

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

REMINIER LAN 1 1 2010

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

Open to Public Inspection

Α	For t	he 2008 ca	lendar	year, or tax year beginning Oct 1 , 2008, and ending Sep 30		, 20	009
В	Check	if applicable		C Name of organization) Emp	loyer identif	ication number
Ы	Addres	s change	Please use IRS	AMER.FRIENDS OF RAANANA COMM.LEARNING GROUP INC.	11	-34597	159
Н			label or print or	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telep	phone numb	er
Н	Initial i		type. See	C/O MARK HORWITZ 66 HEIGHTS ROAD	(9	73) 47	70-0471
	Termin	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4			
		ation pending	tions.	CLIFTON NJ 07012		up Exemp nber	otion -
		• Section	501/cV3	organizations and 4947(a)(1) nonexempt charitable trusts G Accounting m			ish Accrual
		m	ust atta	ch a completed Schedule A (Form 990 or 990-EZ). Other (specify			
				H Check ►	ıf th	ne organiz	ation is not
ı	Webs	site: 🕨 <u>N</u>	/A	required to at 990-EZ, or 990-EZ,			B (Form 990,
<u>J</u>		ization type		y one) = [22] 301(c) (3) = (insert iii) [4347(a)(1) 01 [327]		_	
K	Chec			anization is not a section 509(a)(3) supporting organization and its gross receipts are re-		lly not mo	ore than
				t required, but if the organization chooses to file a return, be sure to file a complete ret	turri.		
L		ines 5b, 6b ad of Form		b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990		► s	108,814.
P	irt i			Expenses, and Changes in Net Assets or Fund Balances (See the Ir	nstri i		
	1			is, grants, and similar amounts received	T	1	108,028.
	2		_	revenue including government fees and contracts		2	200/0201
	3	_		and assessments		3	
	4	Investmer	nt incom	ne		4	786.
	5a	Gross am	ount fro	m sale of assets other than inventory 5a			
	b	Less cost	t or othe	er basis and sales expenses 5b			
R	C	Gain or (loss	s) from sa	le of assets other than inventory (Subtract In 5b from In 5a) (att sch)	_ _	5c	
REVENUE	6	•		tivities (complete applicable parts of Schedule G) If any amount is from gaming, check here	_		
Ņ	а	Gross rev					
Ĕ		reported of		•		€	
		Less dire					
			, ,	rom special events and activities (Subtract line 6b from line 6a)	-	6c	
				ventory, less returns and allowances 7a 7b			
		Less cost	_	iss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu			、 -	8	
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	′ ⊾⊢	9	100 014
	10					10	108,814.
	11			or for members		11	95,150.
E	12				_	12	26,200.
P	13	Profession	nal fees	and other payments to independent contractors FEB 2 2 2010		13	507.
EXPENSE	14	Occupano	y, rent,	and other payments to independent contractors tutilities, and maintenance ons. postage, and shipping	_	14	
Ě	15	•	-	ons, postage, and shipping	[•	15	
Ī	16	Other expens	ses (descr	ibe ► See Other Expenses Statement OGDEN IT	Ŀ	16	1,960.
	17	Total expe	enses (add lines 10 through 16)	•	17	123,817 <u>.</u>
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	Ŀ	18	-15,003.
A S S E T S	19			d balances at beginning of year (from line 27, column (A)) (must agree with end-of-yea	ar 📙		
N S E S T E		-		prior year's return)		19	235,072.
' T S	20			net assets or fund balances (attach explanation)	_	20	
	21			d balances at end of year Combine lines 18 through 20		21	220,069.
Pa	ırt II	Bala	nce S	neets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in			
				(See the instructions for Part II) (A) Beginning o) End of year
22		sh, savings	•	vestments 235,0			220,069.
23 24		id and build er assets (-	· ·		23	0.
25		er assets (al assets	(ucstill	235,0			220,069.
26		ai assets al liabilitie:	s (desci			26	0.
				lances (line 27 of column (B) must agree with line 21) 235.0			220,069.

