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

13-3065542
TO AQUIRE A BURIAL
SERVICES TO
IN GORA KALWARIA
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