Form 990-EZ (2008)

Form 990-EZ (2008) AMER. FRIENDS OF				-345	9759 Page 2
Part III Statement of Program Ser			ons.)		Expenses
What is the organization's primary exempt purpose? EDI				(Req	uired for 501(c)(3)
Describe what was achieved in carrying out the describe the services provided, the number of p	organization's exempt purpo	ses. In a clear and cond	cise manner,	and ((4) organizations and (a)(1) trusts, optional
program title	persons benefited, or other re	elevant information for e	acn	for of	thers)
28 THE ORGANIZATION SUPPORTS	THE RESEARCH AND	STUDY OF THE	-		
BIBLE AND ITS ANCILLARY O	COMENTARIES:				
	-				
(Grants \$ 95,150.) If the	s amount includes foreign gra	ants, check here	<u> </u>	28 a	95,150.
29				ļ	
(Grants \$) If the	s amount includes foreign gra	ants check here		29 a	
30	- Indiana in the second in the				
				20-	
	s amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule)			. □		
(Grants \$) If the	s amount includes foreign gra	ants, check here	<u> </u>	31 a	
32 Total program service expenses (add lin			<u> </u>	<u> </u>	95,150.
Part IV List of Officers, Directors,					ated See the instrs)
Co Nie voe and address	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ns and	and other allowances
DAVID HORWITZ	to position		dererred compense	20011	
	REQ.				
LA , CA 90035	0.00	26,200.		0.	
IRWIN_GOLDSTEIN					
5507 11TH AVE,	Req.				
	0.00	0.		0.	
MARK HORWITZ	<u> </u>				
	Pos				
	Req.			_	
CLIFTON NJ 07012	0.00	0.		0.	
					•
	i				
					
				1	
	 	·			
	· · · · · · · · · · · · · · · · · · ·				
	,				
	;				
BAA	TEEA0812 0	1/14/09	· <u>- </u>		Form 990-EZ (2008)

Par	t V Other Information (Note the statement requirement in General Instruction V.)			-30
			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	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			ļ
ŀ	proxy tax requirements? o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a	ļ	X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
t	Did the organization file Form 1120-POL for this year?	37 b		х
38 a	a 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?	38 a		х
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	_	*	
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39b	-		
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ►, section 4912 ►, section 4955 ►			
t	5501(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,' complete Schedule L, Part I	40 b		х
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	*		
	Enter amount of tax on line 40c reimbursed by the organization	-		
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed New York			
	The books are in care of > JULIUS KLEIN, CPA Telephone no > (212) Located at > 152 NINTH AVE NEW YORK NY ZIP + 4 > 10011		-528 	
t	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)?	42b	res	No X
	If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
c	c At any time during the calendar year, did the organization maintain an office outside of the US?	42 c		x
	If 'Yes,' enter the name of the foreign country' ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	_	x
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
BΔA	TEFA0812 01/14/09 Fo	rm 99 (LF7 /	ኃስስል:

_			R.FRIENDS OF RA						age 4
Par	t VI_	Section 5	01(c)(3) organization lete the tables for line	s only. All section 5	501(c)(3) organiz	zations must answer qu	iestions	46-4	9
		and comp	lete the tables for line	es 50 and 51.	 				
46	Did th	e organization	engage in direct or indirect Yes,' complete Schedule C	t political campaign acti	vities on behalf of o	r in opposition to candidates	46	Yes	No
47	• •		engage in lobbying activiti		chedule C. Part II		47		X
		-	perating a school as descr	· ·		nolete Schedule F	48		X
		•	make any transfers to an			•	49a		X
		-	ted organization(s) a secti	· · · · · · · · · · · · · · · · · · ·	olator organization		49 b		 -
	Comp	lete this table t	for the five highest comper	nsated employees (other	than officers, direct	ors, trustees and key employ		each	
	receiv	red more than S	\$100,000 of compensation						
	(a)	Name and address more than	of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	nt and	s
NON	E								
			- 						
					·				
_	. _								
									
									
									
									
Total r	number i	of other employees	paid over \$100,000						
	from t	<u> </u>	n If there is none, enter 'N	. .		(b) Type of service	(c) Comp	oneatin	
NON	E	(a) Name and	address of each independent conta	deter paid more than \$100,000		(w) Type of Service	(c) comp	CHSatto	
	-								
		-							
	. -								
	. – – –								
						· · · · · · · · · · · · · · · · · · ·			
		-		· 					
Total	numb	er of other inde	ependent contractors received	ving over \$100,000	>				
10101	· · · · · · ·	Under penalties of	perjuny declare that I have exam	nined this return, including accor	mpanying schedules and si	tatements, and to the best of my know	ledge and be	lief, it is	
		true, correct, and o	complete Declaration of preparer (other than officer) is based on a	ill information of which pre	parer has any knowledge			
Sigr	,	. Da	JoHtm. 1			Feb 10 2010	j.		
Here	•	Signature of o	officer			Date			
		DAMA	HORWITL	President					
		Type or print i	name and title						
Paid		Preparer's			Date	Check if Self-	parer's Identif e instructions)	yıng Nu	mber
Pre-		signature	JULIUS KLEIN		01/20/	10 employed ►			
pare	er's	Firm's name (or yours if self-	JULIUS SHEA KLE	IN, CPA & ASSOC	CIATES				
Use		employed), address, and	152 9TH AVENUE		10011	EIN P			
Only		ZIP + 4	NEW YORK	nun ahaya? Caa wata d		-4952 Phone no ► (212			
May 1	ine IRS	aiscuss this r	eturn with the preparer sho	own above / See instruct	IONS		Form 990		No (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

nonexempt charitable trusts.

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number AMER. FRIENDS OF RAANANA COMM. LEARNING GROUP INC. 11-3459759 Part i Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II) 7 R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) x An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt 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). (Complete Part III.) 10 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 carry out the purposes of one or 11 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 Type III — Functionally integrated d | a | Type | b Type !! C Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (i) Name of Supported Organization (iv) Is the (ii) EIN (vii) Amount of Support rganization in col (i) listed in your your support? governing document? (see instructions)) Yes No Yes Nο Yes No

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

	dule A (Form 990 or 990-EZ) 200		NDS OF RAANANA			11-345975	
Par	t II Support Schedule for	~		-	b)(1)(A)(iv) an	d 170(b)(1)(A)	
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I)			
	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				я-		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-3						
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)				A STATE OF THE STA		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			:			
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu		ercentage				
	Public support percentage for 20	· · · · · · · · · · · · · · · · · · ·		11, column (f)		14	%
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f			15	%
16 a	33-1/3 support test — 2008. If the and stop here. The organization				he line 14 is 33-1.	/3 % or more, che	ck this box
t	33-1/3 support test — 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-ar	nď-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how
t	10%-facts-and-circumstances to or more, and if the organization or organization meets the 'facts-and	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here.	. Explain in Part IV	5 is 10% how the
18	Private foundation. If the organiz	zation did not ched	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	uctions
BAA					Sc	chedule A (Form 9	90 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 AMER.FRIENDS OF RAANANA COMM.LEARNING GROUP INC. 11-3459759

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on line	9 of Part I)				
<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal yr 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 'unusual grants ')	126,241.	231,442.	258,845.	122,294.	108,028.	846,850.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
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						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified	126,241.	231,442.	258,845.	122,294.	108,028.	846,850.
b	persons 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	,				,	846,850.
Sec	tion B. Total Support	•	•		· · · · · ·		
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	126,241.	231,442.	258,845.	122,294.	108,028.	846,850.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	37,310.	14,753.	26,140.	4,149.	786.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	37,310.	14,755.	20,140.	4,149.	786.	83,138.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	37,310.	14,753.	26,140.	4,149.	786.	83,138.
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)						929,988.
	First five years. If the Form 990 organization, check this box and	s for the organizati	on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>
	tion C. Computation of Pul						
	Public support percentage for 200			13 column (f))		15	91.06%
	• • • • •	•	•	13, coluitii (1))		16	
	Public support percentage from 2 tion D. Computation of Inv				· · ·	01	<u>85.07 %</u>
				12	- (0)	1.1	
	Investment income percentage for	- ·		-	1 (1))	17	8.94%
	Investment income percentage fro				l.m. 16	18 22 1/20/	14.93%
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this bo	ox and stop here. T	The organization q	ualifies as a publ	icly supported orga	anızatıon	► <u>x</u>
	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	this box and stop l	here. The organiza	ition qualifies as	a publicly supporte	ed organization	d line 18
20	Private foundation. If the organiz	ation did not check	ca box on line 14,	19a, or 19b, che	ck this box and se	e instructions	▶

Schedule A	(Form !	990 or 9	990-EZ)	2008	AMER.F	RIENDS	F RAANA	NA COM	1. LEARN	ING GRO	UP INC.	11-345975	9 Page	4
Part IV	Supp Part I	lemer I. line	ntal Inf	ormati r 17b:	on. Cor or Part	nplete th	is part 12. Prov	to provi	de the	explana addition	ntion requ	11-345975 ured by Part lation. (see in	II, line 10;	_
	~	<u>, </u>							<u> </u>			<u> </u>		_
`														-
	- - -					-				- -				-
														-
- -										· ·	_ _	-		-
										. – – – .	 .			_
											_ .			-
						-		- -						_
								-				-		_
				_				- -						_
												-		_
										_ .		-		_
										. .				_
														-
														-
									· -					-
														-
										· - ·				-
										· -				-
	- -							- -		. – – – -				-
										· ·				-
			-					· -						-
										. – – – – .	-			-
					-			- -	. – – –		- -			-
-	- -									. – – – .		- -		- ·
 _	- -		-	-	- -			. -			-			-
	. – – -		- -	- 	-					· 				-
	- -							. – – <i>–</i>						-

AMER.FRIENDS	OF	RAANANA COMM.LEARNING GROUP INC.	11-3459759			
Form 990-EZ, P Other Expenses						
Other expenses ACCOUNTING BANK SERVIC FILLING FEE	E C		1,750. 110. 100.			
Total		-	1,960.			
Form 990-EZ, P Grants and Sim						
Purpose of Payr	ment	TO FURTHER HIGHER ED	UCATION			
Class of Activi	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given		
HIGHER EDUCAT	ION	Business X Person SHIKUN CLEVELAND AND THE KIRYA 11 HAR SINAI ST. RAANANA IL 43307	NONE	3,150.		
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be	provided:		
Book Value		How Book Value	Determined			
FMV		How FMV Det	etermined			
Purpose of Payr	nent	TO FURTHER HIGHER ED	UCATION			
Class of Activi	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given		
HIGHER EDUCATION		Business Person HAKOLLEL MACHZIKEI HAYAHADUT RAANANA P.O. BOX 995 RAANANA IL 43102	NONE	53,000.		
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be			
Book Value		How Book Value	Determined			
FMV		How FMV Det	ermined			

Form 990-EZ, Part I, Line 10

Continued

Grants and Sim	lar Amounts I	Paid						
Purpose of Payı	nent	TO FURTHER HIGHER	ED	UCATION				
Class of Activi	ty Gra	antee's Name and Address	Grantee's Relationship	Amount Given				
HIGHER EDUCAT	Business MERKAZ TEL CH	TORANI RAANANA	NONE	_				
	RAANAN	·····	105		14,000.			
If property other Description of P Date of Gift		s given, the following addition	nal ır	nformation needs to be	provided·			
Book Value		How Book Va	alue	Determined				
FMV		How FMV	Det	ermined				
Purpose of Payr	nent	TO FURTHER HIGHER	ED	UCATION				
Class of Activi	ty Gra	antee's Name and Address	Grantee's Relationship	Amount Given				
HIGHER EDUCAT		HALICHOT SHLOMO OX 995	102	NONE	25,000.			
		s given, the following addition		nformation needs to be	provided.			
Book Value		How Book Value Determined						
FMV How FMV Determined								